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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07/01/09 , and ending 06/30/10

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
MEREDITH ROTARY CLUB

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
P.O. BOX 1210

City or town, state or country, and ZIP + 4
MEREDITH NH 03253

D Employer identification number
22-2585813

E Telephone number
603-224-2000

F Group Exemption Number ▶

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☐ Cash ☒ Accrual
Other (specify) ▶

I Website: ▶ WWW.MEREDITHROTARY.ORG

H Check ▶ ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) — ☒ 501(c) (4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 197,583

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	200
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments SEE STATEMENT 1		3	6,809
	4	Investment income		4	255
	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	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a 172,637		
	b	Less direct expenses other than fundraising expenses	6b 109,753		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	62,884
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶ SEE STATEMENT 2)		8	17,682
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	87,830
Expenses	10	Grants and similar amounts paid (attach schedule) STMT 3 STMT 4		10	71,775
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe ▶ SEE STATEMENT 5)		16	26,539
	17	**Total expenses.** Add lines 10 through 16 ▶		17	98,314
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-10,484
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	189,972
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 6		20	16,134
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	195,622

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Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	226,263	22	229,985
23 Land and buildings		23	
24 Other assets (describe ▶ SEE STATEMENT 7)	2,000	24	2,450
25 **Total assets**	228,263	25	232,435
26 **Total liabilities** (describe ▶ SEE STATEMENT 8)	38,291	26	36,813
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	189,972	27	195,622

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose?

SERVICE CLUB

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 TO CARRY OUT THE AVENUES OF SERVICE; CLUB SERVICE, COMMUNITY SERVICE, VOCATIONAL SERVICE AND INTERNATIONAL SERVICE.

(Grants $ 71,775) If this amount includes foreign grants, check here ▶ ☐ 28a 84,732

29

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 84,732

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address		(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
TED FODERO	MEREDITH	PRESIDENT			
PO BOX 724	NH 3253		0	0	0
RICK IPPOLITO	MEREDITH	INCOMING PRE			
PO BOX 1080	NH 3253		0	0	0
RICHARD PENDERGAST	MEREDITH	TREASURER			
220 MEREDITH NECK RD	NH 3253		0	0	0
DONNA ULBRICHT	MOULTONBORO	SECRETARY			
PO BOX 88	NH 3254		0	0	0
TERESA FORBES	LACONIA	BOARD MEMBER			
130 ENDICOTT ST, # 208	NH 3246		0	0	0
ROGER KOSITS	MEREDITH	BOARD MEMBER			
158 WINONA SHORES RD	NH 3253		0	0	0
JOHN EATON	CENTER HARBOR	BOARD MEMBER			
PO BOX 49	NH 3226		0	0	0
ROBERT WALKER	CENTER HARBOR	BOARD MEMBER			
108 WOODRIDGE RD	NH 3226		0	0	0
ROBERT WICHLAND	MEREDITH	BOARD MEMBER			
PO BOX 1668	NH 3253		0	0	0
DIANE SPAZIANI	LACONIA	BOARD MEMBER			
41 EVERGREEN DR, #8	NH 3246		0	0	0

Part V Other Information (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		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached 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			
a	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
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr. ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	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		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ , section 4912 ▶ _____ , section 4955 ▶ _____			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the 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		X
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 ▶ _____			
e	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

42a The organization's books are in care of ▶ RICHARD PENDERGAST Telephone no ▶ 603-279-7221

Located at ▶ PO BOX 1210 MEREDITH, NH ZIP + 4 ▶ 03253

			Yes	No
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 account)? 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.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c		X
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 ▶ 43			

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
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		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(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) Expense account and other allowances

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 ▶

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Signature of officer — Date: 9/7/10

Type or print name and title: Richard Rendergast, Treasurer

Paid Preparer's Use Only

Preparer's signature	Richard Rendergast CPA	Date 09/07/10	Check if self-employed ▶ ☐	Preparer's Identifying Number (See instr.) P00399589
Firm's name (or yours if self-employed), address, and ZIP + 4	MASON & RICH P.A. 6 BICENTENNIAL SQ CONCORD, NH 03301-4058			EIN ▶ 02-0365196 Phone no ▶ 603-224-2000

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ ▶ See separate instructions.

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization

MEREDITH ROTARY CLUB

Employer identification number

22-2585813

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund-raiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a List events with gross receipts greater than $5,000.

		(a) Event #1 FISHING DERBY (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	150,777			150,777
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	150,777			150,777
Direct Expenses	4 Cash prizes	28,390			28,390
	5 Noncash prizes	24,432			24,432
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	46,531			46,531
	10 Direct expense summary Add lines 4 through 9 in column (d)			▶	(99,353)
	11 Net income summary Combine line 3, column (d), and line 10			▶	51,424

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☒ No	☐ Yes % ☒ No	☐ Yes % ☒ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)			▶	( )
	8 Net gaming income summary Combine line 1, column d, and line 7			▶	

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		X
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		X
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		X
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		X

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	13a %		
b	An outside facility	13b %		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶ RICHARD PENDERGAST PO BOX 1210 Address ▶ MEREDITH NH 03253			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		X
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ and the amount of gaming revenue retained by the third party ▶ $			
c	If "Yes," enter name and address of the third party			
	Name ▶			
	Address ▶			
16	Gaming manager information.			
	Name ▶			
	Gaming manager compensation ▶ $			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		X
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	Amount
INCOME· MEMBERSHIP DUES	$ 6,825
INCOME · CASH OVER / SHORT	-16
TOTAL	$ 6,809

Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
RETURNED FROM CHAR. PROJECTS	$ 11,207
SCHOLARSHIP FUND INCOME	6,475
TOTAL	$ 17,682

Federal Statements

Statement 3 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to Individuals

Relationship to Organization	Class of Activity	Date of Gift	Description of Property	Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation
NONE				23,750				
TOTAL				23,750				

Federal Statements

Statement 4 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to Organizations

Name and Address	Class of Activity	Date of Gift	Description of Property	Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation
CAP FOOD PROGRAM				10,000				
CHILDS PARK				7,500				
MEREDITH NURSING ASSN 45 NH RT 25 MEREDITH, NH 3253	NONE			8,500				
TOTAL				26,000				

Federal Statements

Statement 5 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	$
BADGES/BANNERS & PINS	10
CHAMBER OF COMM ASSISTANC	2,000
MEALS EXP (NET)	2,009
COMM. EXP - SENIOR CHRIST	5,268
COMM. EXP - EXCHANGE PROG	2,528
COMM. EXP - ENVIRONMENTAL	549
OPERATING EXP · R.I. DUES	4,331
OPERATING EXP · R.I. DIST	3,172
BULLETIN COSTS	1,375
MISC	3,533
POSTAGE	9
TELEPHONE	444
WEBSITE	374
CREDIT CARD FEES	344
4 WAY TEST SPEECH CONTEST	593
TOTAL	$ 26,539

Statement 6 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
CHANGE IN SCHOLARSHIP FD UNREAL. GAIN	$ 16,134
TOTAL	$ 16,134

Statement 7 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
ACCOUNTS RECEIVABLE	$	$ 450
PREPAID EXPENSES AND DEFERRED CHARGES	2,000	2,000
	2,000	2,450

Federal Statements

Statement 8 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	$ 20,611	$ 20,129
MEMBER DUES PAYABLE	4,300	3,300
DUE TO CHRISTMAS FUND	1,637	2,515
DUE TO ROTARY FOUNDATION	100	
DUE TO MEREDITH FOOD PANTRY	619	401
DUE TO PURE WATER	5,024	18
ACCRUED GOLF OUTING EXP	6,000	
DUE TO GENERAL FUND FROM FISHING DER		450
DUE TO CAP FOOD PROGRAM		10,000
	38,291	36,813

Federal Statements

FISHING DERBY

Recipts

Description	Amount
FISHING DERBY RECEIPTS	$ 148,770
MERCHANDISE SALES	1,634
LICENSE REVENUE	148
OTHER INCOME	225
TOTAL	$ 150,777