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Form

**990**Department of the Treasury  
Internal Revenue Service**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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

**2010**Open to Public  
InspectionA For the 2010 calendar year, or tax year beginning **07/01/10**, and ending **06/30/11**

B Check if applicable

☐ Address change☐ Name change☐ Initial return☐ Terminated☐ Amended return☐ Application pendingC Name of organization **ROTARY CLUB OF CONCORD CHARITABLE  
FOUNDATION**

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

**P.O. BOX 2246**

Room/suite

City or town, state or country, and ZIP + 4

**CONCORD NH 03302-2246**

D Employer identification number

**02-0491600**

E Telephone number

**603-224-6470**G Gross receipts \$ **4,398,603**

F Name and address of principal officer

H(a) Is this a group return for affiliates? ☐ Yes ☒ NoH(b) Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527J Website ▶ **N/A**

H(c) Group exemption number ▶

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

M State of legal domicile

**Part I Summary**

1 Briefly describe the organization's mission or most significant activities

**TO PROVIDE SCHOLARSHIPS TO QUALIFIED STUDENTS AND FUNDS FOR  
VARIOUS CHARITABLE AND CIVIC/COMMUNITY ORGANIZATIONS**2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

**3 11**

4 Number of independent voting members of the governing body (Part VI, line 1b)

**4 11**

5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)

**5 0**

6 Total number of volunteers (estimate if necessary)

**6**

7a Total unrelated business revenue from Part VIII, column (C), line 12

**7a**

b Net unrelated business taxable income from Form 990-T, line 34

**7b 0**

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)

18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Prior Year

Current Year

**2,648****5,504****43,182****42,246****45,830****47,750****99,186****72,740****14,742****19,616****113,928****92,356****-68,098****-44,606**

Beginning of Current Year

End of Year

**1,270,733****1,470,969****0****16,125****1,270,733****1,454,844****Part II Signature Block**

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.

Sign  
Here

Signature of officer

Date

Type or print name and title

Paid

Preparer

Use Only

Print/Type preparer's name

**Herbert C. Burnham**

Preparer's signature

Date

**05/15/12**Check ☐ if PTIN

self-employed

**P00128717**Firm's name ▶ **Burnham & Malmberg**Firm's EIN ▶ **02-0357097**Firm's address ▶ **155 Manchester Street**Phone no **603-225-7600**

May the IRS discuss this return with the preparer shown above? (see instructions)

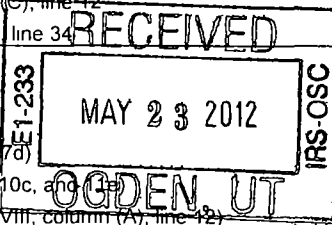
☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions

Form **990** (2010)

DAA

SCANNED JUN 25 2012



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**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission**TO PROVIDE SCHOLARSHIPS TO QUALIFIED STUDENTS AND FUNDS FOR VARIOUS CHARITABLE AND CIVIC/COMMUNITY ORGANIZATIONS****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ **31,000** including grants of \$ **31,000** ) (Revenue \$ )  
**SCHOLARSHIP AWARDS ARE BASED ON RECOMMENDATIONS FROM AREA SCHOOL COUNSELORS, ETC. THE SCHOLARSHIP COMMITTEE MAKES THE FINAL REVIEW AND DECISION. ALL UNDER \$5,000.**

**4b** (Code ) (Expenses \$ **41,740** including grants of \$ **41,740** ) (Revenue \$ )  
**AMOUNTS PAID TO LOCAL CHARITIES COVERING CIVIC & COMMUNITY EDUCATION, HEALTH, YOUTH, ELDERLY, YOUTH ATHLETICS, YOUTH CAMPSHIPS - ALL BASED ON APPLICATIONS FROM VARIOUS ORGANIZATIONS -ACTED UPON BY THE CHARITIES COMMITTEE AND THE BOARD OF DIRECTORS. ALL ARE UNDER \$5,000.**

**4c** (Code ) (Expenses \$ **1,295** including grants of \$ ) (Revenue \$ )  
**THIS REPRESENTS THE COST OF ADVERTISING OF THE AVAILABLE NOAH AND EVELYN ARELL ROTARY SCHOLARSHIPS. THE EXPENSE IS CHARGED AGAINST THE INCOME OF THE SCHOLARSHIP FUND.**

**4d** Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e Total program service expenses ► 74,035**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>X</b>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)		<b>X</b>
<b>3</b> 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		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		<b>X</b>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		<b>X</b>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		<b>X</b>
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		<b>X</b>
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		<b>X</b>
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		<b>X</b>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		<b>X</b>
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		<b>X</b>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		<b>X</b>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		<b>X</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<b>X</b>	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<b>X</b>	
<b>20a</b> Did the organization operate one or more hospitals? If "Yes," complete Schedule H		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<b>X</b>	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<b>X</b>	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		<b>X</b>
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		<b>X</b>
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>25b</b> Is the organization 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		<b>X</b>
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>28a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>28c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		<b>X</b>
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)?	<b>X</b>	
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	<b>X</b>	

☐ Yes ☒ No

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	0	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	0	
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
<b>4a</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)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12.		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders.		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
<b>13c</b>	Enter the amount of reserves on hand.		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI ☒

