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Form **990-EZ**

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

A. For the 2000 colonder was an tax year beginning

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

and and an

Open to Public Inspection

		te zoos calendar year, or tax year beginning						
	Check if applicable Please C Name of organization D Employer identification number							
	Additions use IRS MANCHESTER POLICE FOUNDATION							
	Name Chang	print or C/O LLOYD DOUGHTY 0	2-6	014973				
〒	Initia	type Number and street (or P.O. box, if mail is not delivered to street address) Room/suite F. Tele	phone	number				
F	Term)668-8711				
늗	_	[100 00						
누	Treatment of the state of the s							
느			nber 🕨					
	• Se	ction 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting m	ethod:	X Cash Accrual				
		Schedule A (Form 990 or 990-EZ). Other (specify)					
1 1	Websi	te: ► N/A H Check ► L	🗶 lft	he organization is not				
J.	Гах-е	cempt status (check only one) — X 501(c) (9) ◀ (insert no.) 4947(a)(1) or 527 required to attach	Sched	lule B (Form 990, 990-EZ, or 990-PF)				
_	Check							
		Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.		,				
,	hhΔ	nes 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ	\$	13,835.				
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions						
<u></u>			10	,				
	1	Contributions, gifts, grants, and similar amounts received	-					
	2	Program service revenue including government fees and contracts	2					
	3	Membership dues and assessments	3					
	4	Investment income	4	13,574.				
	5a	Gross amount from sale of assets other than inventory 5a						
	b	Less; cost or other basis and sales expenses 5b						
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c					
P	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here						
en	a							
Revenue	-	reported on line 1) 6a	l					
щ	١,	Less; direct expenses other than fundraising expenses 6b	-					
	ן י	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c					
	-		-00	····				
	7a	Gross sales of inventory, less returns and allowances 7a						
	1	Less; cost of goods sold 7b	_					
	C	Gross profit or (loss) from sales of inventory (Subtractime 7b from line 7a)	7c	0.64				
	8	Other revenue (describe > RESIVESEE STATEMENT 2)	8	261.				
_	9	Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 1	13,835.				
	10	Grants and similar amounts paid (attach schedule) Benefits paid to or for members MAY 1 4 2010	10					
	11		11					
S	12	Salaries, other compensation, and employee benefits	12					
Expenses	13	Professional fees and other payments to independent contractors DEN, UT	13	<u> 225.</u>				
<u>b</u>	14	Occupancy, rent, utilities, and maintenance	14					
ш	15	Printing, publications, postage, and shipping	15					
	16	Other expenses (describe SEE STATEMENT 1)	16	19,388.				
	17	Total expenses. Add lines 10 through 16	17	19,613.				
_	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<5,778.>				
\$	1	Net assets or fund balances at beginning of year (from line 27, column (A))		<u> </u>				
sse	19		40	633,476.				
Net Assets		(must agree with end-of-year figure reported on prior year's return)	19	033,470.				
Š	20	Other changes in net assets or fund balances (attach explanation)	20	607 600				
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	627,698.				
P	art I		<u> </u>					
		(See the instructions for Part II.) (A) Beginning of year	↓	(B) End of year				
22	Cas	sh, savings, and investments 1,936	. 22	1,226.				
23	Lar	nd and buildings	23					
24		er assets (describe ► INVESTMENT ACCOUNT) 631,540	. 24	626,472.				
25		633,476		627,698.				
26		· · · · · · · · · · · · · · · · · · ·	. 26	0.				
27		t assets or fund balances (line 27 of column (B) must agree with line 21) 633, 476		627,698.				
932		LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.		Form 990-EZ (2009)				

