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Department of the Treasury Internal Revenue Service

SCANNED DEC 0 1 2015

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Α	For th	ne 2014 calen	dar year, or tax	year begii	nning		, 20	14, and	ending	<u> </u>		<u> </u>	
В	Check if	f applicable	C Name of organ	ization RO	CKINGHAM	CHARIT	IES LIN	1ITED			D Employ	er Identifi	cation number
	∏Ad	dress change	Doing business								03-0	3270	72
	\vdash	ime change			x if mail is not deli	vered to street a	address)		Room/su	nte	E Telepho		
	\vdash	_									1900) 16	3-4940
	H	tial return	65 ROCKIN		COUNTRY, and ZIP	or foreign posts	l code				(004	., 40	J-4340
	\mathbf{H}	al return/terminated	i '	•	, wuntry, and ZIP	or roreign posta							
	Arr	nended return	BELLOWS F				V	T 05	5101				1,141,184.
	∐ Ap	plication pending	F Name and add	ress of principa	d officer					• •	a group return		
			WAYNE RYA	N PO BO	X 723	SAXTON	S RIVER	VT 05	154	l(D) Are all	subordinates i attach a list (s	ncluded? see instruc	tions) Yes No
ī	Tax-	exempt status	X 501(c)(3)	501(c) () ▼ (II	nsert no)	4947(a)(1) or	527	110,	andon a not (c		
J	Web	bsite: ► N/		<u> </u>	•				·	H(c) Group	exemption nur	nber ►	
ĸ		of organization	X Corporation	Trust	Association	Other >		L Year o	of formation				al domicile VT
				Tiust _	Association	T Outer		L rear e	71 1011110101	. 100	<u> </u>		ar dominate V I
Pa		Summar	y oe the organizat		n or most sign	rificant activ	ution:	COMM	CINI T (III)	DENE	VOI PNOI		
	1	Briefly describ	e the organizat	ion s missio	on or most sign	illicant activ	iues.	COMM	ONTLA	_BFNE	VOLENC	<u>-</u>	.
9													
Governance													
ᇤ													.
<u>8</u>		Check this bo			n discontinued								_
			ting members o									3	.3
Activities &			dependent votin	-	_							4	0
ı≝	1		of individuals e		-							5	
흫			of volunteers (e									6	3
ĕ	l .		d business reve									7a	0.
	Ь	Net unrelated	business taxab	le income fi	rom Form 990	-1, line <u>34 -</u>	• • • • •		• • • •			7b	0.
										<u> </u>	rior Year		Current Year
Ф			and grants (Pa							L			<u>.</u>
Ž	9	Program serv	ice revenue (Pa	rt VIII, line :	2g)								
Revenue	10	Investment in	come (Part VIII,	column (A)), lınes 3, 4, ar	nd 7d)					-9	88.	33,733.
æ			e (Part VIII, colu								4,8	04.	38,521.
	12	Total revenue	- add lines 8 t	hrough 11 ((must_equal P	a rt-VIII,-colu	mn (A), l ın	e 12) .		J	3,8	16.	72,254.
	13	Grants and si	milar amounts p	aid (Part IX	colum DA	mas 1-8/15	3())				2,5	00.	167,000.
	14	Benefits paid	to or for member	ers (Part IX.	column (A)	ne 4)	ن.	l			- <u></u>		
	15	Salaries othe	r compensation	employee	henefits (Part	IX column	(A) lines	10)		<u> </u>			
98	13	Darks	rofessional fundraising fees (Part IX, column (A), line (5, 10)										
Expenses					8 U							+	
×	b	b Total fundraising expenses (Part IX, column (b), line 25)											
ш	17	Other expens	es (Part IX, colu	ımn (A), line	es 11a-(11)d(4)	f-2#e)	U.J				3,4	08.	5,396.
	18	Total expense	es. Add lines 13	-17 (must e	qual-Part-IX,	column (A),	line 25)	·			5.9	08.	172,396.
	19	Revenue less	expenses. Sub	tract line 18	3 from line 12						-2,0		-100,142.
8		7.000.00								Reginni	ng of Currer		End of Year
\$ 5	20	Total accete (Part X, line 16)							Degiiiii	812,9	_	714,531.
t Assets id Balam	21	,	s (Part X, line 20							-	012,3	-, , , , , , , , , , , , , , , , , , , 	714,551.
Fet.				•									
_	22		fund balances	Subtract lin	e 21 from line	20		• • • •	• • • •		812,9	78.	714,531.
	<u>irt II</u>	Signatui										_	
Unde	er penalt	ues of perjury, I dec	clare that I have exar er (other than officer	nined this return	n, including accom	panying schedu	les and staten	nents, and	to the best	t of my know	nedge and bel	ef, it is tru	ue, correct, and
com	piete De		er (viner man onicer) Jack on all	- Information of Wil	ion proparei na:	- any anowied	y∼			1/2	f.,	
		<u> </u>	vegn	414							(/////	۷	
Sig	n	Signatu	ire of officer	\mathcal{C}						Da	ate /		
He	re	► WAY	NE RYAN	•									
			print name and title										
		Print/Type p	reparer's name		Preparer's sigi	nature		Da	ite		Check	X if	PTIN
_		Catha	ring Unrei		Cathor	ıne Harı	rie	1 -	1/02/	15	self-employe	_	P01036323
Pa			rine Harri					11.	1/02/	10	3611-611Ipioye	·- []	. 01030323
	epare				<u> IANAGEMEN</u>	VI & CPA	10		_		<u> </u>		1705600
US	e On	Ily Firm's addre		X 210							Firm's EIN		-1785698
			WESTM	INSTER	STATION		VT 05	159			Phone no	(802	722-4500

No

X Yes

Form 990 (2014		03-032707	72 Page 2
	atement of Program Service Accomplishments		
	eck if Schedule O contains a response or note to any line in this Part III	· · · · · · · · · · · · · · · · · · ·	
	cribe the organization's mission:		
COMMUN	ITY_BENEVOLENCE		
2 Did the org	ganization undertake any significant program services during the year which wer	re not listed on the prior	
	or 990-EZ?		Yes X No
	scribe these new services on Schedule O		<u>M</u>
	ganization cease conducting, or make significant changes in how it conducts, an	y program services?	Yes X No
	scribe these changes on Schedule O.		L
4 Describe th	he organization's program service accomplishments for each of its three largest i1(c)(3) and 501(c)(4) organizations are required to report the amount of grants a	program services, as measured by e	xpenses
and revenu	ue, if any, for each program service reported.	and allocations to others, the total exp	enses,
4 a (Code.) (Expenses \$ 1,200. including grants of \$	156,200.)(Revenue \$	38,521.)
CONTRI	BUTIONS TO COMMUNITY SCHOOLS AND ORGANIZED CHAR	ITIES	
TO PRO	MOTE BENEVOLENT, EDUCATIONAL, CIVIC, PATRIOTIC,		
WILDLI	FE AND ATHLETIC EVENTS WITHIN WINDHAM AND		
BENNING	GTON COUNTIES, VERMONT.		_
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	·		
	·		
			