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>11</b>	
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>11</b>	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b> Does the organization have members or stockholders?		<b>X</b>
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		<b>X</b>
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<b>X</b>	

**Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)**

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>11a</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		<b>X</b>
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	<b>X</b>	
<b>13</b> Does the organization have a written whistleblower policy?		<b>X</b>
<b>14</b> Does the organization have a written document retention and destruction policy?		<b>X</b>
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official		<b>X</b>
<b>b</b> Other officers or key employees of the organization		<b>X</b>
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► **NH**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► **RUTH CONEYS**

**128-B HALL STREET**

**CONCORD**

**NH 03301**

**603-224-6470**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☒ Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOYCE BRESCHIANI DIRECTOR	1.00	X						0	0	0
(2) ANNETTE FLETCHER DIRECTOR	1.00	X						0	0	0
(3) RHONDA E. BLISS DIRECTOR	1.00	X						0	0	0
(4) CHARLES G. WILLING, JR. DIRECTOR	1.00	X	ESQ					0	0	0
(5) VINCENT M. TRENTO DIRECTOR	1.00	X						0	0	0
(6) RUTH A. CONEYS TREASURER	8.00			X				0	0	0
(7) PHILIP B. WALLINGFORD SECRETARY	5.00			X				0	0	0
(8) DOUGLAS E. BOHLMAN VICE PRES.	5.00			X				0	0	0
(9) RICHARD F. BEAN PAST PRESIDENT	10.00			X				0	0	0
(10) PHILIP J. CISTULLI, JR. PRESIDENT	5.00			X				0	0	0
(11) DONALD M. BENNERT PRESIDENT ELECT	1.00			X				0	0	0
(12)										
(13)										
(14)										
(15)										
(16)										



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
<b>3</b>		<b>X</b>
<b>4</b>		<b>X</b>
<b>5</b>		<b>X</b>

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

## Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f	\$				
	h Total. Add lines 1a-1f					
Program Service Revenue	Busn Code					
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		31,414	31,414		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross Rents	(i) Real (ii) Personal				
	b Less rental exps					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less cost or other basis & sales exps					
	c Gain or (loss)					
	d Net gain or (loss)		-25,910	-25,910		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a	27,665			
	b Less direct expenses	b	11,003			
	c Net income or (loss) from fundraising events		16,662			16,662
	9a Gross income from gaming activities See Part IV, line 19	a	50,800			
	b Less direct expenses	b	26,796			
	c Net income or (loss) from gaming activities		24,004			24,004
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Busn Code				
11a ROTARY DIST SIMPLIFIED GRANTS		1,580			1,580	
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		1,580				
12 Total revenue. See instructions		47,750	5,504	0	42,246	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns  
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	41,740	41,740		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	31,000	31,000		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a INVESTMENT FEES	18,211		18,211	
b ADVERTISING	1,295	1,295		
c NH AG CHARITY FILING FEE	110		110	
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	92,356	74,035	18,321	0
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest bearing		1	
	2 Savings and temporary cash investments	11,859	2	28,104
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b	10c	
	11 Investments—publicly traded securities	1,258,874	11	1,442,865
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,270,733	16	1,470,969	
<b>Liabilities</b>	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	16,125
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	0	26	16,125
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,260,733	27	1,444,844
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets	10,000	29	10,000
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances</b>	1,270,733	33	1,454,844
34 <b>Total liabilities and net assets/fund balances</b>	1,270,733	34	1,470,969	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	47,750
2	Total expenses (must equal Part IX, column (A), line 25)	2	92,356
3	Revenue less expenses Subtract line 2 from line 1	3	-44,606
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,270,733
5	Other changes in net assets or fund balances (explain in Schedule O)	5	228,717
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,454,844

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	X	
b Were the organization's financial statements audited by an independent accountant?		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		X
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A**  
**(Form 990 or 990-EZ)****Public Charity Status and Public Support**

OMB No 1545-0047

**2010**Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceComplete if the organization is a section 501(c)(3) organization or a section  
4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization **ROTARY CLUB OF CONCORD CHARITABLE  
FOUNDATION**Employer identification number  
**02-0491600****Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions**

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)** (Complete Part II )
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
- a ☐ Type I      b ☐ Type II      c ☐ Type III—Functionally integrated      d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h ☐ Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for  
Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b> <b>Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11</b> <b>Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)						<b>12</b>
<b>13</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a</b> <b>33 1/3% support test—2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b</b> <b>33 1/3% support test—2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>17a</b> <b>10%-facts-and-circumstances test—2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b</b> <b>10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,265,323	246,668	1,675			1,513,666
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	65,676	54,362	40,959	28,971	31,414	221,382
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513				82,173	78,465	160,638
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	1,330,999	301,030	42,634	111,144	109,879	1,895,686
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	52,168					52,168
<b>c</b> Add lines 7a and 7b	52,168					52,168
<b>8 Public support.</b> (Subtract line 7c from line 6.)						1,843,518

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6	1,330,999	301,030	42,634	111,144	109,879	1,895,686
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	19,774	51,940	38,463	43,182		153,359
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	19,774	51,940	38,463	43,182		153,359
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					580	580
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	1,350,773	352,970	81,097	154,326	110,459	2,049,625

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	89.94 %
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	16	68.89 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	7 %
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17	18	7 %

