



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Short Form Return of Organization Exempt From Income Tax

OMB No 1545 1150

2009

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

<b>A</b>	For the 2009 calendar year, or tax year beginning	4/01	, 2009, and ending	3/31	, 2010
<b>B</b>	Check if applicable				<b>D</b>
<input type="checkbox"/> Address change	<b>C</b>	Employer identification number			
<input type="checkbox"/> Name change	NASHAWAY WOMAN'S CLUB, INC.	02-6006940			
<input type="checkbox"/> Initial return	56 CONANT ROAD	Telephone number			
<input type="checkbox"/> Termination	NASHUA, NH 03062	603-889-4700			
<input type="checkbox"/> Amended return		<b>F</b> Group Exemption Number			
<input type="checkbox"/> Application pending		►			

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

**G** Accounting method.  Cash  Accrual  
Other (specify) ►

<b>I</b> Website: ► N/A	<b>H</b> Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
<b>J</b> Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c) ( 6 ) ▶ (insert no) 4947(a)(1) or 527	
<b>K</b> Check ► <input checked="" type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.	
<b>L</b> Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 21,727.	

<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (See the instructions for Part I.)		
REVENUE	1 Contributions, gifts, grants, and similar amounts received	1
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 775.
	4 Investment income	4 20,952..
	5a Gross amount from sale of assets other than inventory	5a
	b Less, cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a
	b Less, direct expenses other than fundraising expenses	6b
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c
	7a Gross sales of inventory, less returns and allowances	7a
	b Less, cost of goods sold	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	8 Other revenue (describe ► )	8
	9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 21,727.
	10 Grants and similar amounts paid (attach schedule)	10 18,008.
	11 Benefits paid to or for members	11
12 Salaries, other compensation, and employee benefits	12	
13 Professional fees and other payments to independent contractors	13 7,207.	
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	
16 Other expenses (describe ► SEE STATEMENT 2 )	16 1,262.	
17 Total expenses. Add lines 10 through 16	17 26,477.	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -4,750.	
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 629,942.	
20 Other changes in net assets or fund balances (attach explanation)	20	
21 Net assets or fund balances at end of year Combine lines 18 through 20	21 625,192.	

<b>Part II Balance Sheets</b> If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ			
(See the instructions for Part II )			
EXPENSES	22 Cash, savings, and investments	(A) Beginning of year	(B) End of year
	23 Land and buildings	629,942.	625,192.
	24 Other assets (describe ► )	22	23
	25 Total assets	24	24
	26 Total liabilities (describe ► )	629,942.	625,192.
	27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	25	0.
		26	0.
	629,942.	625,192.	

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions.)		<b>Expenses</b> (Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? <u>PROMOTION OF WOMEN</u>		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		

28	THE OBJECT OF THE CLUB IS TO PROMOTE SOCIABILITY, TO FURTHER THE EDUCATION OF WOMEN AND TO MAKE ITSELF A POWER FOR GOOD IN LOCAL AND NATIONAL CIVIC PROJECTS.	
	(Grants \$ 18,008.) If this amount includes foreign grants, check here	<input type="checkbox"/> 28a
29		
	(Grants \$ ) If this amount includes foreign grants, check here	<input type="checkbox"/> 29a
30		
	(Grants \$ ) If this amount includes foreign grants, check here	<input type="checkbox"/> 30a
31	Other program services (attach schedule)	
	(Grants \$ ) If this amount includes foreign grants, check here	<input type="checkbox"/> 31a
32	Total program service expenses (add lines 28a through 31a)	<input type="checkbox"/> 32