4 b (Code:) (Expenses \$ including grants of \$) (Revenue \$	
4b (Code	/(Expenses 5 including grants of 5) (Revenue 5	
4 c (Code) (Expenses \$ including grants of \$) (Revenue \$)
	·		
	·		
		_	
-	·		
4 d Other prog	gram services. (Describe in Schedule O)		
(Expenses) (Revenue \$)
	ram service expenses ► 1,200.	·········	
BAA	TEEA0102 05/28/14		Form 990 (2014)

Partive Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х 1 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . 2 3 Х Х 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 . . . 5 Х 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, X 6 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 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III. Х 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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 9 Χ 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If Yes,' complete Schedule Х 11 a X 11 b X 11 c X 11 d Χ e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. . . . 11 e 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. Χ 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII. 12a Х b Was the organization included in consolidated, independent audited financial statements for the tax year? If Yes,' and Χ if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 13 X 14 a Did the organization maintain an office, employees, or agents outside of the United States? 14a Χ 14b Χ 15 Х 16 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) 17 Χ 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Х 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. Х 19 20 Χ

20 b

03-0327072

21 Del the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), time 27 if 7 ves, complete Schedule I, Parts I and III. 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), time 27 if 7 ves, complete Schedule I, Parts I and III. 23 Did the organization answer Yes to Part VIII, Section A, line 3.4, or 5 about compensation of the organizations current and former officers, directors, flustees, key employees, and highest compensated employees? If Yes, complete and former officers or the complete Schedule III vess the section A (III vess III ve	٠			Yes	No
column (A), line 27 if Yes, 'complete Schedule i, Parts I and III . 22 X S 23 Did the organization answer Yes io Part IVI, Section A, line 5, 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 I, I'No, go to line 25a 24a Did the organization have a lax-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, 2002/21 If Yes, 'armset lines 24b through 24d and complete Schedule II' No, go to line 25a 25a Section 591(c)(3), 591(c)(4), and 591(c)(29) organizations. Did the organization report and an account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25a Section 591(c)(3), 591(c)(4), and 591(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If Yes, 'complete Schedule I, Part I . 25a Section 591(c)(3), 591(c)(4), and 591(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If Yes, 'complete Schedule I, Part I . 25b Let be organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If Yes, 'complete Schedule I, Part I . 25b Ly Schedule I, Part I . 25c Schedule I, Part I . 25c Schedule I, Part I . 25d Vas the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, expemployees, highest compensated employees, or disqualified persons? If Yes, 'complete Schedule I, Part IV . 25d Vas the organization provide a grant or other assistance to an officer, director, fustee, expemployee, substantial contribution or employee thereto, a grant selection committee member, or to a 58% controlled employee, substantial contribution of employee thereto, a grant selection committee m	21		21	Х	
and former officers, directors, trustees, key employees, and highest compensated employees? If Yes', complete Schedule L. Part IV 23 b Ut 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 24d through 24d and complete Schedule K. If No. 30 to line 25a. 24a D Ut the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-evempt bonds? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualided person during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualided person during the year? If Yes', complete Schedule L, Part I. 25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year. and that the fransaction has not been reported on any of the organization's prior Forms 990 or 990-527 If Yes', complete Schedule L, Part II. 25b Is the organization provide a grant or other assistance to an officer, director, trustees, key employees, or disqualified persons? If Yes', complete Schedule L, Part II. 27 Dut the organization provide a grant or other assistance to an officer, director, trustees, key employees, or disqualified persons? If Yes', complete Schedule L, Part IV. 28a Was the organization provide a grant or other assistance to an officer, director, trustee, key employee, or disqualified persons? 28b A Carrent or former officer, director, trustee, or key employee? If Yes', complete Schedule L, Part IV. 28c Was the organization receive more than \$25,000 in non-cash contributions? If Yes', complete Schedule L, Part IV. 28c A Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
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 25d. b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b	23	and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete	23		х
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If Yes, complete Schedule L, Part I. 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person on any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highests compensated employees, or displaced organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highests compensated employees, or displaced organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If Yes, complete Schedule L, Part III. 28 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) a A current or former officer, director, trustee, or key employee? If Yes, complete Schedule L, Part IV. 28 A carried of which a current or former officer, director, trustee, or key employee? If Yes, complete Schedule L, Part IV. 29 Did the organization receive more than \$25,000 in non-cash contributions? If Yes, complete Schedule N. 29 Did the organization receive more than \$25,000 in non-cash contributions? If Yes, complete Schedule N. 29 Did the organization liquidate, terminate, or dissolve and cease operations? If Yes, complete Schedule N. 20 Did the organization own 100% of	24	the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and	24a		x
any tax-exempt bonds? 24c 24d 24d 25a 25c 25	ı	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. 25a X 25a X 25b Is the organization avaitable with a tengaged 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-E27 If "Yes," complete Schedule L, Part II. 25b X 26 Did the organization report any amount on Part X. line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L. Part II is a part of any of these persons? If "Yes," complete Schedule L, Part III. 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV is a further officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV. 28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 Dut the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation on the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation and the organization related to any tax-exempt or tansfer more than 25% of the relation of the similar assets, or part II. 30 Did the organization related to any tax-exempt or tansfer more than 25% of the organization under Regulations sections 301 T701-2 if Yes, comp	(24c		
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-E27 if 'Yes,' complete Schedule L, Part I . 25b		d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d		
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If 'Yes,' complete Schedule L, Part I / 25b X 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officiers, directors, fursieses, key employees, highest compensated employees, or disqualified persons? 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III' 28 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV. 28b X 27c A nenthy of which a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV. 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M. 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule M. 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 17701-32 Itf 'Yes,' complete Schedule R, Part I. 33 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 II, III, or IV, and Part V, Iline 1. 34 Was the organization have a controlled entity within the meaning of section 512(b)(25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If Yes, complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If Yes, complete Schedule L, Part III 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) a A current or former officer, director, trustee, or key employee? If Yes, complete Schedule L, Part IV. 28a	1	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete	25b		x
contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If Yes,'complete Schedule L, Part III	26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?	26		х
instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV. b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV. c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, frustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV. 28b X c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, frustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV. 29	27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27		Х
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV. c 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. 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M. 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M. 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I . 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II . 32 Lift 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 . 33 Lift the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, Iine 1 . 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? . 35 If 'Yes' to line 35a, 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, Iine 2 . 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, Iine 2 . 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI, Iines 11b and 19? Note. All Form 990 filers are required to complete Schedule O for Pa	28				
Schedule L, Part IV. c 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 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 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 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35b If 'Yes' to line 35a, 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 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36 Variety of 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 O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O for Part VI, lines 11b and 19?	;	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
officer, director, trustee, or direct or indirect owner? If Yes,' complete Schedule L, Part IV 19 Did the organization receive more than \$25,000 in non-cash contributions? If Yes,' complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If Yes,' complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If Yes,' complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If Yes,' complete Schedule N, Part I 32 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 I 33 Was the organization related to any tax-exempt or taxable entity? If Yes,' complete Schedule R, Part II, III, or IV, and Part V, Inne 1 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If Yes,' complete Schedule R, Part V, Inne 2 36 X 37 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O . 38 X	I	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	•	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	28c	Х	
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Note. All Form 990 filers are required to complete Schedule O	37	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	37		Х
		Note. All Form 990 filers are required to complete Schedule O			