MANCHESTER POLICE FOUNDATION

	m 990-EZ (2009) C/O LLOYD DOUGHTY			<u> 02-</u>	<u>60149</u>	<u>73 </u>
P	art III Statement of Program Service Accomplishmen	nts (See the instructions for	Part III.)		E	penses
_	at is the organization's primary exempt purpose? SEE STATEMENT				7	r section 501(c)(3)
	scribe what was achieved in carrying out the organization's exempt pur		ise manner descr	ibe) organizations and
	e services provided, the number of persons benefited, and other relevan	•		ibe	for others)	7(a)(1) trusts, optional
	TO FINANCIALLY ASSIST NEEDY POLICE		,		10.0	
28	TO FINANCIALLE ASSIST NEEDE FOLICE	OFFICERS	 		1	
				$\overline{}$		
	(Grants \$) If this amount includes foreign g	rants, check here	<u> </u>		28a	
29			· · · · · · · · · · · · · · · · · · ·			
	(Grants \$) If this amount includes foreign g	rants, check here	>	Ш	29a	
30						
					1 1	
	(Grants \$) If this amount includes foreign g	rants, check here	•		30a	
31	Other program services (attach schedule)					
٠.	(Grants \$) If this amount includes foreign g	rants check here			31a	
22	Total program service expenses (add lines 28a through 31a)	idino, onoon noro			32	
	art IV List of Officers, Directors, Trustees, and Key E	mplovees, List each one ex	ven if not compensated	(See the		or Part IV)
	art IV List of Officers, Directors, Trustoss, and rey L	Elst each one ev	en il not compensated	-	ntributions	U Factiv)
		(b) Title and average hours	(c) Compensation		mplovee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		fit plans &	account and
		position	-0)	1	eferred	other allowances
				com	pensation	
$\overline{}$		PRESIDENT	_			_
<u>P(</u>	D BOX 29, PELHAM, NH 03079	0.00	0.		0.	0.
SI	AVINO M AUCIELLO	1ST VICE PRES	IDENT	1		
1	GILLETTE PARK, BOSTON, MA 02127	0.00	0.		0.	0.
K.	ATHLEEN SULLIVAN	SECRETARY				
	MARKET ST, MANCHESTER, NH 03101	0.00	0.	1	0.	0.
		TREASURER				
35			0.	}	0.	0.
_			RITUS			
_	RIVE, BEDFORD, NH 03110	0.00	0.		0.	0.
_		DIRECTOR	0.	 	<u> </u>	
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			0.		<u> </u>	· ·
ā		DIRECTOR	•		^	_
	ATWOOD DRIVE, BEDFORD, NH 03110	0.00	0.	-	0.	0.
		DIRECTOR			•	
	51 CHESTNUT ST, MANCHESTER, NH 03101		0.	 	0.	0.
		DIRECTOR	_		_	_
<u>35</u>	51 CHESTNUT ST, MANCHESTER, NH 03101	0.00	0.		0.	0.
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	(Note the statement requirements in the instructions for Part V)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.	İ	İ	
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,			
•	and proxy tax requirements?	35a		X
h	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	1		
••	complete applicable parts of Sch. N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	$\overline{}$		
	Did the organization file Form 1120-POL for this year?	37Ь		X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the period covered by this return?	38a		х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	section 4911 \blacktriangleright N/A ; section 4912 \blacktriangleright N/A ; section 4955 \blacktriangleright N/A			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
Ī	year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction			
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	N/	Α
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			
	or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization N/A			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. NH			
42 a	The organization's books are in care of ► LLOYD DOUGHTY Telephone no. ► (603)6	68-	871	1
	Located at ▶ 351 CHESTNUT ST MANCHESTER, NH ZIP+4 ▶ C			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		Х
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	45		Х
				2009)

MANCHESTER POLICE FOUNDATION

Form 990-EZ (2009)

