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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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

2011

Open to Public Inspection

Form 990-EZ

Department of the Treasury Internal Revenue Service

A For the 2011 calendar year, or tax year beginning JUL 1, 2011 and ending JUN 30, 2012

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

C Name of organization: **Manchester Women's Club**
 Number and street (or P.O. box, if mail is not delivered to street address): **1325 Union Street**
 Room/suite:
 City or town, state or country, and ZIP + 4: **Manchester, NH 03104**

D Employer identification number: **80-0469315**

E Telephone number: **(603) 472-8409**

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: **▶ http://manchesterwomensclub.com**

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(7) (insert no. 4947(a)(1) or 527

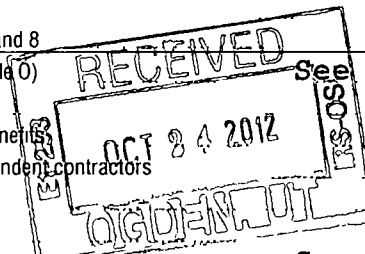
K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **▶ \$ 19,656.**

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

Check if the organization used Schedule O to respond to any question in this Part I

Line	Description	Amount
1	Contributions, gifts, grants, and similar amounts received	3,717.
2	Program service revenue including government fees and contracts	
3	Membership dues and assessments	2,625.
4	Investment income	151.
5a	Gross amount from sale of assets other than inventory	See Schedule O
5b	Less: cost or other basis and sales expenses	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	1,700.
6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	11,463.
6c	Less: direct expenses from gaming and fundraising events	12,884.
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	279.
7a	Gross sales of inventory, less returns and allowances	
7b	Less: cost of goods sold	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
8	Other revenue (describe in Schedule O)	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	6,772.
10	Grants and similar amounts paid (list in Schedule O)	6,520.
11	Benefits paid to or for members	
12	Salaries, other compensation, and employee benefits	
13	Professional fees and other payments to independent contractors	989.
14	Occupancy, rent, utilities, and maintenance	
15	Printing, publications, postage, and shipping	457.
16	Other expenses (describe in Schedule O)	523.
17	Total expenses. Add lines 10 through 16	8,489.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	<1,717.>
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)	45,564.
20	Other changes in net assets or fund balances (explain in Schedule O)	0.
21	Net assets or fund balances at end of year. Combine lines 18 through 20	43,847.



SCANNED NOV 14 2012

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

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Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	45,564.	22	43,847.
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	45,564.	25	43,847.
26 Total liabilities (describe in Schedule O)	0.	26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	45,564.	27	43,847.

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

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 <u>To provide for the social and educational welfare of its members and to make distributions to charitable or educational organizations and students.</u> (Grants \$ <u>6,520.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	1,969.
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 (describe in Schedule O) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	1,969.

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

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Mary Lizie, 277 Harrison Street, Manchester, NH 03104	President 5.00	0.	0.	0.
Ann Marie Hafeman, 185 Charlotte Street, Manchester, NH 03103	President Elect 5.00	0.	0.	0.
Nikki Moutsioulis 384 Lucas Road, Manchester, NH 03109	Treasurer 5.00	0.	0.	0.
Joyce Champagne, 1374 Chestnut Street, Manchester, NH 03104	Recording/Corresponding Se 5.00	0.	0.	0.
Brenda Pervanas 1 Sterling Street, Hooksett, NH 03106	Assistant Treasurer 5.00	0.	0.	0.
Gloria MacVane 14 Maiden Lane, Bedford, NH 03110	Finance Chair 5.00	0.	0.	0.
Lois Kfoury, 58 Whitford Street, Manchester, NH 03104	Membership Chair 5.00	0.	0.	0.
Adele Boufford Baker 484 Pine Street, Manchester, NH 03104	Director 5.00	0.	0.	0.
Pauline Grant, 221 Joseph Street, Manchester, NH 03102	Director 5.00	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
35b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	N/A	
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a	0.
37b	Did the organization file Form 1120-POL for this year?		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 tax year covered by this return?	38a	X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39	Section 501(c)(7) organizations. Enter:		
39a	Initiation fees and capital contributions included on line 9	39a	0.
39b	Gross receipts, included on line 9, for public use of club facilities	39b	0.
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> <u>N/A</u> ; section 4912 <input type="checkbox"/> <u>N/A</u> , section 4955 <input type="checkbox"/> <u>N/A</u>		
40b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	N/A
40c	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		N/A
40d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		N/A
40e	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. <input type="checkbox"/> NH		
42a	The organization's books are in care of <input type="checkbox"/> <u>Gloria MacVane</u> Telephone no. <input type="checkbox"/> <u>(603) 472-8409</u> Located at <input type="checkbox"/> <u>14 Maiden Lane, Bedford, NH</u> ZIP + 4 <input type="checkbox"/> <u>03110</u>		
42b	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: <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
42c	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: <input type="checkbox"/> _____	42c	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> <u>43</u> <input type="checkbox"/> <u>N/A</u>	43	N/A
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
44c	Did the organization receive any payments for indoor tanning services during the year?	44c	X
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	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 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. 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	
49a 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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

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." N/A

(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 ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ Yes No

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.