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Yes No De Enter the number reported in Box 3 of Form 1036 Enter -0- if not applicable 1a 0 0 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 0 0 0 0 0 0 0 0	•	Check if Schedule O contains a response or note to any line in this Part V				. \square
b Enter the number of Forms W.ZG included in line 1s. Enter -0" final applicable						
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solicit any contributions that were not tax deductible as charitable contributions? If Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a 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? If Yes, 'did the organization notify the donor of the value of the goods or services provided? The organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If Yes, 'indicate the number of Forms 8282 filed during the year of the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To be the organization receive any funds, directly or indirectly, on a personal benefit contract? To yell the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? Sponsoring organizations maintaining donor advised funds. If the organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. In Did the sponsoring organization make any taxable distributions under section 4966? Sponsoring organizations maintaining donor advised funds. In Section 501(c)(12) organizations. Enter In Section 501(c)(12) organizations. Enter Bi Gross income from members or shareholders. In Bi Section 501(c)(12) organizations. Enter Bi Gross income from members or shareholders. In Bi Section 501(c)(12) organizations. Enter Bi Gross income from members or shareholders. In Bi Section 501(c)(12) organizations. Enter Bi Gross income from members or shareholders. In Bi Section 501(c)(12) organizations. Enter Bi Gross	С	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
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To Organizations that may receive deductible contributions under section 170(c). a 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 If Yes, did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If Yes, indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 to X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 to X f If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 to X f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 to X h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0? Sponsoring organizations maintaining donor advised funds. Did a donor advised funds. B Organization have excess business holdings at any time during the year? B Sponsoring organizations maintaining donor advised funds. B Organization progranization make any taxable distributions under section 4966? B Organization progranization make any taxable distributions under section 4966? B Organization progranization make any taxable distributions under section 4966? B Organization progranization make any taxable distributions under section 4966? B Organization progranization make any taxable distributions under section 4966? B Organization fees and capital contributions included on Part VIII, line 12. C Organization fees and capital contributions included on Part VIII, line 12. C Organization fees and capital contributions included on Part VIII, line 12. C Organizat	b	If 'Yes,' did the organization include with every solicitation an express statement that such contribution tax deductible?	utions or gifts were	6 ь		
services provided to the payor?. 7a X b if Yes, did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 1c		Organizations that may receive deductible contributions under section 170(c).				
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 82827 d If Yes, indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7f X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If he organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 X 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9 a X b Did the sponsoring organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12. b Gross receipts, included on Form 990, Part VIII, line 12. b Gross income from members or shareholders. b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). 11a b If Yes, enter the amount of tex-exempt interest received or accrued during the year 12b 13 Section 501(c)(12) qualified nonprofit health insurance issuers. a Is the organization reserves the organization maken and capital control the organization maken and capital control the organization maken and capital		services provided to the payor?		$\overline{}$		Х
Form 8282? 7c X d If Yes, indicate the number of Forms 8282 filed during the year				7 b		
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organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b X 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12. b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Gross income from members or shareholders. b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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 c Enter the amount of reserves on hand 14 a Did the organization receive any payments for indoor tanning services during the tax year? 14 a Did the organization receive any payments for indoor tanning services during the tax year? 14 b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		Form 1098-C?		7 h		
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a Initiation fees and capital contributions included on Part VIII, line 12						
a Initiation fees and capital contributions included on Part VIII, line 12			• • • • • • • • • • • • • • • • • • • •	90	-	<u> </u>
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		=	10.2			
a Gross income from members or shareholders. b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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 c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 14b			_	1		
a Gross income from members or shareholders		• • •	100	1		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			11 a			
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		Gross income from other sources (Do not net amounts due or paid to other sources				
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12 a	,		12 a	·····	ļ
a Is the organization licensed to issue qualified health plans in more than one state?			1 1			
a Is the organization licensed to issue qualified health plans in more than one state?	13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
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				13 a		
c Enter the amount of reserves on hand		Note. See the instructions for additional information the organization must report on Schedule O				
c Enter the amount of reserves on hand	b	Enter the amount of reserves the organization is required to maintain by the states in	الممدا			
14 a Did the organization receive any payments for indoor tanning services during the tax year?				-		
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O				145		-
						<u> </u>
	BAA	TEEA0105 05/28/14				2014)

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. Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O **b** Enter the number of voting members included in line 1a, above, who are independent n Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х Did the organization make any significant changes to its governing documents Х Х Did the organization become aware during the year of a significant diversion of the organization's assets? . . . 5 6 Х 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X 8 a 8 b Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11 a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12 a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 c 13 Х 14 Х 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? 15 a Х Χ 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Vermont Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Other (explain in Schedule O) Another's website X Upon request Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records 20 WAYNE RYAN 65 ROCKINGHAM ST BELLOWS FALLS 05101 (802) 463-4940

Form 990 (2014) ROCKINGHAM CHARITIES L	IMITED)		03-03270	72 Page 7
Part VII Compensation of Officers, Directors	ors, Tru	stees, Key Employe	es, Highest C	ompensated En	nployees, and
Check if Schedule O contains a response or r					<u> </u>
Section A. Officers, Directors, Trustees, Ke	y Empl	oyees, and Highest	: Compensate	d Employees	
 1 a Complete this table for all persons required to be listed organization's tax year. List all of the organization's current officers, director 		•	, ,		
compensation Enter -0- in columns (D), (E), and (F) if no			···g-····-,, · - g·		
 List all of the organization's current key employees, 	if any Se	e instructions for definition	n of 'key employee	,	
 List the organization's five current highest compens who received reportable compensation (Box 5 of Form W- organization and any related organizations 					
 List all of the organization's former officers, key emportable compensation from the organization and any 			employees who re	ceived more than \$10	00,000
 List all of the organization's former directors or tru organization, more than \$10,000 of reportable compensati 					
List persons in the following order individual trustees or di employees, and former such persons.	rectors, ir	nstitutional trustees; officei	rs; key employees,	highest compensate	d
Check this box if neither the organization nor any relat	ed organi	zation compensated any o	urrent officer, dire	ctor, or trustee	
-		(C)			
(A) Name and Title	(B) Average hours per week (list any hours for	Position (do not check more than one box, unless person is both an officer and a director/trustee) Or Office on the children of the children	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
	week (list any hours for related	Former Highest employe Key emp Officer Instituto Individut or direct			from the organization