**19a 33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☒

**b 33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐



**Part IV**

**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information. (See instructions)

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**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

**2010**Open To Public  
InspectionName of the organization **ROTARY CLUB OF CONCORD CHARITABLE  
FOUNDATION**Employer identification number  
**02-0491600****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 e ☐ Solicitation of non-government grants
- b ☐ Internet and email solicitations f ☐ Solicitation of government grants
- c ☐ Phone solicitations g ☐ Special fundraising events
- d ☐ In-person solicitations

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 ☐ Nob 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 and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b>							

3 List all states in which the organization is registered or licensed to solicit contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>GOLF TOURNAMENT</u>		<u>None</u>	(add col (a) through col (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	27,665			27,665
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	27,665			27,665
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	11,003			11,003
	10 Direct expense summary Add lines 4 through 9 in column (d)				11,003
	11 Net income summary Combine line 3, column (d), and line 10				16,662

**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			50,800	50,800
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			26,796	26,796
	6 Volunteer labor	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d)					26,796
8 Net gaming income summary Combine line 1, column d, and line 7					24,004

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 ☒ Yes ☐ No

b If "No," explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

10a ☐ Yes ☒ No

b If "Yes," explain

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☒ No
- 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? ☐ Yes ☒ No
- 13 Indicate the percentage of gaming activity operated in
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► RUTH CONEYS  
128-B HALL STREET  
Address ► CONCORD

NH 03301

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No
- 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? ☐ Yes ☒ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

**SCHEDULE I  
(Form 990)****Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**ROTARY CLUB OF CONCORD CHARITABLE  
FOUNDATION**

Employer identification number

**02-0491600****Part I General Information on Grants and Assistance****1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States☒ Yes☐ No**Part II****Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" toForm 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II ☒

can be duplicated if additional space is needed

<b>1</b>	<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section, if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

**2** Enter total number of section 501(c)(3) and government organizations**3** Enter total number of other organizations

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DAA

Schedule I (Form 990) (2010)

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22  
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 CONCORD COM. MUSIC SCHOOL	5	1,500			
2 FILIDES AWARD	1	500			
3 ARELL SCHOLARSHIPS	14	29,000			
4					
5					
6					
7					
<b>Part IV</b> Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information					

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

PARTS II AND III RE GRANT PROCEDURES

VARIOUS CHARITABLE AND CIVIC ORGANIZATIONS REQUEST DONATIONS/CONTRIBUTION

TO THEIR GROUP FOR GENERAL AND/OR SPECIFIC PURPOSES. THE CHARITIES

COMMITTEE OF THE FOUNDATION MEETS, DISCUSSES INQUIRES DEEPER, IF NECESSARY,

AND VOTES TO RECOMMEND TO THE BOARD OF DIRECTORS WHO HAVE THE FINAL SAY.

SCHOLARSHIP AVAILABILITY IS ADVERTISED IN THE LOCAL PAPERS, HIGH SCHOOL

COUNSELORS ARE ADVISED AND APPLICATIONS ARE SUBMITTED TO THE SCHOLARSHIP

COMMITTEE FOR REVIEW AND RECOMMENDATION TO THE BOARD OF DIRECTORS.

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ

OMB No. 1545-0047

**2010**Open to Public  
Inspection

Name of the organization

ROTARY CLUB OF CONCORD CHARITABLE  
FOUNDATION

Employer identification number

02-0491600

Form 990, Part VI, Line 9 - Officers Who Cannot Be Reached

JOYCE BRESCIANI

LOUDON, NH 03307

ANNETTE FLETCHER

CONCORD, NH 03301

RUTH A. CONEYS

BOW, NH 03304

PHILIP B. WALLINGFORD

HOPKINTON, NH 03329

DOUGLAS E. BOHLMAN

CONTOOCOOK, NH 03229

RICHARD F. BEAN

CHICHESTER, NH 03028-6546

PHILIP J. CISTULLI, JR.

CONCORD, NH 03301

DONALD M. BENNERT

BOW, NH 03304



Name of the organization

ROTARY CLUB OF CONCORD CHARITABLE

Employer identification number

02-0491600

RHONDA E. BLISS

BODSCAWEN, NH 03303

CHARLES G. WILLING, JR. ESQ

CONCORD, NH 03301

VINCENT M. TRENTO

HOPKINTON, NH 03229

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

THE COMPLETED 990 IS PRESENTED TO THE BOARD OF DIRECTORS AFTER REVIEW BY  
THE TREASURER.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

BOARD MUST APPROVE ANY TRNSACTIONS WITH A BOARD/OFFICER DURING THE YEAR FOR  
ITEMS OVER \$500 AND UNDER \$5,000. OVER \$5,000 MUST BE PUBLISHED.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

ANYONE REQUESTING A COPY OF GOVERNANCE DATA IS PROVIDED WITH THE DATA.

