

Form NHCT-12 New Hampshire Annual Report Charitable Organizations and Trusts	Mail to: NH Attorney General Charitable Trusts Unit 33 Capitol Street Concord, NH 03301-6397	For year end date: 06/30/2021
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Include and check off the following if required - *all organizations and trusts*:

<input type="checkbox"/> \$75 filing fee or <input checked="" type="checkbox"/> Fee previously paid with extension request	
<input type="checkbox"/> Financial report: <i>either</i> <input type="checkbox"/> Schedule A or <input type="checkbox"/> IRS Form 990 or <input checked="" type="checkbox"/> IRS Form 990-EZ or <input type="checkbox"/> IRS Form 990-PF	
<input type="checkbox"/> Probate account (if probate trust)	
<input checked="" type="checkbox"/> Governing board list: Schedule B	<input type="checkbox"/> Withdrawal report: Schedule E (if final report)
<input type="checkbox"/> Charitable gift annuity certification: Schedule D (if any annuities issued)	

Also, include and check off the following if required - *for organizations based in NH*:

<input checked="" type="checkbox"/> Conflict of interest/governance report: Schedule C (not required for Form 990-PF filers)	
<input type="checkbox"/> If revenue exceeds \$500,000, GAAP financial statement OR	
<input type="checkbox"/> If revenue exceeds \$1 million, audited financial statement (neither is required for Form 990-PF filers)	

PLYMOUTH ROTARY FOUNDATION Name of organization or trust	17545 NH Charitable Trust Registration No.
PO BOX 393 Mailing Address	<input type="checkbox"/> Check if new name or address
PLYMOUTH, NH 03264 City, State Zip	Website address
Name and title of annual report contact: R STEVEN RAND -	
Contact email address: RSTEVENRAND@YAHOO.COM Telephone: 603-236-6587	

CERTIFICATION

Under penalty of perjury (RSA 641:1-3), I declare that I have examined this Annual Report, including all schedules, and to the best of my knowledge, it is true and complete.

12/31/21 Date	 Signature
Treasurer Title (president, treasurer, or trustee of express trust, NOT executive director)	R. STEVEN RAND Name (Print or Type)

Signed and sworn/affirmed before me this date by the above-named person.

My Commission Expires:
[Seal]

Notary Public