(A) Name and Title	(B) Average hours	than	one s both	ition (do not check more one box, unless person both an officer and a director/trustee)				(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) WAYNE R RYAN PRESIDENT, TREAS, DIR	2.00	х		Х				0.	0.	0.
(2) JAMES O'BRIEN DIRECTOR	_1.00	x						0.	0.	0.
(3) HEATHER BOULGER VICE PRESIDENT, DIRECTOR	0.25	х		х				0.	0.	0.
_(4)_RICHARD_COUTANTSECRETARY	_0.25			Х				0.	0.	0.
(5)										
(6)										
_(7)									·	
								-		_
<u>(9)</u>										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Tru	ustees,	Key	En	<u>ıpl</u>	oye	es,	an	d Highest Con	pensated Emp	loyee	S (con	tinued)
(A) Name and title	Average hours per week	box	, unle cer a	ss pe	ition more rson i	than o	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation		her
	(list any hours for related organiza - tions below dotted line)	individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	org ar	rom the anization d related anization	n L
<u></u>									-			
(16)												
(17)												
(18)												
(19)										-		
(20)												
(21)												
(22)												
(23)												
(24)												
(25)										ı		-
1 b Sub-total							>	0.	0.			0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							-	0.	0.			0.
2 Total number of individuals (including but not limited from the organization ►							eive	d more than \$100,0		mpensa	tion	
nom the organization			-								Yes	No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such if										. 3	-	X
For any individual listed on line 1a, is the sum of rethe organization and related organizations greater to	portable co	mpe	nsat <i>If "</i> Y	ion :	and com	othei plete	r coi	mpensation from hedule J for				
such individual			٠.	٠.	• •	• •			 dual	. 4		Х
for services rendered to the organization? If 'Yes,' of Section B. Independent Contractors	omplete S	ched	ule	J for	suc	h pei	rson	1	<u>.</u>	. 5		Х
Complete this table for your five highest compensation from the organization. Report compensation.	ted indepe	nden r the	t col	ntrac	tors	that	rec	eived more than \$	100,000 of	ear		
(A) Name and business address (B) Compension Compen										on .		
			_									
2 Total number of independent contractors (including	but not lin	nited	to th	ose	liste	ed ab	ove) who received mo	re than			
\$100,000 of compensation from the organization	>	TEEA	1400	00/0	0/45			_		Farr	.000	(2014)

•	Check if Schedule O	contains a respo	onse or note to any lin	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts ts	1 a Federated campaigns	1 a	·				
ra I	b Membership dues	1t					
g, E	c Fundraising events	10	;				
a #	d Related organizations	10					
S E	e Government grants (contribu	utions) 1 e					
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, gifts, similar amounts not included	grants, and I above 1 f					
4 E	g Noncash contributions include	ded in lines 1a-1f	;				
<u>용</u>	h Total. Add lines 1a-1f	<u></u>	.				
Program Service Revenue			Business Code				
₩	2a						
ě	b						
Vic	c						
<u>\$</u>	d						
am	e						
р Б	f All other program serve						
ᇫ	g Total. Add lines 2a-2f	· · · · · · · · ·					,
	3 Investment income (inc	luding dividends	, interest and			_	
	other similar amounts)			30,557.	0.	0.	30,557.
	4 Income from investmen	•	•				
	5 Royalties	(ı) Real	(II) Personal				
	6 a Crasa roots	(i) Real	(ii) Personal				
	6 a Gross rents						
	b Less rental expenses				1		
	c Rental income or (loss)						
	d Net rental income or (lo	(i) Securities	(II) Other				
	7 a Gross amount from sales of	<u> </u>	 				
	assets other than inventory	1,068,686	- - - - - - 				
	b Less cost or other basis						
	and sales expenses						
	c Gain or (loss) d Net gain or (loss)			2 176			2.176
	-			3,176.	0.	0	3,176.
좚	8 a Gross income from fun (not including \$	draising events					
Je I	of contributions reporte	d on line 1c)	-				
Ę.	See Part IV, line 18	•	a				
2	b Less: direct expenses						
Other Revenu	c Net income or (loss) from			·····			
J	9 a Gross income from gar See Part IV, line 19.	ning activities.					
	b Less: direct expenses		11//11				
	c Net income or (loss) from			38,521.	38,521.	0.	0.
	• •			30,321.	50,521.	<u> </u>	0.
	10 a Gross sales of inventor and allowances	y, iess returns	a				
	b Less cost of goods so				:		
	c Net income or (loss) from					······································	
	Miscellaneous Reve		Business Code		"		
	11 a						
	b						
	c						-
	d All other revenue						
	e Total. Add lines 11a-1	1d					
	12 Total revenue. See in:			72,254.	38.521.	0.	33,733.

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)	

Do r	not include amounts reported on lines 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 domestic organizations and domestic governments See Part IV, line 21	167,000.	167,000.	general expenses	
2	Grants and other assistance to domestic individuals See Part IV, line 22	= , , , , , , , ,			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members				
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 salanes and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
	Management				
	Legal		-		
	Accounting	5,100.	0.	5,100.	0.
	Lobbying	3,100.	0.	5,100.	
	Professional fundraising services See Part IV, line 17.				
	Investment management fees				
g	Other (If line 11g aml exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
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 24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e if line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	BANK_CHARGES	246.	0.	246.	0.
	OFFICE SUPPLIES	50.	0.	50.	0.
-					
			·		
_	"				
	Total functional expenses Add lines 1 through 24e.	172,396.	167,000.	5,396.	0.
25 26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here	1/2,350.	10/,000.	3,396.	0.
	SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 34,472 48,699. 2 5,513 2 4,138. 3 3 4 Loans and other receivables from current and former officers, directors, 5 Loans and other 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). Complete Part II of Schedule L 6 7 8 9 10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a b Less accumulated depreciation 10 b 10 c Investments - publicly traded securities 11 772,993 11 661,694. 12 Investments - other secunties See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 14 14 15 15 16 16 812,978 714,531 17 17 18 18 19 19 20 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . 25 26 26 Total liabilities. Add lines 17 through 25........ 0 0 Organizations that follow SFAS 117 (ASC 958), check here ► X and complete or Fund Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets....... 27 812,978 27 714,531. 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34. 30 30 Assets Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 Š 33 812,978 33 714,531

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34

714,531. Form **990** (2014)