02-049160

Rotary Club of Conroe / Franklin Franklin  
6/30/11 Summary of Gain/LossPREPARED BY  
REVIEWED BY  
DATE  
WP NO

990	Page 9 Part VIII Lines A, B+C	2	3
		SP	Cost
1	Schol. Fund - Cambridge Tr	11324648	11995631
2	Comm. Support " "	4855494	5221160
3	Schol. Fund - TD Bank Tr.	274229019	275548684
4	Comm. Support " " "	138305193	138539474
5		428714354	431305449
6		Line A	Line B
7			Line C
8			
9			
10			
11			
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Arell N and E Rotary Gen Char IMA  
 July 1, 2010 - June 30, 2011  
 Account Number: 68-9634-01-2

Purchase Activity				
Date	Description	Unit Price	Broker Commission	Other Costs
Ishares High Yield Corporate Bond Fd				
10/14/10	Purchased 261 Shs 10/11/10 From Capital Institutional Services @ 89.8817	89.882	7.83	0.00
				-23,466.95
Total Fixed Income				\$ -121,628.15

Total Purchases	\$ -908,318.87
-----------------	----------------

Sale Activity				
Date	Description	Unit Price	Transaction Costs	Cash
Cash and Equivalent				
TD Asset Mgmt Money Mkt Instl Svc #5				
06/30/11	Sales (19) 07/01/10 To 06/30/11	1.000	0.00	648,605.77
				-648,605.77
Total Cash and Equivalent				\$ -648,605.77
				\$ 0.00

## Arell N and E Rotary Gen Char IMA

July 1, 2010 - June 30, 2011

Account Number: 68-9634-01-2

Page 7 of 19

Selling Activity					
Date	Description	Unit Price	Transaction Costs	Cash	Total Cost
Equities					
Columbia Value & Restructuring Fund #2051					
10/12/10	Sold 321.659 Shs 10/11/10 @ 45.14	45.140	0.00	14,519.69	-14,374.94
					144.75
Davis NY Venture Fd Inc Cl Y Fund 909					
10/12/10	Sold 396.797 Shs 10/11/10 @ 32.42	32.420	0.00	12,864.16	-14,370.48
					-1,506.32
American Growth Fund F2 Class Fund #605					
10/12/10	Sold 469.289 Shs 10/11/10 @ 28.47	28.470	0.00	13,360.66	-14,562.84
					-1,202.18
T Rowe Price New Era Fund #41					
10/12/10	Sold 98.232 Shs 10/11/10 @ 45.74	45.740	0.00	4,493.13	-4,000.00
					493.13
Ishares Tr S&P 100 Index Fund					
10/14/10	Sold 942 Shs 10/11/10 To Capital Institutional Services @ 52.682	52.682	29.10	49,597.35	-59,869.12
					-10,271.77

## Arell N and E Rotary Gen Char IMA

July 1, 2010 - June 30, 2011

Account Number: 68-9634-01-2

Sales Activity						
Date	Description	Unit Price	Transaction Costs	Cash	Total Cost	Realized Gain/Loss
Ishares Tr Msci Emerg Mkt						
10/14/10	Sold 229 Shs 10/11/10 To Capital Institutional Services @ 46.2	46.200	7.05	10,572.75	-4,964.72	5,608.03
Ishares Tr Russell Mcap VI						
10/14/10	Sold 265 Shs 10/11/10 To Capital Institutional Services @ 41.467	41.467	8.14	10,980.62	-9,899.85	1,080.77
Ishares Russell Mid Cap Growth						
10/14/10	Sold 422 Shs 10/11/10 To Capital Institutional Services @ 50.5846	50.585	13.02	21,333.68	-19,764.71	1,568.97
Ishares Cohen & Steers Rlty						
10/14/10	Sold 72 Shs 10/11/10 To Capital Institutional Services @ 63.7101	63.710	2.24	4,584.89	-4,040.01	544.88
Ishares Tr Rusl 2000 Value						
10/14/10	Sold 118 Shs 10/11/10 To Capital Institutional Services @ 63.9877	63.988	3.67	7,546.88	-7,988.55	-441.67

**Arell N and E Rotary Gen Char IMA**  
**July 1, 2010 - June 30, 2011**

Account Number: 68-9634-01-2

**Sale Activity**

<i>Date</i>	<i>Description</i>	<i>Unit Price</i>	<i>Transaction Costs</i>	<i>Cash</i>	<i>Total Cost</i>	<i>Realized Gain/Loss</i>
<b>Ishares Tr Rusl 2000 Growth</b>						
10/14/10	Sold 96 Shs 10/11/10 To Capital Institutional Services @ 77.0609	77.061	3.01	7,394.84	-6,303.20	1,091.64
<b>Ishares Tr Msci EAFE Index Fd</b>						
12/28/10	Sold 1071 Shs 12/22/10 To Goldman Sachs Execution & Clr L @ 57.65	57.650	33.17	61,709.98	-71,163.87	-9,453.89
<b>Ishares S &amp; P Midcap 400 Growth</b>						
12/28/10	Sold 66 Shs 12/22/10 To Goldman Sachs Execution & Clr L @ 101.5923	101.592	2.09	6,703.00	-5,892.47	810.53
<b>Ishares S&amp;P Midcap 400/Value</b>						
12/28/10	Sold 81 Shs 12/22/10 To Goldman Sachs Execution & Clr L @ 80.2	80.200	2.54	6,493.66	-5,865.18	628.48
<b>Ishares S&amp;P Smallcap 600/Value</b>						
12/28/10	Sold 91 Shs 12/22/10 To Goldman Sachs Execution & Clr L @ 73.0762	73.076	2.84	6,647.09	-5,861.76	785.33

