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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ 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 7/1/2009 , and ending 6/30/2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
ROTARY INTERNATIONAL NASHUA WEST

Number and street (or P O box, if mail is not delivered to street address) Room/suite
39 EAST PEARL STREET

City, town, or country State ZIP + 4
NASHUA NH 03060

D Employer identification number
23-7099806

E Telephone number
603-882-2991

F Group Exemption Number ▶

- *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) ▶

I Website: ▶ WWWROTARYNASHUAWEST COM

J Tax-exempt status (check only one)— ☒ 501(c) (4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

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

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 ▶ $ 331,994

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

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	0
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	23,400
	4	Investment income		4	3,386
	5a	Gross amount from sale of assets other than inventory	5a 0		
	b	Less: cost or other basis and sales expenses	5b 0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ 0 of contributions reported on line 1)	6a 247,584		
	b	Less: direct expenses other than fundraising expenses	6b 233,885		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	13,699
	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	0
	8	Other revenue (describe ▶ See Attached Statement)		8	57,624
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	98,109
Expenses	10	Grants and similar amounts paid (attach schedule)		10	89,943
	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	
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe ▶ See Attached Statement)		16	88,067
	17	**Total expenses.** Add lines 10 through 16 ▶		17	178,010
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-79,901
	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	238,912
	20	Other changes in net assets or fund balances (attach explanation)		20	9,539
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	168,550

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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
22 Cash, savings, and investments	238,912	22	168,550
23 Land and buildings		23	
24 Other assets (describe ▶)	0	24	0
25 **Total assets**	238,912	25	168,550
26 **Total liabilities** (describe ▶)	0	26	0
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	238,912	27	168,550

SCANNED DEC 10 2010

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose? TO RAISE FUNDS AND DISTRIBUTE TO CHARITY

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, and other relevant information for each program title.

		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
28	THROUGH OUR FUNDRAISERS WE ARE ABLE TO RAISE MONEY AND DISTRIBUTE IT TO NON PROFIT ORGANIZATIONS AND GIVE SCHOLARSHIPS (Grants $ 89,943) If this amount includes foreign grants, check here ▶ [X]	28a	178,010
29	(Grants $ 0) If this amount includes foreign grants, check here ▶ [ ]	29a	0
30	(Grants $ 0) If this amount includes foreign grants, check here ▶ [ ]	30a	0
31	Other program services (attach schedule) (Grants $ 0) If this amount includes foreign grants, check here ▶ [ ]	31a	0
32	**Total program service expenses.** (add lines 28a through 31a) ▶	32	178,010

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(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 & deferred compensation	(e) Expense account and other allowances
ALLA VATALARO 16 BLUEBERRY LA NASHUA NH 03062	Title PRESIDENT Hr/WK 10 00	0	0	0
RICHARD HERRICK 7 AUSTIN CIR NASHUA NH 03063	Title PRES ELECT Hr/WK 5 00	0	0	0
FRANK VUMBACO 29 BRACKENWOOD DR NASHUA NH 03062	Title VICE PRES Hr/WK 5 00	0	0	0
JULIE BOILLARD 39 EAST PEARL ST NASHUA NH 03060	Title TREASURER Hr/WK 5 00	0	0	0
LEE ALLISON 26 LOVELL ST NASHUA NH 03060	Title SECRETARY Hr/WK 3 00	0	0	0
JOSEPH GAUKSTERN 6 JUNIPER DR AMHERST NH 03031	Title PAST PRES Hr/WK 3 00	0	0	0
MEGHAN BRADY 15 STANSTEAD PL NASHUA NH 03063	Title SGT ARMS Hr/WK 3 00	0	0	0
RICHARD BELANGER 53 SAWYER ST NASHUA NH 03060	Title DIRECTOR Hr/WK 3 00	0	0	0
CHARLES SCHWEIGER 15 SUNAPEE ST NASHUA NH 03060	Title DIRECTOR Hr/WK 3 00	0	0	0
ELIZABETH ABRAHAMS 12 WNDNG BRK LA MERRIMACK NH 03054	Title DIRECTOR Hr/WK 3 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V)

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

41 List the states with which a copy of this return is filed. ▶ NH

42 a The organization's books are in care of ▶ JULIE BOILARD Telephone no ▶ (603) 889-5959

Located at ▶ 39 EAST PEARL STREET City NASHUA ST 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: ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**	42b		X
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: ▶ _____	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 N/A

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

			Yes	No
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	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

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 & deferred compensation	(e) Expense account and other allowances
Name None Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0

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
Name None Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		

d Total number of other independent contractors each receiving over $100,000 ▶ 0

Sign Here

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

▶ Julie E Boilard — Signature of officer — Date 11/13/10

▶ JULIE BOILARD — Type or print name and title — TREASURER

Paid Preparer's Use Only

Preparer's signature ▶ — Date 11/13/2010 — Check if self-employed ▶ [X]

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Laurence C Szetela, CPA, 76 Northeastern Blvd , Nashua, NH 03062

EIN ▶ 02-0493850

Phone no ▶ (603) 880-0588

May the IRS discuss this return with the preparer shown above? See instructions ▶ [X] Yes [ ] No

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization
ROTARY INTERNATIONAL NASHUA WEST

Employer identification number
23-7099806

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

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

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☒ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ 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? Yes	(iii) No	(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
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
Total ►				0	0	0

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.

		(a) Event #1 RIBFEST (event type)	(b) Event #2 SPAGHETTI CITY (event type)	(c) Other events 2 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	239,004	3,885	4,695	247,584
	2 Less. Charitable contributions	0	0	0	0
	3 Gross income (line 1 minus line 2)	239,004	3,885	4,695	247,584
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	0	0	0	0
	6 Rent/facility costs	0	0	0	0
	7 Food and beverages	0	0	0	0
	8 Entertainment	0	0	0	0
	9 Other direct expenses	226,763	2,198	4,924	233,885
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(233,885)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				13,699

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				0
Direct Expenses	2 Cash prizes				0
	3 Noncash prizes				0
	4 Rent/facility costs				0
	5 Other direct expenses				0
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				(0)
	8 Net gaming income summary Combine line 1, column d, and line 7 ▶				0

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," explain:			
11	Does the organization operate gaming activities with nonmembers?	11		
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?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in:			
a	The organization's facility	13a %		
b	An outside facility	13b %		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract 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 ▶ $ 0			
	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 ▶ $			

Part I, Line 8 (990-EZ) - Other Revenue

57,624

	Description		Amount
1	LUNCH FEES	1	49,925
2	WEEKLY AUCTION	2	3,351
3	FINES	3	2,260
4	NEWSLETTER ADVERTISING	4	1,650
5	OTHER	5	438
6		6	
7		7	
8		8	
9		9	
10		10	
11		11	
12		12	
13		13	
14		14	
15		15	
16		16	
17		17	
18		18	
19		19	
20		20	

Part I, Line 10 (990-EZ) - Grants and Similar Amounts Paid

	Class of activity	Grantee's name	Check (X) if grantee is a business	Address	City	State	Zip code	Foreign Country
1	CONTRIBUTIONS	SCHEDULE ATTACHED						
2	SCHOLARSHIPS	SCHEDULE ATTACHED						
3	GRANT	ROTARY INTERNATIONAL						
4	GRANT	ROTARY CLUB						Romania
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

89,943 0 0

Amount of cash grant	Relationship	Description of the property	Purpose of payment to affiliate	Book value	How book value determined	Fair market value	Method used to determine FMV	Date received
54,097								
18,000								
13,846								
4,000								

Part I, Line 16 (990-EZ) - Other Expenses

88,067

1	Travel	1	
2	Meals and entertainment	2	
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	
6	Depreciation	6	0
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	9	
10	Supplies	10	
11	Telephone	11	
12	Unrelated business income taxes	12	0
13	FOUR WAY TEST	13	1,000
14	ADMINISTRATIVE EXPENSES	14	7,813
15	DISTRICT CONFERENCE	15	3,770
16	FELLOWSHIP	16	4,451
17	LUNCH FEES	17	49,105
18	MISCELLANEOUS EXPENSES	18	600
19	PRESIDENTIAL FUND	19	5,372
20	ROTARY DISTRICT DUES	20	3,429
21	ROTARY INTERNATIONAL DUES	21	6,186
22	RYLA CONFERENCE	22	4,728
23	WEBSITE	23	599
24	BANK CHARGES	24	514
25	YOUTH SERVICE/INTERACT	25	500
26		26	
27		27	
28		28	
29		29	
30		30	
31		31	
32		32	
33		33	
34		34	
35		35	

Part I, Line 20 (990-EZ) - Other Changes in Net Assets or Fund Balances 9,539

	Description		Amount
1	UNREALIZED APPRECIATION OF SECURITIES	1	9,539
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	
11		11	
12		12	
13		13	
14		14	
15		15	
16		16	
17		17	
18		18	
19		19	
20		20	

Rotary Club of Nashua West
Transaction Detail By Account
July 2009 through June 2010

Name	Clr	Credit	Original Amount	Balance
Charitable Contributions				
4-H			600 00	600 00
BOY SCOUTS			350 00	950 00
Bridges Domestic & Sexual violence suppor			175 00	1,125 00
Nashua Pastoral Care Center, Inc			150 00	1,275 00
Child and Family Services			225 00	1,500 00
COOS/RESSURECTION			1,100 00	2,600 00
FAITH CHURCH			350 00	2,950 00
GATEWAYS			350 00	3,300 00
GIRL SCOUTS			500 00	3,800 00
Girls Inc			275 00	4,075.00
Humane Society			225 00	4,300 00
LIFE CHURCH			550 00	4,850 00
MERRIMACK FRIENDS & FAMILIES			225 00	5,075 00
MERRIMACK HIGH RANDOM ACTS OF KINDNE			600.00	5,675 00
Rotaract			400 00	6,075 00
RSEC ACADEMY			325 00	6,400.00
STATIC SOLUTION			750 00	7,150 00
INDEPENDENT KARATE SCHOOL			1,000 00	8,150 00
BBBS			175 00	8,325 00
Big Brother, Big Sister of Greater Nashua			600 00	8,925.00
		600 00	-600 00	8,325 00
MERRIMACK POLICE			500 00	8,825 00
Adult Learning Center			1,500 00	10,325 00
American Red Cross			500 00	10,825 00
BEAVER BROOK			250 00	11,075 00
Big Brother, Big Sister of Greater Nashua			750 00	11,825 00
Boys and girls club of greater Nashua			1,500 00	13,325 00
Bridges Domestic & Sexual violence suppor			1,000.00	14,325 00
CAREGIVERS, INC			250 00	14,575 00
CHILD ADVOCACY CENTER			1,000.00	15,575 00
Child and Family Services			1,000 00	16,575 00
CITY ARTS NASHUA			500 00	17,075 00
CURRIER MUSEUM OF ART			500 00	17,575 00
GATEWAYS			1,000 00	18,575 00
Girls Inc			1,500 00	20,075 00
GIRL SCOUTS			1,000 00	21,075 00
Greater Nashua Dental Connection			1,500 00	22,575 00
GREATER NASHUA INTERFAITH HOSPITALITY			1,000 00	23,575 00
GREATER NASHUA MENTAL HEALTH			750 00	24,325 00
Harbor Homes			1,000 00	25,325 00
HEALTHY AT HOME			750 00	26,075 00
Home Health and Hospice			1,000 00	27,075 00
Humane Society			500 00	27,575 00
Karen's Climb Foundation			1,000 00	28,575 00
KEYSTONE HALL			1,500 00	30,075 00
Lamprey Nashua Area Health Center			1,000 00	31,075 00
latino community center of nashau			500 00	31,575 00
YMCA of Nashua			1,000 00	32,575 00

Rotary Club of Nashua West
Transaction Detail By Account
July 2009 through June 2010

Name	Clr	Credit	Original Amount	Balance
Youth Council, Inc,			1,500 00	34,075 00
southern nh hiv/aids task force			1,000 00	35,075 00
Senior Center			750 00	35,825 00
SALVATION ARMY			750 00	36,575 00
St, Joseph Community Services, Inc			1,500 00	38,075 00
RISE			500 00	38,575 00
Plus Company Inc			1,000 00	39,575 00
NEW HAMPSHIRE TEEN INSTITUTE			750 00	40,325 00
NASHUA SYMPHONY ASSOCIATION			1,000 00	41,325 00
NASHUA SPECIAL OLYMPICS			1,000 00	42,325 00
Nashua Soup Kitchen and Shelter Inc			1,600 00	43,925 00
NASHUA PAL			1,500 00	45,425 00
Nashua Pastoral Care Center, Inc			1,500 00	46,925 00
Nashua High - Interact			500 00	47,425 00
Nashua High - Interact			500 00	47,925 00
NASHUA COMMUNITY COLLEGE			500 00	48,425 00
Nashua Childrens Home			1,500 00	49,925 00
NASHUA CHAMBER ORCHESTERA			500 00	50,425.00
NASHUA CENTER FOR THE MULTIPLE HANDI			500 00	50,925 00
MOORE MART			1,500 00	52,425 00
Marguerite's Place			1,500 00	53,925 00
STEPHANIE WOLF-ROSEMBLUM			171.57	54,096 57
Total Charitable Contributions		600 00		54,096 57
TOTAL		**600.00**		**54,096.57**

Rotary Club of Nashua West
Transaction Detail By Account
July 2009 through June 2010

Name	Memo	Clr	Original Amount	Balance
Scholarships				
citizens	EMILY CHEN		500 00	500 00
citizens	PRANATHI KAKI		1,000 00	1,500 00
citizens	GABRIELLE COLE		1,500.00	3,000 00
citizens	SAMITA MOHANASUNDARAM		1,500 00	4,500 00
citizens	LOUISE VAN DEN HEUVEL		1,500.00	6,000 00
citizens	TAYLOR CHEPULIS		500 00	6,500 00
citizens	MELISSA TRAHAN		1,000 00	7,500 00
citizens	MARISA HARDY		1,000 00	8,500 00
citizens	TURNER HOME		1,500 00	10,000 00
citizens	KORI REECE		2,000 00	12,000 00
citizens	CODY LAMBER		375 00	12,375 00
citizens	MOLLY BRUN		375 00	12,750 00
citizens	KATIE DURETTE		750 00	13,500 00
citizens	MEGHAN CONLON		1,000 00	14,500 00
citizens	NICOLE LIPARI		1,000 00	15,500 00
citizens	AMANDA JENNINGS		1,250 00	16,750 00
citizens			1,250 00	18,000 00
Total Scholarships				18,000 00
TOTAL				**18,000.00**