812,978

34

Forn	1990 (2014) ROCKINGHAM CHARITIES LIMITED 03-	0327	7072		Pa	ge 12
Pa	rt XI Reconciliation of Net Assets					
•	Check if Schedule O contains a response or note to any line in this Part XI					$\cdot \square$
1	Total revenue (must equal Part VIII, column (A), line 12)	1		-	12,2	254.
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	72,3	396.
3	Revenue less expenses. Subtract line 2 from line 1	3		1(0,1	42.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		8:	12,9	78.
5	Net unrealized gains (losses) on investments	5				309.
6	Donated services and use of facilities	6				
7	Investment expenses	7			6,8	367.
8	Prior period adjustments	8			7,1	37.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B)).	10		7:	14,5	31 <u>.</u>
Pai	T XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					· 🔲
					Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		[
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.					
2:	Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a					
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis		Ì		i	l
ı	Were the organization's financial statements audited by an independent accountant?			2 b		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate					
	basis, consolidated basis, or both:					1
	Separate basis Consolidated basis Both consolidated and separate basis					ļ
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the auc review, or compilation of its financial statements and selection of an independent accountant?	ıt, 		2 c	_	Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O					
3 8	a 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?			3 a		Х
ı	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a	udit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<i>.</i> .		3 b		
BAA	· · ·			Form	990 (2014)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete 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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2014

Name of	the	organization					Employer Identifica	tion number				
ROCK	OCKINGHAM CHARITIES LIMITED 03-0327072 Art I Reason for Public Charity Status (All organizations must complete this part.) See instructions.											
Part	İ	Reason for Public Cha	rity Status (All or	ganizations must co	mplete	this p	art.) See instruction	ns.				
The or	gai	nization is not a private foundat	ion because it is: (For I	ines 1 through 11, check	only on	e box)	-					
1		A church, convention of church	nes, or association of c	hurches described in se	ction 17	0(b)(1)(A)(i).					
2		A school described in section	170(b)(1)(A)(ii). (Attac	ch Schedule E.)								
3		A hospital or a cooperative hos	spital service organizat	ion described in section	170(b)(1)(A)(iii)).					
4	Г	A medical research organization	on operated in conjunc	tion with a hospital desci	nbed in s	ection	170(b)(1)(A)(iii) Enter th	ne hospitat's				
		name, city, and state										
5		An organization operated for the 170(b)(1)(A)(iv). (Complete P	ne benefit of a college (art II)	or university owned or or	perated b	y a gov	emmental unit described	In section				
6		A federal, state, or local govern	•		•	,, ,, ,,	,					
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	Ш	A community trust described in	n section 170(b)(1)(A)	(vi). (Complete Part II)								
9	X	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	•	•			` '` '					
11		An organization organized and or more publicly supported org lines 11a through 11d that des	anizations described in	n section 509(a)(1) or se	ection 50	09(a)(2).	See section 509(a)(3).	rposes of one Check the box in				
а	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV. Sections A and B.											
b												
С		Type III functionally integrate organization(s) (see instruction	ed. A supporting organ	ization operated in conn te Part IV, Sections A,	ection w D, and E	ith, and	functionally integrated w	ith, its supported				
d		Type III non-functionally inte functionally integrated The organistructions). You must comp	grated. A supporting of ganization generally mulete Part IV. Sections	organization operated in ust satisfy a distribution r A and D, and Part V.	connecti equirem	on with ent and	its supported organization an attentiveness require	n(s) that is not ment (see				
e		Check this box if the organizat integrated, or Type III non-fund	ion received a written o	determination from the IF								
f	En	ter the number of supported org	ganizations									
g	Pro	ovide the following information a	about the supported or	ganızatıon(s).								
		(I) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(IV) Is organization in your go docum	on listed everning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
					Yes	No						
(A)		٠										
												
(B)												
(C)	:)											
(D)												
(E)												
Total												

TEEA0401 07/16/14

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

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)

Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge				:		
4	Total. Add lines 1 through 3				_		
5	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)						
6	Public support. Subtract line 5 from line 4						
<u>Sec</u>	tion B. Total Support		. <u>-</u>				
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on				-		
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activiti	es, etc (see instruc	ctions)			12	
13	First five years. If the Form 990 is organization, check this box and s	s for the organization top here	on's first, second,	third, fourth, or fifth	tax year as a sect	ion 501(c)(3)	▶ □
	tion C. Computation of Pu	blic Support F	ercentage	·			
	Public support percentage for 201						<u>%</u>
15	Public support percentage from 20	013 Schedule A, Pa	art II, line 14	• • • • • • • • • •		<u>15</u>	<u> </u>
16 a	33-1/3% support test — 2014. If and stop here. The organization of						
t	33-1/3% support test — 2013. If t and stop here. The organization of	he organization did qualifies as a publi	d not check a box of cly supported orga	on line 13 or 16a, a nization	ind line 15 is 33-1/3	3% or more, check	this box
17 a	10%-facts-and-circumstances to or more, and if the organization me the organization meets the 'facts-a	eets the 'facts-and	-circumstances' te	st, check this box a	ind stop here. Exp	lain in Part VI how	_
t	o 10%-facts-and-circumstances to or more, and if the organization morganization meets the 'facts-and-	eets the 'facts-and	-circumstances' te	st, check this box a	ind stop here. Exp	lain in Part VI how	the
18	Private foundation. If the organiz	ation did not checl	k a box on line 13,	16a, 16b, 17a, or	17b, check this box	and see instruction	ons ▶ 🔲

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.)

Sec	tion A. Public Support						
Calen	dar year (or fiscal yr beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include any unusual grants ')						
2	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	120,000.	102,105.	71,113.	8,950.	41,941.	344,109.
3	Gross receipts from activities that are not an unrelated trade or business under section 513	120,000.	102,103.	,1,113.	0,330.	41, 541.	344,105.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	120,000.	102,105.	71,113.	8,950.	41,941.	344,109.
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						
c	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)						344,109.
<u>Sec</u>	tion B. Total Support	, , , , , , , , , , , , , , , , , , ,			r		
	dar year (or fiscal yr beginning in) 🟲	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6	120,000.	102,105.	71,113.	8,950.	41,941.	344,109.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	32,325.	36,874.	42,474.	25,784.	30,557.	168,014.
C	Add lines 10a and 10b	32,325.	36,874.	42,474.	25,784.	30,557.	168,014.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11 and 12)	152,325.	138,979.		•	72,498.	512,123.
14	First five years. If the Form 990 is organization, check this box and s	s for the organization top here.	on's first, second, th	hird, fourth, or fifth	tax year as a secti	ion 501(c)(3)	▶ □
Sec	tion C. Computation of Pul						
15	Public support percentage for 2014			, column (f))		15	67.19 %
16	Public support percentage from 20						71.16 %
Sec	tion D. Computation of Inv	estment Incor	ne Percentage				
17	Investment income percentage for	2014 (line 10c, col	umn (f) divided by	line 13, column (f))	17	32.81 %
18	Investment income percentage fro	m 2013 Schedule /	A, Part III, line 17			18	28.84 %
	33-1/3% support tests — 2014. If is not more than 33-1/3%, check the	nis box and stop he	ere. The organizati	ion qualifies as a p	oublicly supported of	organization	► X
	33-1/3% support tests — 2013. If line 18 is not more than 33-1/3%, or	check this box and	stop here. The or	ganizatıon qualıfie	s as a publicly sup	ported organizatioi	ո ▶ ∐ ։
20	Private foundation. If the organiz	ation did not check	a box on line 14,	19a, or 19b, check	this box and see i	nstructions	▶ 📋