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Arell N and E Rotary Gen Char IMIA  
 July 1, 2010 - June 30, 2011  
 Account Number: 68-9634-01-2

Sales Activity					
Date	Description	Unit Price	Transaction Costs	Cash	Total Cost
Ishares S & P Smallcap Growth					
12/28/10	Sold 92 Shs 12/22/10 To Goldman Sachs Execution & Clr L @ 73.7638	73.764	2.88	6,783.39	-5,916.81
					866.58
Spdr S&P 500 Etf Trust					
12/28/10	Sold 1812 Shs 12/22/10 To Goldman Sachs Execution & Clr L @ 125.675	125.675	58.21	227,664.89	-223,701.97
					3,962.92
Spdr Gold Trust					
12/28/10	Sold 107 Shs 12/22/10 To Goldman Sachs Execution & Clr L @ 135.24	135.240	3.46	14,467.22	-14,157.17
					310.05
Total Equities				\$ 487,717.88	\$ -492,697.65
					\$ -4,979.77
Fixed Income					
Artio Total Return Bond Fd-I #1524					
10/12/10	Sold 2214.823 Shs 10/11/10 @ 14.27	14.270	0.00	31,605.52	-29,751.14
					1,854.38

## Arell N and E Rotary Gen Char IMA

July 1, 2010 - June 30, 2011

Account Number 68-9634-01-2

## Sales Activity

Date	Description	Unit Price	Transaction Costs	Cash	Total Cost	Realized Gain/Loss
<b>Ishares Tr US Tips Bd Fd</b>						
12/28/10	Sold 210 Shs 12/22/10 To Goldman Sachs Execution & Clr L @ 107.3155	107.315	6.68	22,529.57	-22,684.71	-155.14
<b>Ishares Iboxx Inv Gr Corp Bd Fund</b>						
12/28/10	Sold 394 Shs 12/22/10 To Goldman Sachs Execution & Clr L @ 108.2806	108.281	12.54	42,650.01	-44,654.15	-2,004.14
<b>Ishares Lehman 7-10 Year Treasury</b>						
12/28/10	Sold 352 Shs 12/22/10 To Goldman Sachs Execution & Clr L @ 93.66	93.660	11.12	32,957.20	-35,275.75	-2,318.55
<b>Ishares Tr Lehman 1-3yr Trs Bd</b>						
12/28/10	Sold 219 Shs 12/22/10 To Goldman Sachs Execution & Clr L @ 83.9294	83.929	6.88	18,373.66	-18,410.85	-37.19
<b>Ishares Hgh Yield Corporate Bond Fd</b>						
12/28/10	Sold 261 Shs 12/22/10 To Goldman Sachs Execution & Clr L @ 90.074	90.074	8.23	23,501.08	-23,466.95	34.13



Arell N and E Rotary Gen Char IMA  
 July 1, 2010 - June 30, 2011  
 Account Number: 68-9634-01-2

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### Sale Summary

Date	Description	Unit Price	Transacon Csts	Cash	Total Cost	Realized Gain/Loss
<b>Pimco Total Return Instl #35</b>						
10/12/10	Sold 4721.264 Shs 10/11/10 @ 11.71	11.710	100	55,286.00	-50,637.37	4,648.63
<b>Vanguard GNMA Fund #36</b>						
10/12/10	Sold 1790.898 Shs 10/11/10 @ 11.07	11.070	100	19,825.24	-19,215.40	609.84
<b>Total Fixed Income</b>				<b>\$ 246,728.28</b>	<b>\$ -244,096.32</b>	<b>\$ 2,631.96</b>

### Total Sales

Total Sales \$ 1,383,051.93 \$ 1,385,399.74 \$ 2,347.81

### Earnings Activity

Date	Description	Cash
<b>Interest</b>		
<b>TD Asset Mgmt Money Mkt Instl Svc #5</b>		
07/01/10	Int To 06/30/10	0.18
07/01/10	Int To 06/30/10	0.65
08/02/10	Int To 07/31/10	0.24
08/02/10	Int To 07/31/10	0.67

Arell N and E Rotary Scholar Fd IMA  
July 1, 2010 - June 30, 2011

Account Number: 68-9635-01-9

**Purchase Activity**

Date	Description	Unit Price	Broker Commission	Other Costs	Cash
10/14/10	Ishares High Yield Corporate Bond Fd Purchased 520 Shs 10/11/10 From Capital Institutional Services @ 89.8817	89.882	15.60	0.00	-46,754.08
<b>Total Fixed Income</b>					<b>\$ -241,725.12</b>

**Total Purchases**

\$ -1,782,076.62

**Sale Activity**

Date	Description	Unit Price	Transaction Costs	Cash	Total Cost	Realized Gain/Loss
06/30/11	TD Asset Mgmt Money Mkt Instl Svc #5 Sales (19) 07/01/10 To 06/30/11	1.000	0.00	1,273,178.54	-1,273,178.54	0.00
<b>Total Cash and Equivalent</b>					<b>\$ 1,273,178.54</b>	<b>\$ 0.00</b>

Arell N and E Rotary Scholar Fd IMA  
 July 1, 2010 - June 30, 2011  
 Account Number: 68-9635-01-9

Sales Activity						
Date	Description	Unit Price	Transaction Costs	Cash	Total Cost	Realized Gain/Loss
<b>Equities</b>						
Columbia Value & Restructuring Fund #2051						
10/12/10	Sold 670.870 Shs 10/11/10 @ 45.14	45.140	0.00	30,283.07	-30,179.82	103.25
Davis NY Venture Fd Inc Cl Y Fund 909						
10/12/10	Sold 779.799 Shs 10/11/10 @ 32.42	32.420	0.00	25,281.08	-28,194.40	-2,913.32
American Growth Fund F2 Class Fund #605						
10/12/10	Sold 922.813 Shs 10/11/10 @ 28.47	28.470	0.00	26,272.49	-28,888.05	-2,615.56
T Rowe Price New Era Fund #41						
10/12/10	Sold 294.695 Shs 10/11/10 @ 45.74	45.740	0.00	13,479.35	-12,000.00	1,479.35
Ishares Tr S&P 100 Index Fund						
10/14/10	Sold 1945 Shs 10/11/10 To Capital Institutional Services @ 52.682	52.682	60.08	102,406.41	-126,709.46	-24,303.05

Arell N and E Rotary Scholar Fd IMA  
 July 1, 2010 - June 30, 2011  
 Account Number 68-9635-01-9

Sale Activity						
Date	Description	Unit Price	Transaction Costs	Cash	Total Cost	Realized Gain/Loss
Ishares Tr Msci Emerg Mkt						
10/14/10	Sold 470 Shs 10/11/10 To Capital Institutional Services @ 46.2	46.200	14.47	21,699.53	-10,189.60	11,509.93
Ishares Tr Russell Mcap Y1						
10/14/10	Sold 558 Shs 10/11/10 To Capital Institutional Services @ 41.467	41.467	17.13	23,121.45	-20,990.40	2,131.05
Ishares Russell Mid Cap Growth						
10/14/10	Sold 870 Shs 10/11/10 To Capital Institutional Services @ 50.5846	50.585	26.84	43,981.76	-41,343.08	2,638.68
Ishares Cohen & Steers Rlty						
10/14/10	Sold 156 Shs 10/11/10 To Capital Institutional Services @ 63.7101	63.710	4.85	9,933.93	-8,506.66	1,427.27
Ishares Tr Ruel 2000 Value						
10/14/10	Sold 243 Shs 10/11/10 To Capital Institutional Services @ 63.9877	63.988	7.55	15,541.46	-16,887.69	-1,346.23

Arell N and E Rotary Scholar Fd DMA  
 July 1, 2010 - June 30, 2011  
 Account Number: 68-9635-01-9

Sale Activity					
Date	Description	Unit Price	Transaction Costs	Cash	Total Cost Realized Gain/Loss
Ishares Tr Rusl 2000 Growth					
10/14/10	Sold 191 Shs 10/11/10 To Capital Institutional Services @ 77.0609	77.061	5.98	14,712.65	-12,347.91 2,364.74
Ishares Tr Msci EAFE Index Fd					
12/28/10	Sold 2131 Shs 12/22/10 To Goldman Sachs Execution & Clr L @ 57.65	57.650	66.01	122,786.14	-144,449.40 -21,663.26
Ishares S & P Midcap 400 Growth					
12/28/10	Sold 131 Shs 12/22/10 To Goldman Sachs Execution & Clr L @ 101.5923	101.592	4.16	13,304.44	-11,695.67 1,608.77
Ishares S&P Midcap 400/Value					
12/28/10	Sold 162 Shs 12/22/10 To Goldman Sachs Execution & Clr L @ 80.2	80.200	5.08	12,987.32	-11,730.36 1,256.96
Ishares S&P Smallcap 600/Value					
12/28/10	Sold 182 Shs 12/22/10 To Goldman Sachs Execution & Clr L @ 73.0762	73.076	5.69	13,294.18	-11,723.51 1,570.67

Arell N and E Rotary Scholar Fd IMA

July 1, 2010 - June 30, 2011

Account Number: 68-9635-01-9

Sales Activity					
Date	Description	Unit Price	Transaction Costs	Cash	Realized Gain/Loss
Ishares S & P Smallcap Growth					
12/28/10	Sold 183 Shs 12/22/10 To Goldman Sachs Execution & Clr L @ 73.7638	73.764	5.72	13,493.06	-11,769.30
Spdr S&P 500 Etf Trust					
12/28/10	Sold 3604 Shs 12/22/10 To Goldman Sachs Execution & Clr L @ 125.675	125.675	115.78	452,816.92	-451,319.07
Spdr Gold Trust					
12/28/10	Sold 212 Shs 12/22/10 To Goldman Sachs Execution & Clr L @ 135.24	135.240	6.85	28,664.03	-28,049.72
Total Equities				\$ 984,059.27	\$ -1,006,974.10
Fixed Income					\$ -22,914.83
Artio Total Return Bond Fd-I #1524					
10/12/10	Sold 3795.407 Shs 10/11/10 @ 14.27	14.270	0.00	54,160.46	-50,245.42
					3,915.04

Arell N and E Rotary Scholar Fd IMA  
July 1, 2010 - June 30, 2011

Account Number: 68-9635-01-9

**Sale Proceeds**

Date	Description	Unit Price	Transaction Costs	Cash	Total Cost	Realized Gain/Loss
<b>Ishares Tr US Tips Bd Fd</b>						
12/28/10	Sold 418 Shs 12/22/10 To Goldman Sachs Execution & Clr L @ 107.3155	107.316	13.30	44,844.58	-44,008.90	835.68
<b>Ishares Iboxx Inv Gr Corp Bd Fund</b>						
12/28/10	Sold 783 Shs 12/22/10 To Goldman Sachs Execution & Clr L @ 108.2806	108.281	24.93	84,758.78	-88,741.62	-3,982.84
<b>Ishares Lehman 7-10 Year Treasury</b>						
12/28/10	Sold 699 Shs 12/22/10 To Goldman Sachs Execution & Clr L @ 93.66	93.660	22.08	65,446.26	-70,050.42	-4,604.16
<b>Ishares Tr Lehman 1-3yr Trs Bd</b>						
12/28/10	Sold 436 Shs 12/22/10 To Goldman Sachs Execution & Clr L @ 83.9294	83.929	13.70	36,579.51	-36,163.05	416.46
<b>Ishares High Yield Corporate Bond Fd</b>						
12/28/10	Sold 520 Shs 12/22/10 To Goldman Sachs Execution & Clr L @ 90.074	90.074	16.39	46,822.09	-46,754.08	68.01

Arell N and E Rotary Scholar Fd IMA  
 July 1, 2010 - June 30, 2011  
 Account Number: 68-9635-01-9

**Sale Activity**

Date	Description	Unit Price	Transaction Costs	Cash	Total Cost	Realized Gain/Loss
<b>Pimco Total Return Instl #35</b>						
10/12/10	Sold 9560.519 Shs 10/11/10 @ 11.71	11.710	0.00	111,953.68	-100,137.84	11,815.84 ✓
<b>Vanguard GNMA Fund #36</b>						
10/12/10	Sold 3657 364 Shs 10/11/10 @ 11.07	11.070	0.00	40,487.02	-39,232.87	1,254.15 ✓
<b>Total Fixed Income</b>				\$ 485,052.38	\$ -475,334.20	\$ 9,718.18

**Total Sales** \$ 2,742,390.19 \$ 2,755,386.84 \$ 13,196.65 ✓

**Earnings Activity**

Date	Description	Cash
<b>Interest</b>		
<b>TD Asset Mgmt Money Mkt Instl Svc #5</b>		
07/01/10	Int To 06/30/10	0.35
07/01/10	Int To 06/30/10	0.83
08/02/10	Int To 07/31/10	0.47
08/02/10	Int To 07/31/10	0.63



Rotary Club of Concord Charitable Foundation  
6/30/11 Gains/Losses Cambridge Trust-Schd.

5207477 ROTARY SCHOLAR	03/15/2011	5	SHORT TERM CAPITAL GAIN 100 SHS FRESenius MEDICAL CARE AG PROCEEDS 6,739.07 BOT 01/31/2011 5,855.00 884.07	0.00
	03/15/2011	4	SHORT TERM CAPITAL GAIN 150 SHS FRESenius MEDICAL CARE AG PROCEEDS 10,108.61 BOT 01/13/2011 8,615.34 1,493.27	0.00
5207477 ROTARY SCHOLAR	03/21/2011	3	SHORT TERM CAPITAL GAIN 25,000 FEDERAL HOME LOAN UNITS PROCEEDS 25,000.00 MORTGAGE CORP DATED BOT 02/22/2011 25,000.00 12/21/2010 CALLABLE 0.00 03/21/2011 @ 100 .8% 12/21/2012-2011	0.00
	04/07/2011	3	SHORT TERM CAPITAL GAIN 50 SHS COOPER INDUSTRIES PLC PROCEEDS 3,383.59 IRELAND SHS CLASS A BOT 03/28/2011 3,264.00 119.59	0.00
	04/12/2011	2	SHORT TERM CAPITAL GAIN 50 SHS COGNIZANT TECHNOLOGY PROCEEDS 4,035.34 SOLUTIONS CORP CL A BOT 01/13/2011 3,730.34 305.00	0.00
	04/07/2011	2	SHORT TERM CAPITAL GAIN 60 SHS COOPER INDUSTRIES PLC PROCEEDS 4,060.30 IRELAND SHS CLASS A BOT 01/13/2011 3,672.00 388.30	0.00
	04/12/2011	5	SHORT TERM CAPITAL GAIN 70 SHS CITRIX SYSTEMS INC PROCEEDS 5,140.63 BOT 01/13/2011 4,729.28 411.35	0.00
	05/31/2011	2	SHORT TERM CAPITAL LOSS 150 SHS JACOBS ENGR GROUP INC PROCEEDS 6,703.14 BOT 01/13/2011 7,339.50 636.36-	0.00
	05/16/2011	7	SHORT TERM CAPITAL LOSS 150 SHS NORTHERN TR CORP PROCEEDS 7,274.39 BOT 01/13/2011 8,366.88 1,092.49-	0.00
	02/08/2011	6	SHORT TERM CAPITAL LOSS 190 SHS ISHARES MSCI EMERGING PROCEEDS 8,824.17 MKT BOT 01/13/2011 9,089.60 265.43-	0.00
	05/16/2011	9	SHORT TERM CAPITAL LOSS 25 SHS NORTHERN TR CORP PROCEEDS 1,212.40 BOT 03/28/2011 1,275.00 62.60-	0.00
	06/02/2011	3	SHORT TERM CAPITAL LOSS 400 SHS STAPLES INC PROCEEDS 6,587.84 BOT 01/31/2011 9,059.96 2,472.12-	0.00
	05/31/2011	3	SHORT TERM CAPITAL LOSS 50 SHS JACOBS ENGR GROUP INC PROCEEDS 2,234.38 BOT 02/02/2011 2,614.50 380.12-	0.00
	05/16/2011	8	SHORT TERM CAPITAL LOSS 50 SHS NORTHERN TR CORP PROCEEDS 2,424.80 BOT 02/02/2011 2,602.00 177.20-	0.00
	02/03/2011	32	SHORT TERM CAPITAL LOSS 50 SHS FREEPORT-MCMORAN COPPER PROCEEDS 5,425.89 & GOLD INC CL B BOT 01/13/2011 5,985.50 559.61-	0.00
	06/02/2011	2	SHORT TERM CAPITAL LOSS 625 SHS STAPLES INC PROCEEDS 10,293.49 BOT 01/13/2011 14,616.56 4,323.07-	0.00
	05/31/2011	4	SHORT TERM CAPITAL LOSS 85 SHS JACOBS ENGR GROUP INC PROCEEDS 3,798.44 BOT 03/09/2011 4,140.85 342.41-	0.00

01/13/2011 113,246.48  
GAS 119,956.31  
((6709.83))

Rotary Club of Lancaster / Charitable Foundation  
6/30/11 Gains/Losses - Cambridge Trust General

	04/07/2011	2	SHORT TERM CAPITAL GAIN 25 SHS COOPER INDUSTRIES PLC PROCEEDS 1,691.80 IRELAND SHS CLASS A BOT 01/13/2011 1,530.00 161.80	0.00
	04/12/2011	2	SHORT TERM CAPITAL GAIN 25 SHS COGNIZANT TECHNOLOGY PROCEEDS 2,017.67 SOLUTIONS CORP CL A BOT 01/13/2011 1,865.17 152.50	0.00
	04/12/2011	5	SHORT TERM CAPITAL GAIN 35 SHS CITRIX SYSTEMS INC PROCEEDS 2,570.32 BOT 01/13/2011 2,364.64 205.68	0.00
	02/08/2011	7	SHORT TERM CAPITAL GAIN 5 SHS ISHARES MSCI EMERGING PROCEEDS 232.21 MKT BOT 01/31/2011 229.15 3.06	0.00
	03/15/2011	5	SHORT TERM CAPITAL GAIN 50 SHS FRESENIUS MEDICAL CARE AG PROCEEDS 3,369.54 BOT 02/09/2011 3,128.50 241.04	0.00
5207469 ROTARY GENERAL	04/07/2011	3	SHORT TERM CAPITAL GAIN 50 SHS COOPER INDUSTRIES PLC PROCEEDS 3,383.59 IRELAND SHS CLASS A BOT 02/09/2011 3,204.50 179.09	0.00
	03/15/2011	4	SHORT TERM CAPITAL GAIN 75 SHS FRESENIUS MEDICAL CARE AG PROCEEDS 5,054.30 BOT 01/13/2011 4,307.67 746.63	0.00
	06/02/2011	3	SHORT TERM CAPITAL LOSS 100 SHS STAPLES INC PROCEEDS 1,646.96 BOT 01/25/2011 2,341.90 694.94	0.00
	06/02/2011	4	SHORT TERM CAPITAL LOSS 150 SHS STAPLES INC PROCEEDS 2,470.44 BOT 02/09/2011 3,352.50 882.06	0.00
	02/08/2011	6	SHORT TERM CAPITAL LOSS 170 SHS ISHARES MSCI EMERGING PROCEEDS 7,895.31 MKT BOT 01/13/2011 8,132.80 237.49	0.00
	02/03/2011	26	SHORT TERM CAPITAL LOSS 25 SHS FREEPORT-MCMORAN COPPER PROCEEDS 2,712.95 & GOLD INC CL B BOT 01/13/2011 2,992.75 279.80	0.00
	06/02/2011	2	SHORT TERM CAPITAL LOSS 300 SHS STAPLES INC PROCEEDS 4,940.87 BOT 01/13/2011 7,015.95 2,075.08	0.00
	02/03/2011	29	SHORT TERM CAPITAL LOSS 5 SHS ISHARES MSCI EMERGING PROCEEDS 228.65 MKT BOT 01/13/2011 239.20 10.55	0.00
	05/31/2011	3	SHORT TERM CAPITAL LOSS 75 SHS JACOBS ENGR GROUP INC PROCEEDS 3,351.56 BOT 03/09/2011 3,653.68 302.12	0.00
	05/31/2011	2	SHORT TERM CAPITAL LOSS 75 SHS JACOBS ENGR GROUP INC PROCEEDS 3,351.57 BOT 01/13/2011 3,669.75 318.18	0.00
	05/16/2011	2	SHORT TERM CAPITAL LOSS 75 SHS NORTHERN TR CORP PROCEEDS 3,637.20 BOT 01/13/2011 4,183.44 546.24	0.00

Total Proceeds 48,554.94  
BOT 52,211.60

Net Loss (3656.66)