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated (See the instrs.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
EDITH HOGAN 34 DEARBORN STREET NASHUA, NH 03060	PRESIDENT 5.00	0.	0.	0.
CELESTE DESROSIERS 25 DUDLEY STREET NASHUA, NH 03060	VICE PRESIDENT 1.00	0.	0.	0.
ARLENE ROWE 121 LILLE ROAD NASHUA, NH 03062	REC. SECRETARY 1.00	0.	0.	0.
SHEILA SELFRIDGE 56 CONANT ROAD NASHUA, NH 03062	TREASURER 3.00	0.	0.	0.
BOBBIE KNICKERBOCKER 12 CRESTVIEW TERRACE NASHUA, NH 03060	DIRECTOR-2010 1.00	0.	0.	0.
ROSEMARY IPPOLITO 16-201 MT. LAUREL DRIVE NASHUA, NH 03062	DIRECTOR-2010 0	0.	0.	0.
ROBERTA CERNOTA 129 SHELLEY DRIVE NASHUA, NH 03062	DIRECTOR-2011 0	0.	0.	0.
ABBY BYRD 11 SHADY LANE NASHUA, NH 03062	DIRECTOR-2011 0	0.	0.	0.
KAREN KRUEGER 7 BRAMBLE DRIVE NASHUA, NH 03062	VICE PRESIDENT 0	0.	0.	0.
PRISCILLA WREN 31 COURTLAND STREET NASHUA, NH 03064	ASST. TREASURER 0	0.	0.	0.
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----

**Part V Other Information** (Note the statement requirements in the instrs for Part V.)

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity Yes  No   
**33**  **X**

34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes Yes  No   
**34**  **X**

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T Yes  No

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? Yes  No   
**35a**  **X**

b If 'Yes,' has it filed a tax return on **Form 990-T** for this year? Yes  No

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N Yes  No   
**36**  **X**

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0. Yes  No

b Did the organization file **Form 1120-POL** for this year? Yes  No   
**37b**  **X**

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return? Yes  No   
**38a**  **X**

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved Yes  No   
**38b**  **N/A**

39 Section 501(c)(7) organizations. Enter Yes  No

a Initiation fees and capital contributions included on line 9 Yes  No   
**39a**  **N/A**

b Gross receipts, included on line 9, for public use of club facilities Yes  No   
**39b**  **N/A**

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► N/A, section 4912 ► N/A, section 4955 ► N/A Yes  No   
**40a**  **N/A**

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I Yes  No   
**40b**

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 Yes  No   
**40c**  **0.**

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization Yes  No   
**40d**  **0.**

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T Yes  No   
**40e**  **X**

41 List the states with which a copy of this return is filed ► NONE Yes  No

42a The organization's books are in care of ► SHEILA SELFRIDGE Telephone no ► 603-889-4700  
 Located at ► 56 CONANT ROAD NASHUA NH ZIP + 4 ► 03062 Yes  No

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: ► Yes  No   
**42b**  **X**

See the instructions for exceptions and filing requirements for **Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts**.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ► Yes  No   
**42c**  **X**

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 Yes  No   
**43**  **N/A**

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

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Yes  No   
**45**  **X**

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

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

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

51	Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'	
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----

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

<b>Sign Here</b>	<p>Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.</p> <p>► <u><i>Sheila Selfridge</i></u>   <u>8/16/10</u></p> <p>Signature of officer   Date</p> <p>► <u>SHEILA SELFRIDGE</u>   <b>TREASURER</b></p> <p>Type or print name and title  </p>	
------------------	--	--

<b>Paid Pre- parer's Use Only</b>	Preparer's signature	<i>James H. Karr III, CPA</i>	Date	8/2/10	Check if self employed	<input checked="" type="checkbox"/> <b>N/A</b>	Preparer's Identifying Number (See instructions)
	Firm's name (or yours if self employed), address, and ZIP + 4	JAMES H. KARR III, CPA KARR & BOUCHER, PLLC 16 SALMON STREET MANCHESTER, NH 03104	EIN	► N/A			

May the IRS discuss this return with the preparer shown above? See instructions

BAA

►  Yes  No

2009

## FEDERAL STATEMENTS

PAGE 1

NASHAWAY WOMAN'S CLUB, INC.

02-6006940

**STATEMENT 1  
FORM 990-EZ, PART I, LINE 10  
GRANTS AND SIMILAR AMOUNTS PAID**

DONEE'S NAME: CASH AMOUNT GIVEN:	UPPER ROOM	\$ 25.
DONEE'S NAME: CASH AMOUNT GIVEN:	JANIE ANDOLSUN	\$ 61.
DONEE'S NAME: CASH AMOUNT GIVEN:	ARBOR DAY FOUNDATION	\$ 35.
DONEE'S NAME: CASH AMOUNT GIVEN:	MRS. DEXTER OTIS ARNOLD SCHOLARSHIP	\$ 100.
DONEE'S NAME: CASH AMOUNT GIVEN:	NH FARM MUSEUM	\$ 5.
DONEE'S NAME: CASH AMOUNT GIVEN:	OLD MAN OF THE MOUNTAIN MUSEUM	\$ 5.
DONEE'S NAME: CASH AMOUNT GIVEN:	SPECIAL OLYMPICS	\$ 200.
DONEE'S NAME: CASH AMOUNT GIVEN:	VETERANS SERVICES	\$ 10.
DONEE'S NAME: CASH AMOUNT GIVEN:	SALVATION ARMY	\$ 650.
DONEE'S NAME: CASH AMOUNT GIVEN:	BOYS & GIRLS CLUB	\$ 200.
DONEE'S NAME: CASH AMOUNT GIVEN:	KIND NEWS-DR CRISP SCHOLARSHIP	\$ 75.
DONEE'S NAME: CASH AMOUNT GIVEN:	ALZHEIMERS ASSOCIATION	\$ 300.
DONEE'S NAME: CASH AMOUNT GIVEN:	DIABETES ASSOCIATION	\$ 150.
DONEE'S NAME: CASH AMOUNT GIVEN:	BRIDGES	\$ 400.
DONEE'S NAME: CASH AMOUNT GIVEN:	EASTER SEALS	\$ 150.
DONEE'S NAME: CASH AMOUNT GIVEN:	BOBBIE KNICKERBOCKER ADOPT A CLASS	\$ 100.
DONEE'S NAME: CASH AMOUNT GIVEN:	MARGUERITE'S PLACE	\$ 100.

**2009****FEDERAL STATEMENTS****PAGE 2****NASHAWAY WOMAN'S CLUB, INC.****02-6006940****STATEMENT 1 (CONTINUED)  
FORM 990-EZ, PART I, LINE 10  
GRANTS AND SIMILAR AMOUNTS PAID**

DONEE'S NAME: CASH AMOUNT GIVEN:	SANTA FUND	\$ 100.
DONEE'S NAME: CASH AMOUNT GIVEN:	NH PUBLIC TELEVISION	\$ 200.
DONEE'S NAME: CASH AMOUNT GIVEN:	NASHUA SOUP KITCHEN	\$ 500.
DONEE'S NAME: CASH AMOUNT GIVEN:	MARCH OF DIMES	\$ 150.
DONEE'S NAME: CASH AMOUNT GIVEN:	NASHUA SENIOR CENTER	\$ 200.
DONEE'S NAME: CASH AMOUNT GIVEN:	NASHUA CHILDREN'S HOME	\$ 200.
DONEE'S NAME: CASH AMOUNT GIVEN:	HEIFER INTERNATIONAL PROJECT	\$ 100.
DONEE'S NAME: CASH AMOUNT GIVEN:	HUMANE SOCIETY FOR GREATER NASHUA	\$ 350.
DONEE'S NAME: CASH AMOUNT GIVEN:	HOME, HEALTH & HOSPICE	\$ 400.
DONEE'S NAME: CASH AMOUNT GIVEN:	GREATER NASHUA INTERFAITH HOSPITAL	\$ 200.
DONEE'S NAME: CASH AMOUNT GIVEN:	GREATER NASHUA DENTAL CONNECTION	\$ 300.
DONEE'S NAME: CASH AMOUNT GIVEN:	ARTHRITIS FOUNDATION OF NORTHERN NE	\$ 100.
DONEE'S NAME: CASH AMOUNT GIVEN:	NORRIS COTTON CANCER CENTER	\$ 400.
DONEE'S NAME: CASH AMOUNT GIVEN:	HUNT BUILDING RESTORATION	\$ 100.
DONEE'S NAME: CASH AMOUNT GIVEN:	UNITED WAY OF GREATER NASHUA	\$ 200.
DONEE'S NAME: CASH AMOUNT GIVEN:	GIRLS INC OF NH	\$ 350.
DONEE'S NAME: CASH AMOUNT GIVEN:	FRIENDSHIP CLUB FOR HANDICAP INC	\$ 400.

2009

## FEDERAL STATEMENTS

PAGE 3

NASHAWAY WOMAN'S CLUB, INC.

02-6006940

**STATEMENT 1 (CONTINUED)**  
**FORM 990-EZ, PART I, LINE 10**  
**GRANTS AND SIMILAR AMOUNTS PAID**

DONEE'S NAME:	SCHOLARSHIP-BRITNEY SAVARY-BERSANI	
DONEE'S ADDRESS:	14 CHESHIRE STREET	
	NASHUA, NH 03063	
CASH AMOUNT GIVEN:		\$ 2,000.
DONEE'S NAME:	SCHOLORSHIP-HILLARY ERB	
DONEE'S ADDRESS:	8 HOPI DRIVE	
	NASHUA, NH 03062	
CASH AMOUNT GIVEN:		\$ 2,000.
DONEE'S NAME:	SCHOLORSHIP-CARSON LUND	
DONEE'S ADDRESS:	23 RAYMOND STREET	
	NASHUA, NH 03064	
CASH AMOUNT GIVEN:		\$ 2,000.
DONEE'S NAME:	FIRST STUDENT INC	
CASH AMOUNT GIVEN:		\$ 92.
DONEE'S NAME:	JUVIENILE DIABETIES ASSOC	
CASH AMOUNT GIVEN:		\$ 150.
DONEE'S NAME:	UNICEP/HAITI RELIEF	
CASH AMOUNT GIVEN:		\$ 100.
DONEE'S NAME:	BREATHE NH	
CASH AMOUNT GIVEN:		\$ 150.
DONEE'S NAME:	AMERICAN HEART ASSOC	
CASH AMOUNT GIVEN:		\$ 150.
DONEE'S NAME:	MISC-CAR SEATS-GIFT CERT	
CASH AMOUNT GIVEN:		\$ 100.
DONEE'S NAME:	GFWC-NH SCHOLARSHIP	
CASH AMOUNT GIVEN:		\$ 100.
DONEE'S NAME:	LIBRABRY SERVICES SCHOLARSHIP	
CASH AMOUNT GIVEN:		\$ 100.
DONEE'S NAME:	FEEDING THE HUNGRY	
CASH AMOUNT GIVEN:		\$ 200.
DONEE'S NAME:	OTHER-MISC	
CASH AMOUNT GIVEN:		\$ 50.
DONEE'S NAME:	SCHOLORSHIP-DOMENIQUE HOGAN	
DONEE'S ADDRESS:	34 DEARBORN ST.	
	NASHUA, NH 03060	
CASH AMOUNT GIVEN:		\$ 2,000.

2009

**FEDERAL STATEMENTS**

**PAGE 4**

**NASHAWAY WOMAN'S CLUB, INC.**

**02-6006940**

**STATEMENT 1 (CONTINUED)**  
**FORM 990-EZ, PART I, LINE 10**  
**GRANTS AND SIMILAR AMOUNTS PAID**

DONEE'S NAME:	SCHOLORSHIP-NATHANIEL CHARTIER
DONEE'S ADDRESS:	39 PINEBROOK ROAD
CASH AMOUNT GIVEN:	NASHUA, NH 03062
	\$ 2,000.

**STATEMENT 2**  
**FORM 990-EZ, PART I, LINE 16**  
**OTHER EXPENSES**

ADVERTISING	\$ 25.
CONFERENCES, CONVENTIONS, AND MEETINGS	666.
DELEGATE EXPENSES	249.
INSURANCE	173.
OFFICE SUPPLIES	149.
<b>TOTAL</b>	<b>\$ <u>1,262.</u></b>