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

		-	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?			
	If 'No,' describe in Part VI how the supported organizations are designated if designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was			
	described in section 509(a)(1) or (2)	2		
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization			
	made the determination	_3b		
	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3с		
	g			
4	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
ı	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled			
	or supervised by or in connection with its supported organizations	4b		
•	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that			
	all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the			
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
ı	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one			
	or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with			
	regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990)	8		
9	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?			
	If Yes,' provide detail in Part VI	9a		<u></u>
	b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		
	c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9с		
10	a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,'			
	answer (b) below	10a		
	b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		

	edule A (Form 990 or 990-EZ) 2014 ROCKINGHAM CHARITIES LIMITED 03-03	27072	F	age 5
Parl	t IV Supporting Organizations (continued)		V	N.
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI			
	tion B. Type I Supporting Organizations	<u>-</u>		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities if the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	Yes	No
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Sect	tion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3		
Sect	tion E. Type III Functionally-Integrated Supporting Organizations			
1 a b c	The organization is the parent of each of its supported organizations. Complete line 3 below	·		
2	Activities Test Answer (a) and (b) below.	,	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i>	3a		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	tions	
1 	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nother Type III non-functionally integrated supporting organizations must complete Sec	lovem tions A	ber 20, 1970 See instru Athrough E	uctions. All
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
æ	Average monthly value of secunties	1 a	•	
k	Average monthly cash balances	1 b		
	Fair market value of other non-exempt-use assets	1 c		
C	Total (add lines 1a, 1b, and 1c)	1 d		
•	Discount claimed for blockage or other factors (explain in detail in Part VI).			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		-
- 6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	tion C – Distributable Amount	10	· m	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4	MANUAL	
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-integrated (see instructions).	d Type	III supporting organiza	tion

Schedule A (Form 990 or 990-EZ) 2014	Schedule A	(Form 990)	or 990-F7	2014
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Page 7