C/O LLOYD DOUGHTY

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	 organizations and section 4947(a)(1) nonexempt charitable and 51. 	trusts must answer questioi	ns 46-49b and cor	nplete the table	s for	lines 5	0
16 Did t	the organization engage in direct or indirect political campaign activities of	on behalf of or in opposition to o	andidates for public			Yes	No
	e? If "Yes," complete Schedule C, Part I	20		Γ	46		
	the organization engage in lobbying activities? If "Yes," complete Scho	edule C. Part II		Ī	47		
	e organization a school as described in section 170(b)(1)(A)(ii)? If "Yes				48		
	the organization make any transfers to an exempt non-charitable related of				49a		
	es," was the related organization a section 527 organization?	or gameation		-	49b		
	iplete this table for the organization's five highest compensated employed	as Lother than officers directors	tructoes and key or	L ce odw (seevolom		remed i	more
	\$100,000 of compensation from the organization. If there is none, enter	17	, trustees and key or	inprojectoj wile ca	01110	3014041	11010
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e	e) Expe ccount er allow	and
1 Com	Il number of other employees paid over \$100,000 splete this table for the organization's five highest compensated independ sinization. If there is none, enter "None." N/A (a) Name and address of each independent contractor paid more		ved more than \$100,			om the	
					·		
d Tota	Il number of other independent contractors each receiving over \$100,000		>				
Sign	Under penalties of perjury. I declare that I live examined this return, including accorrect, and complete Declaration of preparentative than officer) is based on all in Signature of officer.	companying schedules and statemen	ts, and to the best of my knowledge	knowledge and believe the state of the state	ef, it is	true,	
Sign Here Paid Preparer's	Under penalties of perjury, I declare that I lifave examined this return, including accorded, and complete Declaration of prepares (other than officer) is based on all in Signature of officer Visit Vis	companying schedules and statemen nformation of which preparer has any	ck if Self-)
Sign Here Paid Preparer's	Under penalties of perjury, I declare that I have examined this return, including accorrect, and complete Declaration of preparer (other than officer) is based on all in Signature of officer Signature of officer Type or print name and title Preparer's Signature	companying schedules and statemen aformation of which preparer has any Date 04/05/10	ck if Self-	Date Date Date Date Date Date Date Date)
d Tota Sign Here Preparer's	Under penalties of perjury, I declare that I have examined this return, including accorrect, and complete Declaration of preparer (other than officer) is based on all in Signature of officer Signature of officer Type or print name and title Preparer's signature BIGELOW & COMPANY, CPA	companying schedules and statemen aformation of which preparer has any Date 04/05/10	ck if self- lloyed	Date Date Date Date Date Date Date Date)
Sign Here Paid Preparer's	Under penalties of perjury, I declare that I have examined this return, including accorded, and complete Declaration of prepares (other than officer) is based on all in Signature of officer Signature of officer Preparer's Signature BIGELOW & COMPANY, CPA if self-employed). SIGNATURE OF PROPERTY OF THE PROPERTY OF	companying schedules and statemen aformation of which preparer has any Date 04/05/10	ck if self-	Date Date Date Date Date Date Date Date	nber (S	See instr)
Sign Here Paid Preparer's Use Only	Under penalties of perjury, I declare that I have examined this return, including accorded, and complete Declaration of prepares (other than officer) is based on all in Signature of officer Signature of officer Signature Signat	companying schedules and statemen aformation of which preparer has any Date 04/05/10	ck if self- lloyed Prep	arer's identifying nui	nber (S	See instr))

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3)

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
DESCRIPTION		AMOUNT
INVESTMENT MANAGEMENT FEES INSURANCE NH FILING FEES ADMINISTRATIVE MEETING EXPENSES MISCELLANEOUS GRANTS & OTHER ASSISITANCE		4,900. 685. 75. 228. 150. 13,350.
TOTAL TO FORM 990-EZ, LINE 16		19,388.
FORM 990-EZ	OTHER REVENUE	STATEMENT 2
DESCRIPTION		AMOUNT
CITIZENS - CHECKING CITIZENS - INVESTMENT ACCT LITIGATION SETTLEMENT		3. 96. 162.
TOTAL TO FORM 990-EZ, LINE 8		261.

FO	RM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	,	STATE	MENT	3
A)	DIRECTLY OR	ANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL STRACT?	[] YES	[X]	NO
B)		CANIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	[] YES	[X]	NO

MANCHESTER	POLICE	FOUNDATION	C/0	LLOYD	D
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TO FINANCIALLY ASSIST NEEDY POLICE OFFICERS

Account Holdings Section

Investment Account Statement

January 1, 2008 - December 31, 2008

Beginning of Year

Account Holdings Schedule

Description	Quantity/ Current Price	Market Value	Tax Cost 1	st. Ann. Income/ Current Yield
Fixed Income - Taxable				
iShares Barclays 1-3 Yr Treas Bd Fd CUSIP: 464287457	400.00 84.66	\$33,863.20	\$31,892.00	\$1,154.40 3.41%
Vanguard Admiral GNMA Fd #536	7,132.38 10.58	\$75,460.54	\$75,000.00	\$3,765.89 4.99%
CUSIP: 922031794 Vanguard Bond Index Fund - Total	10,771.15 10.18	\$109,650.33	\$108,896.57	\$5,170.15 4.71%
Bond Market Port (#84) CUSIP: 921937108				40176
Total Fixed Income - Taxable		%\ %\\$\\$\ \$\#\\$\\$\ \$\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\	\$ 075,7 88,57	\$10,090,44
Equities				
Diamonds TR Unit Ser 1 (Closed End) CUSIP: 252787106	650.00 87.52	\$56,888.00	\$87,543.94	\$1,907.10 3.35%
Fidelity Advisor Ser VIII Diversified Intl Fd Instl Clb CUSIP: 315920686	2,150.26 12.37	\$26,598.75	\$52,024.60	\$651.53 2.45%
Fidelity Capital Appreciation Fund #307	2,849.04 15.73	\$44,815.43	\$85,865.26	\$341.89 0.76%
CUSIP: 316066109 Vanguard Growth and Income Portfolio (#93)	3,226.53 19.45	\$62,756.03	\$117,530.86	\$1,790.72 2.85%
CUSIP: 921913109 Vanguard Windsor II #73 CUSIP: 922018205	1,484.52 19.11	\$28,369.16	\$52,616.95	\$1,128.23 3.98%
Total Equities	ngugaa aso on augung (4 g ()	\$219,427,37	1695581.61	\$5,819.47
Description	Quantity/ Current Price	Market Value	Tax Cost	Est. Ann. Income/ Current Yield
CitizensSelect Prime Money Market Fund #462 CUSIP: 177366101	5,076.84 1.00	\$5,076.84	\$5,076.84	\$70.06 ⁽ⁱ⁾ 1.38%
Total Cash & Cash Equivalents		\$20,170.21	\$20,70.21	\$278.8 5
Total All Assets		\$458,571.65	\$631,540.39	\$16,188.26

Market prices and income projections are from sources we believe to be reliable but are not guaranteed.

Account Holdings Section

Investment Account Statement

January 1, 2009 - December 31, 2009

Account Holdings Schedule

Description	Quantity/ Current Price	Market Value	Tax Cost	Est. Ann. Income/ Current Yield
Fixed Income - Taxable				
iShares Barclays 1-3 Yr Treas	400 00	\$33,184 00	\$31,892 00	\$560 00
Bd Fd	82.96			1.69%
CUSIP. 464287457	7,180 55	\$76,401.05	\$ 75,513 53	\$3,152 26
Vanguard Admiral GNMA Fd #536	10.64	3 7 3 , 7 3 1.33	\$10,010 00	4.13%
CUSIP: 922031794				
Vanguard Bond Index Fund -	10,771 15	\$111,481 42	\$108,896 57	\$4,599 28
Total	10.35			4.13%
Bond Market Port (#84) CUSIP: 921937108				
Total Fixed Income - Taxable		\$221,066,47	\$216,302,10	\$8,311.54
Equities				
Diamonds TR Unit Ser 1	650 00	\$67,645 50	\$87,543 94	\$1,825 20
(Closed End) CUSIP: 252787106	104.07			2.70%
Fidelity Advisor Ser VIII	2,151 68	\$32,339 75	\$52,046 10	\$497 04
Diversified Intl Fd Instl Clb CUSIP: 315920686	15.03			1.54%
Fidelity Capital Appreciation	2,849 04	\$61,054 97	\$85,865 26	\$62 68
Fund #307	21.43			0.10%
CUSIP: 316066109		A75 400 00		•. •
Vanguard Growth and Income	3,226 53	\$75,436 29	\$117,530 86	\$1,274 48
Portfolio (#93)	23.38			1.69%
CUSIP: 921913109				
Vanguard Windsor II #73	1,484 52	\$35,153 41	\$52,616 95	\$792 73
CUSIP: 922018205	23.68			2.25%
Total Equities		\$271,629.92	\$395,603.11	\$4,452,13
Cash & Cash Equivalents				
RBS Citizens N.A. Cash	11.702 54	\$11,702 54	\$11,702 54	\$11 70
Sweep Account	1.00		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.10%
CUSIP. 990110702				
RBS Citizens N.A. Cash	2,858 21	\$2,858 21	\$2,858 21	\$2.86(i)
Sweep Account CUSIP: 990110702	1.00			0.10%

END OF YEAR

Account Holdings Section (continued)

Investment Account Statement

January 1, 2009 - December 31, 2009

Description	Quantity/ Current Price	Market Value	Tax Cost	Est. Ann. Income/ Current Yield
Income Cash		\$5 70		
Total Cash & Cash Equivalents		\$14,566,45	\$14,560.75	\$1 4,56
Total All Assets		\$507,262.84	\$626,465.96	\$12,778.23

Market prices and income projections are from sources we believe to be reliable but are not guaranteed.