Sign Here	Signature of officer: <i>Steven MacDane</i> Type or print name and title: <i>Steven MacDane, Finance Chair</i>	Date: <i>10/17/12</i>
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Paid Preparer Use Only	Print/Type preparer's name Stephen P. Ahern, CPA	Preparer's signature <i>Stephen P. Ahern</i>	Date <i>10/9/12</i>	Check <input type="checkbox"/> if self-employed	PTIN P00099910
	Firm's name ▶ SULLIVAN BILLE, P.C.			Firm's EIN ▶ 04-3296201	
	Firm's address ▶ 600 CLARK ROAD TEWKSBURY, MA 01876			Phone no. 978-970-2900	

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

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 col (a) through col (c))
		Luncheons (event type)	Panera Fundraiser (event type)	None (total number)	
Revenue	1	9,713.	1,750.		11,463.
	2				
	3	9,713.	1,750.		11,463.
Direct Expenses	4				
	5				
	6	10,589.			10,589.
	7				
	8	375.			375.
	9		1,000.		1,000.
	10	Direct expense summary Add lines 4 through 9 in column (d)			
11	Net income summary Combine line 3, column (d), and line 10				<501.>

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))
		1			1,700.
Direct Expenses	2			920.	920.
	3				
	4				
	5				
	6	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
7	Direct expense summary Add lines 2 through 5 in column (d)				(920)
8	Net gaming income summary Combine line 1, column d, and line 7				780.

9 Enter the state(s) in which the organization operates gaming activities. **NH**

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 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
- 13 Indicate the percentage of gaming activity operated in
- | | | |
|-------------------------------|-----|----------|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | 100.00 % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ Gloria MacVane

Address ▶ 14 Maiden Lane - Bedford, NH 03110

- 15a Does the organization have a contract 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 ▶ \$ _____ 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 ▶ Gloria MacVane

Gaming manager compensation ▶ \$ _____

**

Description of services provided ▶ Provides overall supervision and management of the gaming operations, including record keeping, money counting, making bank deposits, awarding prizes and preparing the necessary tax

- 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? Yes No
- 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 IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

Schedule G, Part III, Line 16, Description of Services Provided:

Provides overall supervision and management of the gaming operations, including record keeping, money counting, making bank deposits, awarding prizes and preparing the necessary tax filings.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2011

Open to Public
Inspection

Name of the organization

Manchester Women's Club

Employer identification number

80-0469315

Form 990-EZ, Part I, Line 4, Other Investment Income:

Description of Property:

Amount:

Interest Income

151.

Form 990-EZ, Part I, Line 10, Grants and Allocations:

Activity Classification: Scholarship

Grantee Relationship: None

Property Description: Cash Scholarship

Date of Gift: 06/01/12

Amount Given:

1,000.

Activity Classification: Scholarship

Grantee Relationship: None

Property Description: Cash Scholarship

Date of Gift: 06/01/12

Amount Given:

500.

Activity Classification: Scholarship

Grantee Relationship: None

Property Description: Cash Scholarship

Date of Gift: 06/01/12

Amount Given:

1,000.

Activity Classification: Scholarship

Grantee Relationship: None

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.
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OMB No 1545-0047

2011
Open to Public
Inspection

Name of the organization Manchester Women's Club Employer identification number 80-0469315

Property Description: Cash Scholarship

Date of Gift: 06/01/12

Amount Given: 1,000.

Activity Classification: Scholarship

Grantee Relationship: None

Property Description: Cash Scholarship

Date of Gift: 05/04/12

Amount Given: 400.

Activity Classification: Scholarship

Grantee Relationship: None

Property Description: Cash Scholarship

Date of Gift: 05/04/12

Amount Given: 400.

Activity Classification: Scholarship

Grantee Relationship: None

Property Description: Cash Scholarship

Date of Gift: 05/04/12

Amount Given: 400.

Activity Classification: Scholarship

Grantee Relationship: None

Property Description: Cash Scholarship

Date of Gift: 05/04/12

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2011
Open to Public
Inspection

Name of the organization

Manchester Women's Club

Employer identification number

80-0469315

Amount Given:

400.

Activity Classification: Scholarship

Grantee Relationship: None

Property Description: Cash Scholarship

Date of Gift: 05/04/12

Amount Given:

400.

Activity Classification: Scholarship

Grantee Relationship: None

Property Description: Cash Scholarship

Date of Gift: 05/04/12

Amount Given:

400.

Activity Classification: Scholarship

Grantee Relationship: None

Property Description: Cash Scholarship

Date of Gift: 05/04/12

Amount Given:

120.

Activity Classification: Charitable Donation

Grantee Name: Manchester High School

Grantee Address: One Crusader Way Manchester, NH 03103

Grantee Relationship: None

Property Description: Cash Donation

Date of Gift: 02/03/12

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2011
Open to Public
Inspection

Name of the organization Manchester Women's Club Employer identification number 80-0469315

Amount Given: 500.

Total included on Form 990-EZ, line 10 6,520.

Form 990-EZ, Part I, Line 16, Other Expenses:

Description of Other Expenses:	Amount:
Miscellaneous Expenses	448.
Filing Fees	75.
Total to Form 990-EZ, line 16	523.

Form 990-EZ, Part III, Primary Exempt Purpose - The mission of the organization is to build a better community by preserving, promoting, and advancing the culture, educational opportunities, and social well being of its citizens while fostering a philanthropic spirit in its members.

Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts:
The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract.
The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.