Section D - Distributions		t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiz	ations (continued)	
2 Anounts pad to perform activity that directly furthers exempt purposes of supported organizations. 3 Administrative expenses paid to accomplish exempt purposes of supported organizations. 4 Anounts pad to acquire exempt-use assets. 5 Qualified set-asside amounts (prior IRS approval required). 6 Other distributions (describe in Part VI) See instructions. 7 Total amount distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distribution amount for 2014 from Section 0, line 6 10 Line 8 amount divided by Line 9 amount. Section E — Distribution Allocations (see instructions) 1 Distributions by Excess Distributions. 1 Distributions (a line) by Pre-2014 1 Distributions if any, for years prior to 2014 (reasonable assist required — see instructions). 3 Excess distributions carryover, if any, to 2014 a line in the service of the second of	Sec	tion D - Distributions			Current Year
2 Anounts pad to perform activity that directly furthers exempt purposes of supported organizations. 3 Administrative expenses paid to accomplish exempt purposes of supported organizations. 4 Anounts pad to acquire exempt-use assets. 5 Qualified set-asside amounts (prior IRS approval required). 6 Other distributions (describe in Part VI) See instructions. 7 Total amount distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distribution amount for 2014 from Section 0, line 6 10 Line 8 amount divided by Line 9 amount. Section E — Distribution Allocations (see instructions) 1 Distributions by Excess Distributions. 1 Distributions (a line) by Pre-2014 1 Distributions if any, for years prior to 2014 (reasonable assist required — see instructions). 3 Excess distributions carryover, if any, to 2014 a line in the service of the second of	1	Amounts paid to supported organizations to accomplish exempt purpose	es		
4 Amounts paid to acquire exempt-use assets 5 Qualified set-asside amounts (pror IRS approval required). 6 Other distributions (describe in Part VI) See instructions 7 Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions. 9 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions. 9 Distributable amount for 2014 from Section C, line 6 1 Line 8 amount divided by Line 9 amount 1 Distributable amount or 2014 from Section C, line 6 2 Underdistributions (see instructions) 1 Distributable amount for 2014 from Section C, line 6 2 Underdistributions (see instructions) 3 Excess distributions (any very flam, to 2014 (reasonable causes required — see instructions) 4 Distributable amount or 2014 (reasonable causes required — see instructions) 5 Excess distributions carryover, if any, to 2014 a Distributions or prory ears b Applied to underdistributions of prory years control of Total of lines 3a through e g Applied (in underdistributions of prory years — Applied to 2014 distributable amount — Carryover from 2009 not applied (see instructions) 1 Remander. Subtract lines 3g, and 3 from 3f — See Applied to underdistributions of prory years — Distributions for 2014 from Section D. See Applied to 2014 distributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) 7 Excess distributions carryover to 2015. Add lines 3j and 4c — Remaining underdistributions for repairs prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) 6 Remaining underdistributions for evers pore to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) 7 Excess distributions carryover to 2015. Add lines 3j and 4c — Remaining underdistributions carryover to 2015. Add lines 3j and 4c — R	2	Amounts paid to perform activity that directly furthers exempt purposes on excess of income from activity	of supported organizati	ons,	
5 Outlified set-aside amounts (prior (RS approval required). 6 Other distributions (describe in Part VI) See instructions. 7 Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions. 9 Distributable amount for 2014 from Section C, line 6 10 Line 8 amount divided by Line 9 amount Section E — Distribution Allocations (see instructions) Excess Distributions Excess Distributions Excess Distributions Pre-2014 Distributable amount for 2014 from Section C, line 6 2 Underdistributions (range) for years prior to 2014 (reasonable cause required – see instructions) 3 Excess distributions carryover, if any, to 2014 a la	3	Administrative expenses paid to accomplish exempt purposes of suppor	ted organizations		
6 Other distributions (describe in Part VI) See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2014 from Section C, line 6. 10 Line 8 amount divided by Line 9 amount. 10 Distributable amount for 2014 from Section C, line 6. 2 Underdistributions, if any, for years prior to 2014 (reasonable cause required – see instructions). 3 Excess distributions, if any, for years prior to 2014 (reasonable cause required – see instructions). 4 Distributable amount for 2014 in the cause of the cause required – see instructions). 5 Excess distributions carryover, if any, to 2014 a	4	Amounts paid to acquire exempt-use assets			
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions. 9 Distributable amount for 2014 from Section C, line 6 10 Line 8 amount divided by Line 9 amount Section E — Distribution Allocations (see instructions) 1 Distributable amount for 2014 from Section C, line 6 2 Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions) 3 Excess distributions, any, for years prior to 2014 (reasonable cause required — see instructions) 4 Distributable amount for 2014 from Section C, line 6 5 Excess distributions carryover, if any, to 2014 a	5	Qualified set-aside amounts (prior IRS approval required)			
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions. 9 Distributable amount for 2014 from Section C, line 6 10 Line 8 amount divided by Line 9 amount Section E — Distribution Allocations (see instructions) 1 Distributable amount for 2014 from Section C, line 6 2 Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions) 3 Excess distributions, any, for years prior to 2014 (reasonable cause required — see instructions) 4 Distributable amount for 2014 from Section C, line 6 5 Excess distributions carryover, if any, to 2014 a	6	Other distributions (describe in Part VI) See instructions			
In Part VI) See instructions. 9 Distributable amount for 2014 from Section C, line 6 10 Line 8 amount divided by Line 9 amount 11 Distributable amount for 2014 from Section C, line 6 12 Underdistributions of 2014 from Section C, line 6 13 Excess Distributions, if any, for years prior to 2014 (reasonable cause required — see instructions) 14 Distributable amount for 2014 from Section C, line 6 15 Underdistributions carryover, if any, to 2014 16 Distributions carryover, if any, to 2014 17 Distributions carryover, if any, to 2014 18 Distributions carryover, if any, to 2014 20 Underdistributions carryover, if any, to 2014 21 Underdistributions carryover, if any, to 2014 22 Underdistributions carryover, if any, to 2014 23 Excess distributions carryover, if any, to 2014 24 Distributions and in the carryover if any, to 2014 25 Papiled to underdistributions of prior years 26 Applied to underdistributions of prior years 27 Distributions for 2014 from Section D, line 7 28 Applied to underdistributions of prior years 29 Applied to underdistributions of prior years 20 Applied to underdistributions of prior years 20 Applied to underdistributions of prior years 29 Applied to underdistributions of prior years 20 Applied to underdistributions of years prior to 2014, if any Subtract lines 3 and 44 from Nection D, line 7 20 Applied to 2014 distributable amount 21 Carryover from 2009 not applied (see instructions) 22 Excess distributions carryover to 2014, Add lines 3) and 4c 23 Breakdown of line 7 24 Distributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) 22 Excess distributions carryover to 2015. Add lines 3) and 4c 23 Breakdown of line 7 24 Distributions for 2013.	7	Total annual distributions. Add lines 1 through 6			·
10 Line 8 amount divided by Line 9 amount Section E — Distribution Allocations (see instructions) 1 Distributable amount for 2014 from Section C, line 6. 2 Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions). 3 Excess distributions carryover, if any, to 2014 a	8				
Section E — Distribution Allocations (see instructions) I Distributable amount for 2014 from Section C, line 6	9	Distributable amount for 2014 from Section C, line 6			
Section E — Distribution Allocations (see instructions) I Distributable amount for 2014 from Section C, line 6	10	Line 8 amount divided by Line 9 amount			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions) 3 Excess distributions carryover, if any, to 2014 a	Sec		(i) Excess	(ii) Underdistributions	Distributable
cause required — see instructions). 3 Excess distributions carryover, if any, to 2014 a b c c d d Total of lines 3a through e From 2013. f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) j Remainder, Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2014 from Section D, line 7 S a Applied to underdistributions of prior years b Applied to 2014 distributable amount c Remainder, Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) 6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) 7 Excess distributions carryover to 2015. Add lines 3j and 4c b Breakdown of line 7 a d Excess from 2013.	1	Distributable amount for 2014 from Section C, line 6			
a b c c c d d d d d d d	2	Underdistributions, if any, for years prior to 2014 (reasonable cause required – see instructions)			
b c d c d d d d d d d	3	Excess distributions carryover, if any, to 2014			
c d e From 2013	а				
d e From 2013	b				
e From 2013	С		· · · · · · · · · · · · · · · · · · ·		
f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2014 from Section D, line 7 s a Applied to underdistributions of prior years b Applied to 2014 distributable amount c Remainder. Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) 6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) 7 Excess distributions carryover to 2015. Add lines 3j and 4c 8 Breakdown of line 7 a b c d Excess from 2013.	d				
g Applied to underdistributions of prior years	e	From 2013			
g Applied to underdistributions of prior years	f	Total of lines 3a through e			
h Applied to 2014 distributable amount					
i Carryover from 2009 not applied (see instructions)					
j Remainder. Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2014 from Section D, line 7 \$ a Applied to underdistributions of prior years					
4 Distributions for 2014 from Section D, line 7 \$ a Applied to underdistributions of prior years	i				· · · · · · · · · · · · · · · · · · ·
Inne 7 \$ a Applied to underdistributions of prior years	4				
b Applied to 2014 distributable amount	•	·			
c Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)	а	Applied to underdistributions of prior years			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)	b	Applied to 2014 distributable amount			
Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)	С	Remainder. Subtract lines 4a and 4b from 4			
from line 1 (if amount greater than zero, see instructions)	5	Subtract lines 3g and 4a from line 2 (if amount greater than			
8 Breakdown of line 7 a b c d Excess from 2013	6				
8 Breakdown of line 7 a b c d Excess from 2013	7	Excess distributions carryover to 2015. Add lines 3i and 4c			
a		·			
b			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
d Excess from 2013		<u> </u>			
d Excess from 2013		;			
					·····
		Excess from 2014	. = 14.4		

Supplemental Information. 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).

. SCHEDULE G (Form 990 or 990-EZ)

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.

OMB No 1545-0047

2014

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization						Employer identific	ation number
ROCKINGHAM CHARITIES LIMI	TED_					03-032707	2
Part I Fundraising Activities. Comp	lete if the organ		wered Yes	s' to Form 990, Part IV, I	ine 17		
1 Indicate whether the organization ra	sed funds throu	igh any of t	he followin	ig activities. Check all th	at apply		
a Mail solicitations			е	Solicitation of non-g	jovemme	ent grants	
b Internet and email solicitations			f	Solicitation of gover	rnment g	rants	
c Phone solicitations			g	Special fundraising	events		
d In-person solicitations			J	<u></u>			
<u> </u>	r oral agraema	nt with any	anduadual	(including officers, direct	toro truo	toon or kov	
 2 a Did the organization have a written cemployees listed in Form 990, Part to b If 'Yes,' list the ten highest paid individuals. 	iduals or entitie						o be
compensated at least \$5,000 by the		_					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did for have custon of control	undraiser dy or control ibutions?	(iv) Gross receipts from activity	(or re	nount paid to etained by) aiser listed in olumn (i)	(vi) Amount paid to (or retained by) organization
··		Yes	No				
1							
2							
3						-	
4	-			=.			
5							
6							<u> </u>
7							
8				<u> </u>			-
9							
		ļ			_		
10							
Total			•				
3 List all states in which the organizati or licensing	on is registered	or licensed	d to solicit o	contributions or has bee	n notified	l it is exempt fro	m registration
							
