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Form **990-EZ**Department of the Treasury  
Internal Revenue Service**Short Form**  
**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

**2009****Open to Public Inspection**

**A** For the 2009 calendar year, or tax year beginning Jul 1, 2009, and ending Jun 30, 2010

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

**C** Name of organization  
**AMHERST JUNIOR WOMENS CLUB**  
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
**PO BOX 513**  
 City or town, state or country, and ZIP + 4  
**AMHERST NH 03031-0513**

**D** Employer identification number  
**02-6038045**

**E** Telephone number  
**(603) 429-0807**

**F** Group Exemption Number

**G** Accounting method: ☒ Cash ☐ Accrual  
 Other (specify) \_\_\_\_\_

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

**I** Website: N/A

**J** Tax-exempt status (check only one) — ☒ 501(c) ( 3 ) (insert no.) ☐ 4947(a)(1) or ☐ 527

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

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ **\$ 68,729.**

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

<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	<b>350.</b>
<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
<b>3</b> Membership dues and assessments	<b>3</b>	<b>1,592.</b>
<b>4</b> Investment income	<b>4</b>	<b>30.</b>
<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
<b>5c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
<b>6</b> Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
<b>a</b> Gross revenue (not including \$ <u>350.</u> of contributions reported on line 1)	<b>6a</b>	<b>66,757.</b>
<b>b</b> Less: direct expenses other than fundraising expenses	<b>6b</b>	<b>18,404.</b>
<b>6c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>	<b>48,353.</b>
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>	
<b>b</b> Less: cost of goods sold	<b>7b</b>	
<b>7c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	
<b>8</b> Other revenue (describe _____)	<b>8</b>	
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>9</b>	<b>50,325.</b>
<b>10</b> Grants and similar amounts paid (attach schedule)	<b>10</b>	<b>34,870.</b>
<b>11</b> Benefits paid to or for members	<b>11</b>	
<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	
<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	
<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	
<b>16</b> Other expenses (describe <u>SEE STATEMENT 1</u> )	<b>16</b>	<b>12,522.</b>
<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>	<b>47,392.</b>
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	<b>2,933.</b>
<b>19</b> 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)	<b>19</b>	<b>10,005.</b>
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	
<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	<b>12,938.</b>

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

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	<b>10,005.</b>	<b>12,938.</b>
<b>23</b> Land and buildings	<b>0.</b>	<b>0.</b>
<b>24</b> Other assets (describe _____)	<b>0.</b>	<b>0.</b>
<b>25 Total assets</b>	<b>10,005.</b>	<b>12,938.</b>
<b>26 Total liabilities</b> (describe _____)	<b>0.</b>	<b>0.</b>
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	<b>10,005.</b>	<b>12,938.</b>

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

Form 990-EZ (2009)

Form 990-E (2009)	FARMERS' SENIOR WOMENS CLUB
<b>Part III</b>	<b>Statement of Program Service Accomplishments (See the instructions.)</b>

What is the organization's primary exempt purpose? SEE STATEMENT 4

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

## Expenses

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

28 SEE STATEMENT 3

(Grants \$ 0. ) If this amount includes foreign grants, check here

28a	34,870.
-----	---------

29

(Grants \$ ) If this amount includes foreign grants, check here

29a

30

(Grants \$ ) If this amount includes foreign grants, check here

30 a.

**31** Other program services (attach schedule)

(Grants \$ ) If this amount includes foreign grants, check here.

31 a

32 **Total program service expenses** (add lines 28a through 31a)

32	34,870.
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**Part IV** List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instrs.)

[illegible]

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

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>34</b> Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
<b>35</b> 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.		
<b>a</b> 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?		X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b> 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		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> 0.		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b> 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?		X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b>		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
<b>b</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 <b>40b</b>		X
<b>c</b> 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 ▶		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
<b>e</b> 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 <b>40e</b>		X
<b>41</b> List the states with which a copy of this return is filed ▶ <u>New Hampshire</u>		

**42a** The organization's books are in care of ▶ LISA EMERSON, TREASURER Telephone no. ▶ (603) 673-5329  
 Located at ▶ PO BOX 513, AMHERST, NH ZIP + 4 ▶ 03031

**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
<b>42b</b>		X
<b>42c</b>		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: ▶

**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** ☐

**44** Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

	Yes	No
<b>44</b>		X
<b>45</b>		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

**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.

**46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
<b>46</b>		X

**47** Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

<b>47</b>		X
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**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

<b>48</b>		X
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**49a** Did the organization make any transfers to an exempt non-charitable related organization?

<b>49a</b>		X
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**b** If 'Yes,' was the related organization a section 527 organization?

<b>49b</b>		
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**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

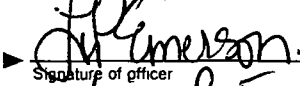
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				

**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
NONE		

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

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		Date <u>10/10/10</u>	
<b>Paid Preparer's Use Only</b>	Type or print name and title <u>Lisa P. Emerson, Treasurer A.J.W.C.</u>			
	Preparer's signature	Date	Check if self-employed	Preparer's Identifying Number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>GETCHELL PROFESSIONAL ASSOCIATION</u> <u>74 NORTHEASTERN BLVD, SUITE 11</u> <u>NASHUA NH 03062-3142</u>	<u>9/29/10</u>	<input checked="" type="checkbox"/>	<u>P00028922</u> <u>02-0347948</u> <u>(603) 883-9033</u>

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

☒ Yes ☐ No

BAA

Form 990-EZ (2009)

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. ▶ See separate instructions.

OMB No. 1545-0047

## 2009

**Open to Public Inspection**

Name of the organization

AMHERST JUNIOR WOMENS CLUB

Employer identification number

02-6038045

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions

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

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

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

#### **h** Provide the following information about the supported organizations.

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2009

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
<b>3</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	

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

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

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	%

**16a 33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐

**b 33-1/3 support test – 2008.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

**17a 10%-facts-and-circumstances test – 2009** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐

**b 10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

BAA

Schedule A (Form 990 or 990-EZ) 2009

**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.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	1,100.	1,334.	1,636.	1,341.	1,592.	7,003.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	84,831.	76,266.	70,912.	60,320.	66,757.	359,086.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	85,931.	77,600.	72,548.	61,661.	68,349.	366,089.
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
<b>c</b> Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						366,089.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6	85,931.	77,600.	72,548.	61,661.	68,349.	366,089.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	73.	71.	60.	33.	30.	267.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	73.	71.	60.	33.	30.	267.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (add lns 9, 10c, 11, and 12.)						366,356.

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

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

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	99.93 %
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	99.92 %

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

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	0.07 %
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	0.08 %

**19a 33-1/3 support tests – 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

**b 33-1/3 support tests – 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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



## Part IV

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

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

2009

**Open to Public Inspection**

Name of the organization

AMHERST JUNIOR WOMENS CLUB

Employer identification number

02-6038045

## Part I

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

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

- |   |  |
|---|--|
| <input type="checkbox"/> Mail solicitations               | <input type="checkbox"/> Solicitation of non-government grants |
| <input type="checkbox"/> Internet and email solicitations | <input type="checkbox"/> Solicitation of government grants     |
| <input type="checkbox"/> Phone solicitations              | <input type="checkbox"/> Special fundraising events            |
| <input type="checkbox"/> In-person solicitations          |  |

- 2a** Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 1

☐ Yes ☐ No

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

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

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

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

REVENUE		(a) Event #1 BATTLE OF THE BANDS (event type)	(b) Event #2 RIVHR CARD ROOM POK (event type)	(c) Other Events TURKEY TROT (total number)	(d) Total Events (Add col. (a) through col. (c))
	1 Gross receipts	9,366.	15,145.	5,721.	30,232.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	9,366.	15,145.	5,721.	30,232.
DIRECT EXPENSES	4 Cash prizes	800.	0.	0.	800.
	5 Noncash prizes			816.	816.
	6 Rent/facility costs			200.	200.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	99.	1,611.	1,101.	2,811.
	10 Direct expense summary. Add lines 4- through 9 in column (d)				4,627.
	11 Net income summary. Combine lines 3, column (d) and line 10				25,605.

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

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Combine lines 1, column (d) and line 7				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? \_\_\_\_\_

b If 'No,' explain:  
\_\_\_\_\_  
\_\_\_\_\_

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

b If 'Yes,' explain:  
\_\_\_\_\_  
\_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers? \_\_\_\_\_

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? \_\_\_\_\_

	YES	NO
9a		
10a		
11		
12		

**13** Indicate the percentage of gaming activity operated in:**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name: ▶ \_\_\_\_\_

Address: ▶ \_\_\_\_\_

**15a** Does the organization have a contact with a third party from whom the organization receives gaming revenue?**15a****b** If 'Yes,' enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_**c** If 'Yes,' enter name and address of the third party:

Name. ▶ \_\_\_\_\_

Address: ▶ \_\_\_\_\_

**16** Gaming manager information

Name. ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided: ▶ \_\_\_\_\_

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$ \_\_\_\_\_

**Supporting Statement of:**

Sch. G, page 2/Event 1 Other Direct Exp.

Description	Amount
CREDIT CARD FEES	99.
Total	<u>99.</u>

**Supporting Statement of:**

Sch. G, page 2/Event 2 Other Direct Exp.

Description	Amount
ADVERTISING	1,000.
BACKGROUND CHECKS	100.
PERMITS	500.
POSTAGE	11.
Total	<u>1,611.</u>

**Supporting Statement of:**

Sch. G, page 2/Other Direct Exp.

Description	Amount
ADVERTISING	475.
COPYING	26.
TIMING ORGANIZATION	600.
Total	<u>1,101.</u>

**02-6038045**

FORM 990-EZ		SPECIAL FUNDRAISING EVENTS AND ACTIVITIES	
		STATEMENT 2	
<u>DESCRIPTION OF EVENT</u>	<u>GROSS REVENUE</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
BAKE SALE	706	63	643
BATTLE OF THE BANDS	9,366	899	8,467
BINGO	4,769	1,813	2,956
CROTCHED MOUNTAIN	2,128		2,128
ELEMENTARY SCHOOL FUNDRAISERS	6,645	6,478	167
GIFT CERTIFICATES	2,000	1,000	1,000
HOMELIFE	3,351		3,351
HOP-A-THON	3,948	274	3,674
INSTALLATION	1,044		1,044
JULY 4TH HOT DOG BOOTH	2,489	953	1,536
MIDDLE SCHOOL FUNDRAISERS	2,795	1,859	936
MISCELLANEOUS FUNDRAISERS	1,632		1,632
NOTEPADS & SMENCILS	1,081	737	344
RIVER CARD ROOM POKER NIGHT	15,145	1,611	13,534
RUMMAGE SALES	3,337		3,337
TURKEY TROT	5,721	2,117	3,604
TO FORM 990-EZ, LINES 6A AND 6B	66,157	17,804	48,353

**AMHERST JUNIOR WOMENS CLUB****02-6038045****FORM 990-EZ** **CASH GRANTS AND ALLOCATIONS** **STATEMENT 3**

<u>DONEE'S NAME</u>	<u>DONEE'S ADDRESS</u>	<u>DONEE'S RELATIONSHIP</u>	<u>AMOUNT</u>
AFTERNOON OFF PROGRAM	PO BOX 476 MILFORD, NH 03055	NONE	1,000
AMHERST POLICE DEPARTMENT	PO BOX 703 AMHERST, NH 03031	NONE	1,500
AMHERST RECREATION DEPARTMENT	PO BOX 960 AMHERST, NH 03031	NONE	750
ANDYS SUMMER PLAYHOUSE	PO BOX 601 WILTON, NH 03056	NONE	750
ANNE MARIE HOUSE	180 LOWELL ROAD HUDSTON, NH 03051	NONE	1,000
JULIE ARROWSMITH	C/O SOUHEGAN HIGH SCHOOL SCHOLARSHIPS 412 BOSTON POST ROAD AMHERST, NH 03031	NONE	2,000
BOYS & GIRLS CLUB OF SOUHEGAN VALLEY	PO BOX 916 MILFORD, NH 03055	NONE	1,000
BRIDGES	33 EAST PEARL STREET NASHUA, NH 03060	NONE	1,000
CASA	PO BOX 1327 MANCHESTER, NH 03105-1327	NONE	1,000
CHILD ADVOCACY CENTER	2 WELLMAN AVENUE, STE 140 NASHUA, NH 03064	NONE	200
CHILD AND FAMILY SERVICES OF NH	PO BOX 448 MANCHESTER, NH 03105	NONE	500
CORPUS CHRISTI FOOD PANTRY	43 FRANKLIN STREET NASHUA, NH 03064	NONE	600
CONTINGENCY REVIEW COMMIITTEE	PO BOX 513 AMHERST, NH 03031	NONE	302
DAVID'S HOUSE	PO BOX 660 LEBANON, NH 03766-0660	NONE	500
FAMILIES IN TRANSITION	122 MARKET STREET MANCHESTER, NH 03101	NONE	1,000
FISH	113 KNIGHT STREET MILFORD, NH 03055-4719	NONE	540
GATEWAY COMMUNITY SERVICE	144 CANAL STREET NASHUA, NH 03064	NONE	400
GIRL SCOUTS OF THE GREEN AND WHITE MOUNTAINS	PO BOX 10832 BEDFORD, NH 03110-0832	NONE	500
GREATER NASHUA MENTAL HEALTH CENTER	7 PROSPECT STREET NASHUA, NH 03060	NONE	500

ANDREA GRIFFIN	C/O SOUHEGAN HIGH SCHOOL SCHOLARSHIPS 412 BOSTON POST ROAD AMHERST, NH 03031	NONE	2,000
HOBY YOUTH LEADERSHIP SEMINAR	PO BOX 472 NORTHWOOD, NH 03261	NONE	175
HOLIDAY TOY STORE	13 STILLWATER DRIVE AMHERST, NH 03031	NONE	2,750
HOME HEALTH & HOSPICE CARE	22 PROSPECT STREET NASHUA, NH 03062	NONE	800
HOME LIFE	C/O AMHERST JUNIOR WOMEN'S CLUB PO BOX 513 AMHERST, NH 03031	NONE	2,824
MARGUERITE'S PLACE	87 PALM STREET NASHUA, NH 03060-3828	NONE	750
MOORE MART	PO BOX 1604 NASHUA, NH 03061	NONE	1,000
NEIGHBOR 2 NEIGHBOR	PO BOX 444 MONT VERNON, NH 03057	NONE	500
NASHUA CHILDREN'S HOME	125 AMHERST STREET NASHUA, NH 03064	NONE	1,500
NASHUA PASTORAL CARE CENTER	7 CONCORD STREET NASHUA, NH 03064	NONE	750
NH SEACOAST PROJECT LINENS	197 MITCHELL ROAD NOTTINGHAM, NH 03290	NONE	250
OPPORTUNITY NETWORKS	11 CALDWELL DRIVE AMHERST, NH 03031	NONE	550
PLUS COMPANY	240 MAIN DUNSTABLE ROAD NASHUA, NH 03062	NONE	500
PRESCHOOL IN THE VILLAGE	11 CHURCH STREET AMHERST, NH 03031	NONE	1,000
RISE	420 SOUTH MAIN STREET NASHUA, NH 03064	NONE	500
SALVATION ARMY OF GREATER NASHUA	1 MONTGOMERY AVENUE NASHUA, NH 03060	NONE	500
SHARE	1 COLUMBUS DRIVE MILFORD, NH 03055	NONE	1,000
SOUHEGAN HIGH SCHOOL	412 BOSTON POST ROAD AMHERST, NH 03031	NONE	500
UPREACH THERAPEUTIC RIDING CENTER	153 PAIGE HILL ROAD, PO BOX 355 GOFFSTOWN, NH 03045	NONE	900
YMCA OF GREATER NASHUA	6 HENRY CLAY DRIVE MERRIMACK, NH 03054	NONE	480
THE YOUTH COUNCIL	112 WEST PEARL STREET NASHUA, NH 03060	NONE	599
TOTAL INCLUDED ON FORM 990-EZ, LINE 10			<u>34,870</u>



**AMHERST JUNIOR WOMENS CLUB****02-6038045**

FORM 990-EZ

**PART III - STATEMENT OF ORGANIZATION'S  
EXEMPT PURPOSE****STATEMENT 4****EXPLANATION**THE OBJECTIVE OF THIS CLUB SHALL BE INTELLECTUAL, SOCIAL, AND CIVIC  
IMPROVEMENT

FORM 990-EZ

**PART IV - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES****STATEMENT 5**

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS/WEEK</u>	<u>COMPENSATION</u>	<u>EMPLOYEE PLAN CONTRIBUTION</u>	<u>EXPENSE ACCOUNT</u>
TRACEY HANLON 8 THATCHER DRIVE AMHERST, NH 03031	PRESIDENT	0	0	0
MISSY VAN LOKEREN 6 BOYLSTON TERRACE AMHERST, NH 03031	VICE PRESIDENT	0	0	0
STEPHANIE GRIND 5 COLONEL WILKENS ROAD AMHERST, NH 03031	RECORDING SECRETARY	0	0	0
JESSICA WEISBURG 9 CRANES CROSSING MONT VERNON, NH 03057	CORRESPONDENCE SECRETARY	0	0	0
LISA EMERSON 3 LYNDEBOROUGH ROAD AMHERST, NH 03031	TREASURER	0	0	0
TOTALS INCLUDED ON FORM 990-EZ, PART IV		0	0	0