		_ 					
		_					
					_		
							
							_

D	_	_	_	2
Р	а	а	е	_

03-0327072 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 (add column (a) through column (c))
E			(event type)	(event type)	(total number)	
ポートモンロ	1	Gross receipts			•	
E	2	Less Contributions			-	
_	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes	-			
DIRECT	6	Rent/facility costs				
	7	Food and beverages		-		
EXPESSES	8	Entertainment				
S	9	Other direct expenses				
S	10 11	Direct expense summary Add lines 4 through				
Par	t III	Gaming. Complete if the organizati \$15,000 on Form 990-EZ, line 6a.				
		\$15,000 on Form 990-EZ, line 6a.		/LA B. II La La II		
ピート コート			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
E	1	Gross revenue		41,941.		41,941.
E	2	Cash prizes				
D-RECT	3	Noncash prizes				
C S T E S	4	Rent/facility costs				
	5	Other direct expenses		3,420.		3,420.
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary. Add lines 2 through	gh 5 ın column (d)			3,420.
	8	Net gaming income summary Subtract line	7 from line 1, column (c	l) <u></u>		38,521.
а	Is th		ctivities in each of these	Vermont states?		
	Wer	I REQUIRED e any of the organization's gaming licenses res,' explain	evoked, suspended or t	erminated during the tax		Yes XNo
			<u> </u>			

cne	dule G (Form 990 of 990-EZ) 2014 ROCKINGHAM CHARITIES LIMITED	03-0327	072	Page 3
11	Does the organization operate gaming activities with nonmembers?		X Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed administer charitable gaming?	to 	Yes	XNo
13	Indicate the percentage of gaming activity conducted in:	1 1		
	The organization's facility	13 a		8
b	An outside facility	13b	100	0.00%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and recommendation and address of the person who prepares the organization's gaming/special events books and recommendation.	cords		
	Name •			
	Address	· 		
15 a	Does the organization have a contact 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	the amoun	t —	
	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			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain t state gaming license?	he 	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or sper	it in the		
	organization's own exempt activities during the tax year \$			
Par	Supplemental Information. Provide the explanations required by Part I, line 2b, col and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any information (see instructions).	umns (iii) additional	and (v),	

SCHEDULE 1 (Form 990)		Soo Soo	Grants and Oth Governments, an	ther Assistance to Organizations, and Individuals in the United States	o Organization the United Sta	s, ates		2014
Department of the Treasury Internal Revenue Service		ouipe ▼ Information	about Schedule I (► Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.). Uctions is at www.irs.g	gov/form990.	<u> </u>	Open to Public Inspection
Name of the organization ROCKINGHAM CHA	CHARITIES LIMITED	nts) Juce				Employer identification number 03-0327072	cation number 72
1 Does the organiza the selection criter	tion maintain records is used to award the grant the gra	to substantiate the arr grants or assistance?	iount of the grants or	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?	s' eligibility for the grant	s or assistance, and		×
	d Other Assistan Part IV, line 21 fo	Grants and Other Assistance to Domestic Organization Form 990, Part IV, line 21 for any recipient that received mo	Organizations at received more	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ernments. Comple I can be duplicated	ete if the organizati if additional space	on answered 'Ye	ss' to
1 (a) Name and address of organization or government	ss of organization rement	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CT_RIVER_VALLEY 39_THE_SQUARE_ BELLOWS_FALLS_V	CHARITIES 	46-4384350		155,000.				PUBLIC REC/EDU
1 1 1								
(3)								
[4]								
(5)								
[6]								
(7)								
(8)								
	of section 501(c)(3) a	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	izations listed in the	line 1 table				
3 Enter total number	of other organization	Enter total number of other organizations listed in the line 1 table	ole					

Schedule I (Form 990) (2014) ROCKINGHAM CHARITIES LIMITED

Eparitima Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Perit IV S 7 က 4 9

Pt I Line 2 DIRECTORS AND OFFICERS MEETING AND VOTE

Schedule I (Form 990) (2014)

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2014

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(9) (10)

Open to Public Inspection

											L				
Name of the	_		******						' '			umber			
		ITIES LIM													
Part I	Excess Be Complete if t	enefit Trans he organization	actions (sea	ction 5 on For	01(c)(3 n 990, P	b) and art IV, li	section 50 ne 25a or 25	01(c)(4) orga 5b, or Form 990	anizations D-EZ, Part \	only). /, line 40	b				
1	(a) Name of disqual	lified person	(b) Relationship between disqualified person and organization				Ì	(c) Description of transaction				(d) Corrected			
				person a	nu organiza	idon	Ilfied persons during the year under	Yes	No						
(1)									_					<u> </u>	
(2)													—	ļ	
(3)			 									_	 	├	
(4)					·				-				 	├—	
(5)			 										┼	├	
2 Ente	ion 4958									т					
Part II		and/or From				organiz	ation			4	<u> </u>				
raitii	Complete if t		answered 'Yes	s' on Foi	rm 990-E	Z, Page 5, 6, or	e V, line 38a 22	or Form 990,	Part IV, line	26, or i	f the				
(a) Name of interested person		(b) Relationship with organization	(c) Purpose of loan	fron	(d) Loan to or from the organization?			(f) Balance	due (g)	(g) in default?		by board or		(i) Written agreement?	
				То	From				Y	es No	Yes	No	Yes	No	
(1)															
(2)		_										<u> </u>	ļ	<u> </u>	
(3)					ļ	<u> </u>						<u> </u>	 	<u> </u>	
(4)				 -	<u> </u>						<u> </u>	ـــــ	 	<u> </u>	
(5)					<u> </u>	ļ					-			├	
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(10)				<u> </u>		 	 -				 	+	+		
			. <i></i>				▶\$!	†		1		
Part III		Assistance he organization							•		·				
	(a) Name of interes	1				t of assistance	Assistance	(e) Purpose			of assistance				
(1)	(1)										1				
(2)															
(3)															
(4)															
(5)															
(6)			ļ				ļ				\perp				
(7)												_			
(8)			1												

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

Schedule L (Form 990 or 990-EZ) 2014

Business Transactions Involving Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CONNECTICUT RIVER VALLEY CHARITABLE FUND INC	PRESIDENT AND DIRECTOR	155,000.	A VT NON PROFIT GRAND		Х
(2)					
(3)					
(4)					
(5)					
(6)		<u> </u>			
(7)					
(8)					
(9)					
(10)					

Provide additional information provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE O (Form 990 or 990-EZ)

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 2014

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

ROCKINGHAM CHARITIES LIMITED

Employer identification number

03-0327072

Pt VI, Line 11b Pt VI, Line 19

REVIEW WILL BE CONDUCTED BEFORE FILING WITH THE IRS DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST