084 3 15 PM	Return of Organization Exempt From II Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C		luna	OMB No 1545-0047
Department of the Tr Internal Revenue Ser	easury benefit trust or private foundation)		-	Open to Public Inspection
A For the 2009 c	alendar year, or tax year beginning $07/01/09$, and ending $06/30/1$	0		• • • • • • • • • • • • • • • • • • •
B Check if applicable	Please C Name of organization use IRS NASHID SOUD STUCKEN C CHET WED T		D Employe	er identification number
Address change	label or	<u>NC.</u>	02-0	359239
Name change	type. Number and street (or P O box if mail is not delivered to street address)	Room/suite		ne number
Initial return	See PO BOX 3116, 42 CHESTNUT ST		•	
Termination	Specific Instruc- City or town, state or country, and ZIP + 4		G Gross receipt	s \$ 1,365,764
Amended return	tions. NASHUA NH 03061			
Application pending	F Name and address of principal officer		H(a) is this a g affiliates?	
		1	H(b) Are all afi included?	filiates
	·			tach a list (see instructions)
I Tax-exempt stat				
	www.nsks.org			emption number
Fart S	n X Corporation Trust Association Other ► L ummary	Year of formation 19)81 M	State of legal domicile NH
<u> </u>	lescribe the organization's mission or most significant activities			
	VIDES MEALS, EMERGENCY SHELTER, LOW INCOME HOUSING	AND		
ASS as	ISTNANCE TO POOR OR NEEDY INDIVIDUALS AND FAMILIES			
ASS	. ದೆ			
6 2 Check t	his box \blacktriangleright if the organization discontinued its operations or disposed of more than $\frac{1}{2}$	25% of its net asse		15
~	r of voting members of the governing body (Part VI, line 1a) r of independent voting members of the governing body (Part VI, line 1b)			<u>15</u> 15
5 Total nu	imber of employees (Part V, line 2a)			21
6 Total nu	imber of volunteers (estimate if necessary)		6	1003
7a Total gr	oss unrelated business revenue from Part VIII, column (C), line 12		7a	
b Net unr	elated business taxable income from Form 990-T, line 34	Prior Year	7b	O Current Year
8 Contribu	utions and grants (Part VIII, line 1h)	1,795		1,128,630
2	n service revenue (Part VIII, line 2g)		,408	80,136
S 10 Investm	NOV 1 6 2010		,937	15,716
	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, lociand Te)	2,055	,436	<u>141,282</u> 1,365,764
10.0	venue – add lines 8 through 11 (must equal Part VIII, colomo (A), tine 12) ut and similar amounts paid (Part IX, column (A), lines 1-3)	2,055	,	1,303,704
	s paid to or for members (Part IX, column (A), line 4)			·····
ر 15 Salaries	s, other compensation, employee benefits (Part IX, column (A), lines 5–10)	813	,026	873,522
16a Profess	ional fundraising fees (Part IX, column (A), line 11e)			
b Total fu	ndraising expenses (Part IX, column (D), line 25) • 41, 329	457	,697	481,203
17 Other e	xpenses (Part IX, column (A), lines 11a–11d, 11f–24f) xpenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,270		1,354,725
0 19 Revenu	e less expenses Subtract line 18 from line 12	· · · · · · · · · · · · · · · · · · ·	,389	11,039
ts or	·····	Beginning of Curre		End of Year
S E	sets (Part X, line 16) Ibilities (Part X, line 26)	2,121	,601 ,586	<u>2,144,008</u> 369,231
	ets or fund balances Subtract line 21 from line 20	1,737		1,774,777
····	ignature Block	·····		
	nder penalties of penjury, I declare that I have examined this return, including accompanying schedule			
· · · ·	nd bakef ut is true, correct, and complete Declaration of preparer (other than officer) is based on all in	normation of which pl		
Sign Here	Signature of officer		 Date	
	Type or print name and title			<u></u> -
		Check If		Preparer's identifying number
	gnature Uate 11/9/	10 self- employe		(see instructions) 003-54-2025
Preparer's	William P Connor, CPA			80-0380464
If at	self-employed), 41 Brook St	·.	Phone	
	ddress, and ZIP + 4 Manchester, NH 03104		no 🕨	<u>603-623-9868</u>
	uss this return with the preparer shown above? (see instructions) and Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2009
DAA	nia r aperatin Neudelion Act Holice, see lie separate Instructions.			
			\mathcal{O}	N 10

	TCHEN & SHELTER, INC. 02-03 Service Accomplishments	27237	Page 2
Briefly describe the organization's mission			
PROVIDES MEALS, EMERG	ENCY SHELTER, LOW INCOME HOU R NEEDY INDIVIDUALS AND FAMI		
Did the organization undertake any sign the prior Form 990 or 990-EZ? If "Yes," describe these new services on	ficant program services during the year which were not lis Schedule O	sted on	Yes X No
	or make significant changes in how it conducts, any progra	am	Yes X No
Describe the exempt purpose achievem Section 501(c)(3) and 501(c)(4) organization	ents for each of the organization's three largest program s tions and section 4947(a)(1) trusts are required to report and revenue, if any, for each program service reported		
(Code) (Expenses \$	450,704 including grants of \$ ES MEALS FOR THE NEEDY) (Revenue \$)
	583,908 including grants of \$ ELTER FOR THE HOMELESS) (Revenue \$)
) (Revenue \$)
SHELTER - PROVIDES SH) (Revenue \$)
SHELTER - PROVIDES SH	ELTER FOR THE HOMELESS)

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, Form 990 (2009) NASHUA SOUP KITCHEN & SHELTER, INC. 02-0359239

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_ P i	art IV Checklist of Required Schedules			
			Yes	1
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2-	-Is-the organization-required to complete-Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			1
	candidates for public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	-		
•	Schedule C, Part II	4		l
5		-		┢
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
c	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		╀
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			Ĺ
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			l
	complete Schedule D, Part I	6		┞
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			L
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			L
	complete Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			ſ
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			L
	complete Schedule D, Part IV	9		L
0	Did the organization, directly or through a related organization, hold assets in term, permanent, or			t
-	quasi-endowments? If "Yes," complete Schedule D, Part V	10		
1	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI.	<u> </u>		t
'	VII, VIII, IX, or X as applicable	11	x	
_				t
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			ł
	Schedule D, Part VI			ł
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			ŧ
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			Į
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			ł
	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
2	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12	X	Τ
2A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			T
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X	1		
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	1	I
- 4а	Did the organization maintain an office, employees, or agents outside of the United States?	14a	t	t
b	Did the organization maintain an office, employees, or agents outside of the office office office of the office of	1-70		t
5	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	446		
5		145		+
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any		1	
•	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		╇
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		+
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	1		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			Ţ
	If "Yes," complete Schedule G, Part III	19		
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		t

Form 990 (2009) NASHUA SOUP KITCHEN & SHELTER, INC. 02-0359239 Part IV Checklist of Required Schedules (continued)

14			V	
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		Yes	No
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	-Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
-	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
14-	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
. 4 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	240		x
-		24a		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	245		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
-	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
:5a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	_ <u>25a</u>		X
b	Is the organization 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	25b		X
6	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
7	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
8	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	285		X
с	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		x
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or gualified			
•	conservation contributions? If "Yes," complete Schedule M	30		x
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
•	Part I	31		x
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	- 51		
~	• • • • • •	32		x
•	Schedule N, Part II	32		
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			.
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
_	III, IV, and V, line 1	34		X
5	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35_	<u> </u>	X
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
17	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
88	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

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Form 990 (2009) NASHUA	SOUP	KITCHEN	&	SHELTER,	INC.	02-0359239
Part V	Statements	Regard	ing Other IRS	S Fi	lings and Tax	Complia	ance

				_		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of						
	US Information Returns Enter -0- if not applicable	1a	2				
-b -	Enter the number of Forms W-2G included in line 1a Enter -0-if not applicable	-1b-	0				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and rep	portabl	e				
	gaming (gambling) winnings to prize winners?	۰ I			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	21				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	'ns?			2b	<u> </u>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see						
	instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d by					
	this return?				<u>3a</u>		<u>X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O				<u>3b</u>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ty				
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	ancial					
	account)?			Ľ	4a		X
b	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						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac				5b		<u> </u>
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega	arding					
•	Prohibited Tax Shelter Transaction?				5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e					v
	organization solicit any contributions that were not tax deductible?			-	6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or			AL		
-	gifts were not tax deductible?				<u>6</u> b		
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g and services provided to the payor?	jooas			7.	x	
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?				7a 7b	X	
b C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa			-	10		<u> </u>
C	required to file Form 8282?	15		1	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			<u>// </u>		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p		 al				
Ū	benefit contract?	CISUIE	11		7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri-	act?			7f		x
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?				7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0						
	required?				7h		x
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting						
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring						
	organization, have excess business holdings at any time during the year?				8		1
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the organization make any taxable distributions under section 4966?			ľ	9a		[
b	Did the organization make a distribution to a donor, donor advisor, or related person?				9b		
10	Section 501(c)(7) organizations. Enter						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter						
а	Gross income from members or shareholders	11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against						ł
	amounts due or received from them)	115					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	· · · · ·		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					

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Form	990	(2009)
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Sec	tion A. Governing Body and Management		-	
			Yes	Ň
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X X X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Σ
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Σ
6	Does the organization have members or stockholders?	6		Σ
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		3
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		2
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
-	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		3
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
	enue Code.)			
			Yes	N
0a	Does the organization have local chapters, branches, or affiliates?	10a	100	2
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			-
	affiliates, and branches to ensure their operations are consistent with those of the organization?	105		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	100		
••	form?	11	x	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	128		
b	rise to conflicts?	4.25		2
~		125		-
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-	v	
4.0	describe in Schedule O how this is done	12c	X	2
13	Does the organization have a written whistleblower policy?	13	<u> </u>	_
14	Does the organization have a written document retention and destruction policy?	14		2
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	ļ	2
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NH			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection Indicate how you make these available Check all that apply			
	Own website X Another's website X Upon request			
9	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization > NASHUA SOUP KITCHEN 42 CHESTNUT STREET			
	SHUA NH 03060			

, Form 990 (2009) NASHUA SOUP KITCHEN & SHELTER, INC. 02-0359239

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Page 6

Form 930 (2009) NASHUA SOUP KITCHEN	SHELTER, INC. 02-0359239	Page 7
Part VII Compensation of Officers, Directo	ors, Trustees, Key Employees, Highest Compensated	
Employees, and Independent Con	itractors	

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year-Use-Schedule-J-2-if-additional-space-is-needed-

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's current key employees See instructions for definition of "key employee "

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of

the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest

compensated employees, and former such persons

Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average	e	Posit	ion (d		c all t			(D) Reportable	(E) Reportable	(F) Estimated
	hours pe	er i	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
SEE ATTACHED BOA	RD OF	DI	хЕ¢	тc	RS				0	0	0
							-				
	1										
	·										
								<u> </u>		· · · · · · · · · · · · · · · · · · ·	
P								-	, w-		
	<u> </u>										
							-			· · · · · · · · · · · · · · · · · · ·	
	1						1		ł		1

ITT VII Section A. Office	(B)		, ne	, (C		yees	<u>, and</u>	d Highest Compensated (D)	(E)	(F)
Name and Title	Average hours per week	Dividual trustee Or director				a Highest compensated	ply) Former	Ceportable compensation from the organization (W-2/1099_MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the <u>organization</u>
····		rustee	l trustee		yee	mpensated				and related organizations
								*		
Total		-					•			
Total number of individuals reportable compensation fro				thos	e lis	ted a	above	e) who received more than	\$100,000 in	
Did the organization list any employee on line 1a? If "Ye For any individual listed on the organization and related individual Did any person listed on lin services rendered to the or	y former officer, di es," complete Sche line 1a, is the sum d organizations gro e 1a receive or ac	recto edule n of re eater crue	r or t J for port than com	suc able \$15 pens	h ind com 0,00 atioi	lividu ipens 0? If n fror	ual satio "Yes m an	n and other compensation s," complete Schedule J fo y unrelated organization fo	from r such	Yes 3 4 5
ction B. Independent Contra Complete this table for you		oensa	ated	Inder	Senr	lent /	contr	actors that received more	than \$100 000 of	
compensation from the org	anization									(C)
Name	(A) and business address							Descnp	(B) otion of services	(C) Compensat
						-			<u></u>	
							-			

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Form 990 (2009) NASHUA SOUP KITCHEN & SHELTER, INC. 02-0359239 Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
හි 1a	Federated-campaigns	1a					
5	Membership dues	1b			~~~~ /		•
Ĕ c	Fundraising events	1c					
p a	Related organizations	1d					
Ē	Government grants (contributions)	1e	267,784				
ທີ່ F	All other contributions, gifts, grants,						
	and similar amounts not included above	1f	860,846				
n lo	Noncash contributions included in lines 1						
e a	Total. Add lines 1a-1f	Ψ		1,128,630			
· - "			Busn. Code				
2a	RENT LOW INCOME HO		Bush. Code	65,624			65,62
b				14,512			14,51
		HOUSING		19, 512			
C C							
d			}+				· · · · ·
e) • • • •						
<u> </u>	f All other program service rev	enue			·····		
	Total. Add lines 2a-2f		►	80,136			
3	Investment income (including	dividends, inte	rest, and				
	other similar amounts)		▶⊢	15,716			15,71
4	Income from investment of ta	x-exempt bond					
5	Royalties		►				
	(I) Real	(11)	Personal				
6a	Gross Rents						
b	Less rental exps						
C	Rental inc or (loss)						
d			•				
/a	Gross amount from (I) Securities of assets	es (II) Other				
	other than inventory						
b	Less cost or other						
	basis & sales exps						
c	Gain or (loss)						
d	Net gain or (loss)		•			ſ	
8a	Gross income from fundraising ev	ents					
	(not including \$						
	of contributions reported on line 1	c)					
b	See Part IV, line 18	a	141,282				
Ь	Less direct expenses	b					
c	Net income or (loss) from fun	draising events	•	141,282	1	ľ	141,28
	Gross income from gaming activit						,
	See Part IV, line 19	a					
ь	Less direct expenses	b					
	Net income or (loss) from gai		•				
	Gross sales of inventory, less		F				
1.00	returns and allowances	a					
h	Less cost of goods sold	a					
	Net income or (loss) from sal	·		1			
–	Miscellaneous Revenu		Busn. Code	· · · · · · · · · · · · · · · · · · ·			·····-
11a					1		
			·				
b							-
C C			++				
	All other revenue						
12	Total Revenue. See instructi	ons		1,365,764	01	0	237,13

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Form 990 (2009) NASHUA SOUP KITCHEN & SHELTER, INC. 02-0359239 Part IX Statement of Functional Expenses

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Page 10

	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b,-9b,-and-10b-of-Part-VIII		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U S See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	688,553	626,830	55,564	6,15
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	126,418	114,762	10,493	1,16
10	Payroll taxes	58,551	53,152	4,860	53
11	Fees for services (non-employees)				
а	Management				
b	Legal				
с	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
, g	Other				
9 12	Advertising and promotion	4,624	4,375	249	
13	Office expenses	10,019	9,228	791	
14	Information technology		5,220		
15	Royalties				
16	Occupancy				
17	Travel	1,797	1,648	149	
18	Payments of travel or entertainment expenses	<u> </u>	1,010		
10					
40	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings	14,977	14,554	423	· · ·
20 24	Interest	14,3//	T4,004	423	······
21	Payments to affiliates	47,365	44,437	2 0 2 0	
22	Depreciation, depletion, and amortization	36,742	33,609	<u> </u>	
23	Insurance	50,142	23,009		
7 4					
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)	121 007	121 007	·	
а	CLIENT ASSISTANCE	131,097	131,097		
b	UTILITIES	45,659	42,687	2,972	· · · · · · · · · · · · · · · · · · ·
С	REPAIRS & MAINTENANCE	45,131	43,678	1,453	
d	FUNDRAISING ALLOCATION	33,468			33,46
е	MAINTENANCE SERVICES	21,084	19,334	1,750	
f	All other expenses	89,240	85,233	4,007	
25	Total functional expenses. Add lines 1 through 24f	1,354,725	1,224,624	88,772	41,32
26	Joint costs. Check here ► If following SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				

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Form 990 (2009) NASHUA SOUP KITCHEN & SHELTER, INC. 02-0359239 Part X Balance Sheet

Page 11

			(A) Beginning of year		(B) End of year
	1	Cashnoninterest bearing		1	972,622
	-2	Savings and temporary cash investments —		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
	Ū	employees, and highest compensated employees Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section		<u> </u>	·····
	U	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
		Part II of Schedule L	1	6	
្ល	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
¥	9	Prepaid expenses and deferred charges		9	
		Land, buildings, and equipment cost or		-	
	IVa	other basis Complete Part VI of Schedule D 10a 1,324,042			
	Ь	Less accumulated depreciation 10b 540,053	831,358 1	0c	783,98
.	11	Investments—publicly traded securities		11	319,14
	12	Investments—other securities See Part IV, line 11		12	525/24
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	4	15	68,25
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	2,144,00
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
- i	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
≝∣	22	Payables to current and former officers, directors, trustees, key			
		employees, highest compensated employees, and disqualified			
-Ia		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	363,26
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	5,96
	26	Total liabilities. Add lines 17 through 25		26	369,23
ŝ		Organizations that follow SFAS 117, check here \blacktriangleright X and			
۳ ۲		complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	1,687,935	27	1,721,25
Balance	28	Temporarily restricted net assets		28	
<u>ן</u> ק	29	Permanently restricted net assets	49,080	29	53,51
5		Organizations that do not follow SFAS 117, check here			
		and complete lines 30 through 34.			
s i	30	Capital stock or trust principal, or current funds		30	
set Set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
is	32	Retained earnings, endowment, accumulated income, or other funds		32	·····
~	33	Total net assets or fund balances	4 9 9 9 9 9 9	33	1,774,77
ž .	34	Total liabilities and net assets/fund balances		34	2,144,00

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Form 990 (2009) NASHUA SOUP KITCHEN & SHELTER, INC. 02-0359239

Page	12

Pa	art XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 🛛 Cash 🗌 Accrual 🚺 Other	_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			-
28	a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
t	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	: If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
C	I If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
34	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		X
t	o If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

CHEDULE A orm 990 or 990-EZ) Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.						OMB No 1545-0047							
partment of the Treasury ernal Revenue Service	► Att	tach to Form 990 or Form 990-	•			ruction	s		Open to Public Inspection				
ime⁻of the⁻organization		KITCHEN & SHELT		NC.					ntification number— 9239				
Part Reaso		Status (All organizations			e this r	part.) S							
		se it is (For lines 1 through 11, o				/_							
1 🔲 A church, con	ention of churches, or ass	ociation of churches described	in section	170(b)(1)(A)(i).								
		A)(ii). (Attach Schedule E)											
		ce organization described in sec	-		•	(4)(4)(:	1) F ata						
A medical reso city, and state	arch organization operate	d in conjunction with a hospital (aescribea	in sectio	n 170(o)	(T)(A)(II	i). Ente	r the ho	spital's name,				
	n operated for the benefit	of a college or university owned	or operate	ed by a o	overnme	ntal und	descrit	bed in					
J	(1)(A)(iv). (Complete Part	• •	••••			incar ann							
6 🗌 A federal, stat	e, or local government or g	overnmental unit described in s	ection 17	0(b)(1)(A)(v).								
7 X An organizatio	n that normally receives a	substantial part of its support fro	om a gove	ernmental	unit or f	rom the	genera	I public					
	ection 170(b)(1)(A)(vi). (C	•											
		170(b)(1)(A)(vi). (Complete Part		oontribut		mhorab	n faaa	and ar					
<u> </u>	•	 more than 33 1/3 % of its sup npt functions—subject to certain 	-					-					
•		nd unrelated business taxable in			-								
		0, 1975 See section 509(a)(2)											
) 🔲 An organizatio	n organized and operated	exclusively to test for public safe	ety See s	ection 50)9(a)(4).								
-		exclusively for the benefit of, to				-							
• •		ted organizations described in s					-	section					
	b Type II	the type of supporting organizati c		-	nesine d [— Ť	iin e III-Ot	hor					
		c Type III–Function ganization is not controlled direc											
		and other than one or more pul	-										
509(a)(1) or se	ction 509(a)(2)												
•		ermination from the IRS that it is	; a Type I,	Type II, o	or Type I	II suppo	orting		-				
organization, o		A							L				
g Since August following pers	· · · ·	ition accepted any gift or contrib	ution from	n any of tr	ie								
51		ontrols, either alone or together	with nerse	ons descr	ıbed ın (ı	ս)			Yes N				
., .	• •	of the supported organization?	mar perse		1000 111 (1	"'			11g(i)				
	nember of a person descri								11g(ii)				
(ii) A family r	ntrolled entity of a person	described in (i) or (ii) above?							11g(iii)				
		the supported organization(s)					<u> </u>						
(iii) A 35% co h Provide the fo	(ii) EIN (iii) Type of organization (IV) is the organization (V) Did your (described on lines 1–9 in col (I) listed in your the organi						cthe I						
(iii) A 35% cc h Provide the fo (i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1–9				ou notity lization in	(vi) (organizat		(viı) Amount of support				
(iii) A 35% co h Provide the fo	(ii) EIN	(described on lines 1–9 above or IRC section	in col (I) li		the organ col (i)	ization in of your	organizat (i) organi	ion in col zed in the	(vii) Amount of support				
(iii) A 35% cc h Provide the fo (i) Name of supported	(ii) EIN	(described on lines 1-9	in col (I) li	sted in your	the organ	ization in of your	organizat (i) organi	ion in col	• •				
(iii) A 35% cc h Provide the fo (i) Name of supported	(ii) EIN	(described on lines 1–9 above or IRC section	in col. (I) li: governing	sted in your document?	the organ col (i) supp	ization in of your oort?	organizat (i) organi U	ion in col zed in the S ?	• •				
(iii) A 35% cc h Provide the fo (i) Name of supported	(ii) EIN	(described on lines 1–9 above or IRC section	in col. (I) li: governing	sted in your document?	the organ col (i) supp	ization in of your oort?	organizat (i) organi U	ion in col zed in the S ?	• •				
(iii) A 35% cc h Provide the fo (i) Name of supported	(ii) EIN	(described on lines 1–9 above or IRC section	in col. (I) li: governing	sted in your document?	the organ col (i) supp	ization in of your oort?	organizat (i) organi U	ion in col zed in the S ?	• •				
(iii) A 35% cc h Provide the fo (i) Name of supported	(ii) EIN	(described on lines 1–9 above or IRC section	in col. (I) li: governing	sted in your document?	the organ col (i) supp	ization in of your oort?	organizat (i) organi U	ion in col zed in the S ?	• •				
(iii) A 35% cc h Provide the fo (i) Name of supported	(ii) EIN	(described on lines 1–9 above or IRC section	in col. (I) li: governing	sted in your document?	the organ col (i) supp	ization in of your oort?	organizat (i) organi U	ion in col zed in the S ?	• •				
(iii) A 35% cc h Provide the fo (i) Name of supported	(ii) EIN	(described on lines 1–9 above or IRC section	in col. (I) li: governing	sted in your document?	the organ col (i) supp	ization in of your oort?	organizat (i) organi U	ion in col zed in the S ?	• •				
(iii) A 35% cc h Provide the fo (i) Name of supported	(ii) EIN	(described on lines 1–9 above or IRC section	in col. (I) li: governing	sted in your document?	the organ col (i) supp	ization in of your oort?	organizat (i) organi U	ion in col zed in the S ?	• •				
(iii) A 35% cc h Provide the fo (i) Name of supported	(ii) EIN	(described on lines 1–9 above or IRC section	in col. (I) li: governing	sted in your document?	the organ col (i) supp	ization in of your oort?	organizat (i) organi U	ion in col zed in the S ?	• •				
(iii) A 35% cc h Provide the fo (i) Name of supported	(ii) EIN	(described on lines 1–9 above or IRC section	in col. (I) li: governing	sted in your document?	the organ col (i) supp	ization in of your oort?	organizat (i) organi U	ion in col zed in the S ?	• •				

	edule A (Form 990 or 990-EZ) 2009 NAS						Page
Pa	art II Support Schedule for Or (Complete only if you che				1)(A)(iv) and [•]	170(b)(1)(A)(vi)	
Sec	tion A. Public Support		<u>, , , , , , , , , , , , , , , , , , , </u>	<u>0 01 Fatti.</u>			
_	lendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	827,119	942,778	945,604	1,795,331	1,128,630	5,639,462
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	827,119	942,778	945,604	1,795,331	1,128,630	5,639,46
5	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)						
6	Public support. Subtract line 5 from line 4						5,639,46
	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	827,119	942,778	945,604	1,795,331	1,128,630	5,639,46
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,353	19,697	7,943	10,937	15,716	64,64
9	Net income from unrelated business activities, whether or not the business is regularly carried on					140,282	140,28
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)					80,136	80,13
11	Total support. Add lines 7 through 10	l		I.		·····	5,924,52
12	Gross receipts from related activities, etc	· · · · · · · · · · · · · · · · · · ·				12	690,92
13	First five years. If the Form 990 is for the		second, third, fou	rth, or fifth tax year	as a section 501	(c)(3)	
<u> </u>	organization, check this box and stop here						
	tion C. Computation of Public Su			(0)			
14	Public support percentage for 2009 (line 6	•••	•	n (f))		14	95.19%
15	Public support percentage from 2008 Scho			0		15	98.91%
16a	33 1/3 % support test—2009. If the organ			is, and line 14 is 3	3 1/3 % or more, o	cneck this box	
F	and stop here. The organization qualifies		-	or the section of	5 10 00 4 /0 0/ ····		▶ 2
b	33 1/3 % support test—2008. If the organ				o is 33 1/3 % or m	iore, check this	ΝF
17a	box and stop here. The organization quali 10%-facts-and-circumstances test—200 more, and if the organization meets the "fa	9. If the organizatio	n did not check a	box on line 13, 16a			► L
b	organization meets the "facts-and-circums 10%-facts-and-circumstances test—200	tances" test The o 8. If the organizatio	rganization qualifie n did not check a l	es as a publicly sup box on line 13, 16a	oported organization, 16b, or 17a, and	on I line 15 is 10% or	▶ [
18	more, and if the organization meets the "fa organization meets the "facts-and-circums Private foundation. If the organization did	tances" test The o	rganization qualifie	es as a publicly sup	oported organization	on	▶

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Schedule A (Form 990 or 990-EZ) 2009

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, Schedule A (Form 990 or 990-EZ) 2009 NASHUA SOUP KITCHEN & SHELTER, INC. 02-0359239

Page 3

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.)

Sec	tion A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year			j			
С	Add lines 7a and 7b						
3	Public support (Subtract line 7c from line 6)						
	tion B. Total Support		,		-		
Cal	endar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
)	Amounts from line 6						
0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b						
1	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
2	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
3	Total support. (Add lines 9, 10c, 11,			1		1	
	and 12)	L					
1	First five years. If the Form 990 is for the organization, check this box and stop here	-	t, second, third, fo	urth, or fifth tax ye	ear as a section 50	1(c)(3)	•
ec	tion C. Computation of Public Su	pport Percen	Itage				
;	Public support percentage for 2009 (line 8,	, column (f) dıvıde	d by line 13, colun	nn (f))		15	
;	Public support percentage from 2008 Sche		•			16	
ec	tion D. Computation of Investme						
7	Investment income percentage for 2009 (II			3, column (f))		17	
3	Investment income percentage from 2008					18	
9a	33 1/3 % support tests—2009. If the organ			e 14, and line 15	is more than 33 1/3		
	17 is not more than 33 1/3 %, check this b						►
b	33 1/3 % support tests—2008. If the organ line 18 is not more than 33 1/3 %, check th	nization did not cl	neck a box on line	14 or line 19a, an	d line 16 is more th	nan 33 1/3 %, and	•
0	Private foundation. If the organization did	-	_			-	

 Schedule A (Form 990 or 990-EZ) 2009
 NASHUA SOUP KITCHEN & SHELTER, INC. 02-0359239
 Page 4

 Part IV
 Supplemental Information. Complete this part to provide the explanations required by Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions
 Page 4

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2009
Open to Public Inspection

Employer identification nun

NASHUA SOUP KI	ITCHEN & SHELTER, INC	•	02-0359239
	ions Maintaining Donor Advised		nds or Accounts. Complete if
the organiz	zation answered "Yes" to Form 99	0, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of y	year		
2 Aggregate contributions	to (during year)		
3 Aggregate grants from ((during year)		
4 Aggregate value at end	of year		
5 Did the organization info	orm all donors and donor advisors in writing	that the assets held in donor advis	ed
funds are the organization	on's property, subject to the organization's	exclusive legal control?	Yes N
6 Did the organization info	orm all grantees, donors, and donor advisor	s in writing that grant funds can be	
used only for charitable	purposes and not for the benefit of the don	or or donor advisor, or for any othe	r
purpose conferring impe	ermissible private benefit?		Yes N
Part II Conservat	tion Easements. Complete if the c	organization answered "Yes	" to Form 990, Part IV, line 7
1 Purpose(s) of conservat	tion easements held by the organization (ch	neck all that apply)	
	for public use (e g , recreation or pleasure		orically important land area
Protection of natural	l habitat	Preservation of certifie	
Preservation of oper	n space		
2 Complete lines 2a through	igh 2d if the organization held a qualified co	inservation contribution in the form	of a conservation
easement on the last da			
			Held at the End of the Tax Ye
a Total number of conserv	vation easements		2a
	by conservation easements		2b
	easements on a certified historic structure	included in (a)	20
	easements included in (c) acquired after 8		2d
	easements modified, transferred, released		
the taxable year	reasentents mounicu, transferreu, released	a, examplished, or terminated by the	e organization during
	property subject to conservation easemen		
	ave a written policy regarding the periodic r		
	nent of the conservation easements it holds		Yes N
	rs devoted to monitoring, inspecting, and er	norcing conservation easements of	uning the year
7 Amount of expenses up	 — — curred in monitoring, inspecting, and enforce 		
7 Amount of expenses inc \$	curred in monitoring, inspecting, and emore	ing conservation easements during	the year
· •		- f - th	
	n easement reported on line 2(d) above sati	sty the requirements of section	
170(h)(4)(B)(i) and secti			
	w the organization reports conservation easily of the forst of the		
	ude, if applicable, the text of the footnote to	the organization's financial statem	ents that describes
<u>_</u>	unting for conservation easements	at Uistariaal Tracewas	Other Cimiler Aceste
	ions Maintaining Collections of A if the organization answered "Yes		
	ed, as permitted under SFAS 116, not to re		
	or other similar assets held for public exhibition		
	e text of the footnote to its financial stateme		nerance of public service,
			an chart works of art
-	ed, as permitted under SFAS 116, to report		-
	other similar assets held for public exhibition	i, education, or research in furthera	ince of public service,
· · ·	nounts relating to these items		
	In Form 990, Part VIII, line 1		*
(ii) Assets included in F			▶ \$
	ved or held works of art, historical treasures		al gain, provide the
	red to be reported under SFAS 116 relating	to these items	
	orm 990, Part VIII, line 1		▶ \$
b Assets included in Form	1 990, Part X		▶ \$

84 3 [.]	15 PM								
		JP KITCHEN &							2 age
Pa	at III Organizations Maintaining	Collections of Art,	Historical Trea	sures, o	r Other S	Similar As	sets (cor	ntinued)
3	Using the organization's acquisition, accession collection items (check all that apply)	a, and other records, che	ck any of the follow	ng that are	a significa	nt use of its			
а	Public exhibition	d 🗌 Loan d	or exchange program	ns					
b	Scholarly research — — — —	eeOther					_		
С	Preservation for future generations								
4	Provide a description of the organization's colle Part XIV	ections and explain how	they further the orga	anization's	exempt pur	pose in			
5	During the year, did the organization solicit or a assets to be sold to raise funds rather than to l	be maintained as part of	the organization's c	ollection?				Yes	No
Pa	IV, line 9, or reported an am				swered "	'Yes" to Fo	orm 990,	Part	
1a	Is the organization an agent, trustee, custodiar	n or other intermediary fo	r contributions or ot	her assets	not				_
	included on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIV a	nd complete the following	g table						
							Am	ount	
С	Beginning balance					1c			
đ	Additions during the year					1d			
е	Distributions during the year					<u>1e</u>			
f	Ending balance					lf			
2a	Did the organization include an amount on For	m 990, Part X, line 21?						Yes	No
b	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Comple	ete if organization a	nswered "Yes"	to Form	990, Pa	t IV, line 1	10.		
		(a) Current year	(b) Prior year	(c) Two y	ears back	(d) Three year	rs back (e)	Four years	s back
1a	Beginning of year balance								
	Contributions			1					
с	Net investment earnings, gains,			1					
	and losses								
d	Grants or scholarships			1					
	Other expenditures for facilities			1					
Ŭ	and programs								
f	Administrative expenses	····-		1					
1	•								
_9	End of year balance	[]				······································		····	
Z	Provide the estimated percentage of the year of	end balance held as							
	Board designated or quasi-endowment	%							
	Permanent endowment %								
c									
3a	Are there endowment funds not in the possess	sion of the organization the	hat are held and adr	ministered	for the			r	<u> </u>
	organization by						Г	Yes	No
	(i) unrelated organizations						3	a(i)	
	(ii) related organizations						3	a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	listed as required on Sch	edule R?					3b	
4	Describe in Part XIV the intended uses of the								
Pa	rt VI Investments—Land, Buildir		nt. See Form 99	<u>90, Part X</u>	K, line 10).			
	Description of investment	(a) Cost or other basis	(b) Cost or of			umulated	(d)	Book value	•
		(investment)	basis (othe		depre	ciation			
1a	Land		175	,999				175,	999
b	Buildings								
	Leasehold improvements								
	Equipment								
	Other		1,148	,043	ļ	540,053	3	607,	990
,		ual Form 990, Part X, co				/			989

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 NASHUA SOUP KITCHEN & SHELTER, INC. 02-0359239

Page	3
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Part VII	Investments—Other Securities. See Form 9	90, Part X, line 12.		
	(a) Description of security or category	(b) Book value	(c) Method of	
	(including name of security)	· · · -	Cost or end-of-yea	ar market value
Financial deri				
	equity interests		· · · · · · · · · · · · · · · · · · ·	
Other				
		-		
		-		
			······	·····
Part VIII	Investments—Program Related. See Form S			
	(a) Description of investment type	(b) Book value	(c) Method of Cost or end-of-yea	
<u>_</u>				
Total. (Colum				
Part IX	Other Assets. See Form 990, Part X, line 15	•		
	(a) Description			(b) Book value
	· · · · · · · · · · · · · · · · · · ·			
		r	····	
<u>_</u>				
Part X	n (b) must equal Form 990, Part X, col (B) line 15)	~		· · · · · · · · · · · · · · · · · · ·
	Other Liabilities. See Form 990, Part X, line		····	
 	(a) Description of liability	(b) Amount		
Ederal Incom	TY DEPOSITS	E OCO		
SECORI	TTI DEPOSITS	5,963		
· · · · ·	<u></u>			
··	·····			
	·····			
	······································			
		_ 		
		1 i		

5,963

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Schedule D (Form 990) 2009

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	dule D (Form 990) 2009 NASHUA SOUP KITCHEN & SHELTER, INC. 02-035923		Page 4
	at XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statem	ients	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,365,764
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,354,725
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	11,039
4	-Net-unrealized-gains (losses)-on-investments-	4_	26,723
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	11,598
9	Total adjustments (net) Add lines 4 through 8	9	38,321
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	49,360
-	nt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements	1	2,172,006
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a 26,723		
b	Donated services and use of facilities 2b 790,873		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIV) 2d -11,354		
е	Add lines 2a through 2d	2e	806,242
3	Subtract line 2e from line 1	3	1,365,764
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	
		5	1,365,764
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per F	Retu	
1	Total expenses and losses per audited financial statements	1	2,122,646
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a 790,873		
b	Prior year adjustments 2b		
C	Other losses 2c		
d	Other (Describe in Part XIV) 2d -22,952		
е	Add lines 2a through 2d	2e	767,921
3	Subtract line 2e from line 1	3	1,354,725
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,354,725
Pa	nt XIV Supplemental Information		
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b		
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete		
	part to provide any additional information		
_P	art XI, Line 8 - Reconcilation of Changes - Other		
_ A	CCRUAL TO CASH REVENUE ADJUSTMENT\$	<u> </u>	11,354
_A	CCRUAL TO CASH ADJUSTMENT\$		22,952
	AD_DEBTS\$		
			·
P	art XII, Line 2d - Revenue Amounts Included in Financials -	0+	cher
_ A	CCRUAL_TO_CASH_REVENUE_ADJUSTMENT\$		11,354

Schedule D (Form 990) 2009

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Schedule D (Form 990) 2009 NASHUA SOUP KITCHEN & SHELTER, INC. 02-0359239 Part XIV Supplemental Information (continued)	age 5
-Part-XIII,-Line-2dExpense-Amounts-Included in-FinancialsOther	
ACCRUAL TO CASH ADJUSTMENT\$\$\$\$\$	_
BAD_DEBTS\$0	_
	_
	_
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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. Open form 990 or Form 990-EZ, line 6a. Name of the organization Employer identification and the form 990 or Form 990-EZ. Employer identification in 02=0359239 Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Dependentification in 02=0359239 Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Port I 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 e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events Y d In-person solicitations In-person solicitations Y 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? Y b If "Yes," list the ten highest paid individuals or entities (fundrais	OMB No 1545	natio	emental Info	Suppl	SCHEDULE G
Itema Revenue Service P Attach to Form 990 or Form 990 or Form 990.PLZ. P See separate instructions. Image Iame of the organization NASHUA-SOUP-KITCHEN-& SHELTER, INC. Employer identification in 02=0359239 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. Indicate whether the organization raised funds through any of the following activities Check all that apply a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations g Special fundraising services? Y 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 (ii) Activity (iii) Activity (iv) Gross receipts for activity fundraiser listed in control of point activity form activity fundraiser listed in control of point activity form activity form activity form activity form activity form activity form activity fundraiser listed in control of point activity fundraiser	Saming Activities 2009	ming	Iraising or G	Fun Complete if the organiza	Form 990 or 990-EZ)
Name of the organization Employer identification n O2=0359239 O2=0359239 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 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply a Mail solicitations e b Internet and email solicitations f c Phone solicitations g special fundraising events d d In-person solicitations 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? Y 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 (ii) Activity (iii) Activity (iv) Gross receipts for activity (v) Amount paid to (or retained by) fundraiser listed in contributions? (or retained by) fundraiser listed in control of point of control of contretity	0-EZ. ► See separate Instructions.	5,000 o	n entered more than 6 Form 990 or Form 990	organizatio	
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 e b Internet and email solicitations f c Phone solicitations g d In-person solicitations g 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? Y 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 (ii) Activity (iii) Did fundraiser is from activity from activity from activity for retained by) fundraiser listed in col (i) (v) Amount paid to (or retained by) fundraiser listed in col (i)	Employer identification number				
Fart I 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 e b Internet and email solicitations f c Phone solicitations g d In-person solicitations g 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? Y 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 (ii) Activity (iii) Did fund-raiser have custory or control of contr	ER, INC 02=0359239	, -II	N-& SHELTE	SHUA-SOUP-KITCHE	NA
1 Indicate whether the organization raised funds through any of the following activities Check all that apply a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations 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? Y 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 (ii) Activity (iv) Gross receipts from activity (v) Amount paid to (or retained by) fundraiser listed in control of contro					
a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations 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? Y 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 (ii) Activity (iii) Did fund-raiser have custody or control of					F0111 990
b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations 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? Y 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 (ii) Activity (iii) Did fund-raiser have custody or control of rom activity (v) Amount paid to (or retained by) fundraiser listed in or entity (fundraiser) (vi) Anount paid to (or retained by) fundraiser listed in or entity or entity (fundraiser) (ii) Activity (iii) Did fund-raiser from activity (vi) Amount paid to (or retained by) fundraiser listed in or entity (fundraiser) (vi) Amount paid to (or retained by) fundraiser listed in or entity (fundraiser) (vii) Activity					
c Phone solicitations g Special fundraising events d In-person solicitations 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? Y 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 (ii) Activity (iii) Did fund-raiser have custody or control of con		-	[]		
d In-person solicitations 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? Y 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 (ii) Activity (iii) Did fund-raiser have custody or entity (fundraiser) (v) Amount paid to (or retained by) fundraiser listed in control of control					
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? Y 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 (ii) Activity (iii) Did fund-raiser have custody or control of control user (v) Amount paid to (or retained by) fundraiser listed in col (i) (vi) Amount paid to (or retained by) fundraiser listed in col (i)	draising events	ing eve	J 🔄 Special fundr		
or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Y 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 (ii) Name of individual or entity (fundraiser) (ii) Activity (iii) Did fund-raiser have custody or control of control of control of control of control of control user (v) Amount paid to (or retained by) fundraiser listed in col (ii) (vi) Amount paid to (or retained by) fundraiser listed in col (ii)				ons	d In-person solicitatio
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 fcontrol of fcontrol of fcontrol of fcontrol of fcontrol of fcontrol up to control up to cont					
to be compensated at least \$5,000 by the organization (i) Name of individual or entity (fundraiser) (ii) Activity (iii) Did fund- raiser have custody or control of control of control updrase (iv) Gross receipts (v) Amount paid to (or retained by) (vi) Amount paid to (or retained by)	•			· , ,	
or entity (fundraiser) or entity (fundraiser) control of control of control uons? control of control uons? control of control uons? control of control uons? control uon	in to agreements under which the fundraiser is	agree	indraisers) pursuam		
or entity (fundraiser) raiser have custody or control of control utons? col (i) (or retained by) (or retained by) fundraiser listed in or col (i)				of individual	(i) Name
contributions? col (i)	raiser have from activity (or retained by) (or retained i	tody or		(fundraiser)	or entity
Yes No Image:					
Image: Section of the section of th	Yes No	s No			
Image: selection of the			Γ		
Image: Sector of the sector					
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		1			
		1			
		+			
		-			
		1	<u> </u>	······································	

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

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		Events. Complete if the orga 5,000 on Form 990-EZ, line			
		(a) Event #1 VARIOUS_EVENTS	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
one		(event type)	(event type)	(total number)	
Revenue	 Gross receipts Less Charitable contributions 	141,282			141,282
	3 Gross revenue (line 1 minus line 2)	141,282			141,282
	4 Cash prizes				
	5 Noncash prizes				
Direct Expenses	6 Rent/facility costs				
i Exper	7 Food and beverages				
רוומרו	8 Entertainment				
	9 Other direct expenses		···· ••		
	11 Net income summary (ry Add lines 4 through 9 in column (Combine line 3, column (d), and line	10	•	141,282
P		nplete if the organization ans on Form 990-EZ, line 6a.	swered "Yes" to Form 99	0, Part IV, line 19, or rep	ported more
kevenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Kevenue	1 Gross revenue			(c) Other gaming	
ses				(c) Other gaming	
ses	1 Gross revenue			(c) Other gaming	
ses	1 Gross revenue 2 Cash prizes			(c) Other gaming	
ses	1 Gross revenue 2 Cash prizes 3 Noncash prizes	(a) Bingo	bingo/progressive bingo		
ses	1Gross revenue2Cash prizes3Noncash prizes4Rent/facility costs			(c) Other gaming	
ses	1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor	(a) Bingo	bingo/progressive bingo	Yes %	
Direct Expenses Revenue	1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summa	(a) Bingo	bingo/progressive bingo	Yes %	
ses	1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summa 8 Net gaming income sur	(a) Bingo	bingo/progressive bingo	Yes %	
Direct Expenses	1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summa 8 Net gaming income sur Enter the state(s) in which the state organization licensed	(a) Bingo	bingo/progressive bingo	Yes %	col (a) through col (c))
w 6 Ulrect Expenses	1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summa 8 Net gaming income sur Enter the state(s) in which the state organization licensed	(a) Bingo	bingo/progressive bingo	Yes %	col (a) through col (c))
blrect Expenses	1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summa 8 Net gaming income sur Enter the state(s) in which the state organization licensed of the organi	(a) Bingo	bingo/progressive bingo	Yes % No	col (a) through col (c))
e c Direct Expenses	1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summa 8 Net gaming income sur Enter the state(s) in which the state organization licensed of f "No," Explain Were any of the organization licensed of f "Yes," Explain Does the organization operation	(a) Bingo	bingo/progressive bingo	ax year?	col (a) through col (c))

Schedule G (Form 990 or 990-EZ) 2009

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dule G (Form 990 or 990-EZ) 2009 NASHUA SOUP KITCHEN & SHELTER, IN	<u>c.</u>	<u>02-0359</u> 23	9	P	age 3
				Yes	No
Indicate the percentage of gaming activity operated in					
The organization's facility	13a	%			
An outside facility	13b	%			
-Provide-the-name-and-address.of_the_person_who_prepares the organization's gaming/special events books					
and records					
Name 🕨					
Address					
Does the organization have a contract with a third party from whom the organization receives gaming					
revenue?			15a		
If "Yes," enter the amount of gaming revenue received by the organization > \$	and	the			
amount of gaming revenue retained by the third party > \$					
If "Yes," enter name and address of the third party					
Name 🕨					
Address					
Gaming manager information					
Nama					
Name 🖻					
Director/officer Employee Independent contractor			ŧ		
Mandatory distributions					
•					
			17a	1	[
Enter the amount of distributions required under state law distributed to other exempt organizations or spent			<u> </u>		
	Indicate the percentage of gaming activity operated in The organization's facility An outside facility Provide the name-and address of the person who prepares the organization's gaming/special events books and records Name ► Address ► Does the organization have a contract with a third party from whom the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization ► \$ amount of gaming revenue retained by the third party ► \$ If "Yes," enter name and address of the third party ► \$ If "Yes," enter name and address of the third party Name ► Address ► Gaming manager information Name ► Gaming manager compensation ► \$ Description of services provided ► □ Director/officer □ Employee □ Independent contractor Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Indicate the percentage of gaming activity operated in 13a The organization's facility 13a An outside facility 13b Provide the name and address of the person who prepares the organization's gaming/special events books and records 13b Name ▶ Address ▶ Does the organization have a contract with a third party from whom the organization receives gaming revenue? 13 a If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and " amount of gaming revenue retained by the third party ▶ \$ if "Yes," enter name and address of the third party ▶ \$ if "Yes," enter name and address of the third party ▶ \$ and " amount of gaming meanager information Name ▶ Gaming manager information \$ and " amount of services provided ▶ □ Director/officer Employee Independent contractor Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Indicate the percentage of gaming activity operated in 13a % The organization's facility 13a % An outside facility 13b % Provide the name and address of the person who prepares the organization's gaming/special events books and records 13a % Name ▶ Address ▶ Does the organization have a contract with a third party from whom the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ if "Yes," enter name and address of the thurd party \$ and the Address ▶ Gaming manager information Name ▶ Gaming manager compensation ▶ \$ S gaming manager compensation ▶ \$ Description of services providet ▶ Independent contractor Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Independent contractor	Indicate the percentage of gaming activity operated in 13a 4, 13b 4, 13c 4, 13c	Indicate the percentage of gaming activity operated in 13a % The organization's facility 13a % An outside facility 13b % Provide the name and address of the person who prepares the organization's gaming/special events books 13b % Andress ► Image: Second address of the third party from whom the organization receives gaming revenue? 15a 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a 15a If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by > \$ and received by >

Schedule G (Form 990 or 990-EZ) 2009

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SCHEDULE O (Form 990)	Supplemental Information to Form 990 Complete to provide information for responses to specific questions on	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	Form 990 or to provide any additional information	Open to Public Inspection
-Name of the organization-		oyer identification number -0359239

Form 990, Part III, Line 4d - All Other Achievements

TRANSITIONAL HOUSING - PROVIDES LOW INCOME TEMP RENTAL

HOUSING

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 The 990 is prepared in draft by the outside CPA from information provided by the accounting staff of the Organization and provided to managment and the finance committee to review and approve. Upon approval, the CPA finalizes and packages for the signature and filing by an officer of the Organization.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy Before any large expenditure or contract is approved, the Board discusses the contract or expenditure and any person that is in conflict is recused from discussion and the approval process.

Form 990, Part VI, Line 15a - Compensation Process for Top Official Yes. Executive committee annualy reviews executive directors perforance and salary. The salary is compared to local agencies and national averages to assure that salary is appropriate.

Form 990, Part VI, Line 15b - Compensation Process for Officers Yes. Executive director and the executive committee annually review key employees and compare salaries to local and national sources to assure proper salaries.

Schedule O (Form 990)	2009						Page 2
Name, of the organization							Employer identification number
	NASHUA	SOUP	KITCHEN	&	SHELTER,	INC.	02-0359239

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation THE ORGANIZATION PROVIDES ITS GOVERNING, CONFLICT OF INTEREST AND FINACIAL STATEMENTS TO THE PUBLIC UPON REQUEST.

Form, 4562	Depreciation and Amortization (Including Information on Listed Property)						OMB No 1545-0172			
nternal Revenue Service (99)	See separa	ate instructions.	Attach	to your tax retu	m.		Attachment Sequence No 67			
Name(s) shown on return						ing nun				
Business or activity to which this for	SHUA-SOUP-KITCH	IEN & SHEL	TER, INC.		02-0	0359	239			
Indirect Depre										
	Expense Certain Prop	perty Under Sec	tion 179							
Note: If you	have any listed proper	ty, complete Pa	rt V before yo	<u>u complete P</u>	art I.	-				
1 Maximum amount See t	he instructions for a higher lim	nit for certain busines	sses		ļ	1	250,000			
	179 property before reduction		structions)		ŀ	3	800,000			
	ubtract line 3 from line 2 If ze Subtract line 4 from line 1 If zero c		ied filma separately	see instructions	-	<u>4</u> 5				
	Description of property		b) Cost (business us		I Elected cost					
			-,	(-,-						
7 Listed property Enter the	e amount from line 29			7						
8 Total elected cost of sec	tion 179 property Add amoun	ts in column (c), line	s 6 and 7		Ţ	8				
	er the smaller of line 5 or line					9				
•	deduction from line 13 of your			, , , , , , , , , , , , , , , , , , , 		10				
	on Enter the smaller of busine	•	•	5 (see instruction	is)	11				
•	duction Add lines 9 and 10, bi deduction to 2010 Add lines 9			13	,	12				
	t III below for listed property		· · ·							
	preciation Allowance a		ciation (Do n	ot include list	ed prope	ertv.) (See (nstr.)			
	wance for qualified property (c				r					
during the tax year (see i	nstructions)					14				
15 Property subject to section	on 168(f)(1) election					15				
16 Other depreciation (inclu		<u> </u>				16	37,753			
Part III MACRS De	preciation (Do not incl	ude listed prope Sectio		ructions.)	·····					
I7 MACRS deductions for a	ssets placed in service in tax					17	9,612			
	ny assets placed in service during	, , ,		iccounts check her	•► □Ì		9,012			
	tion B—Assets Placed in Se					stem				
(a) Classification of prope	rty (b) Month and year placed in service	(c) Basis for deprec (business/investmer only-see instruction	nt use	(e) Convention	(f) Meth	od (g) Depreciation deduction			
19a 3-year property										
b 5-year property		ļ								
c 7-year property										
d 10-year property e 15-year property										
f 20-year property							· · · · · · · · · · · · · · · · · · ·			
g 25-year property			25 yrs		S/L					
h Residential rental			27 5 yrs	MM	S/L		····			
property			27 5 yrs	MM	S/L		<u> </u>			
i Nonresidential real			39 yrs	MM	S/L					
property				MM	S/L					
	on C—Assets Placed in Serv	lice During 2009 Ta	x Year Using the	Alternative Dep	1	ystem				
20a Class life b 12-year			12 yrs		<u>S/L</u> S/L					
c 40-year		1	40 yrs	MM	5/L S/L					
	See instructions.)	•				1				
21 Listed property Enter an						21				
22 Total. Add amounts from	line 12, lines 14 through 17,	lines 19 and 20 in co	olumn (g), and line	21 Enter here						
and on the appropriate lu	nes of your return Partnership	os and S corporation	s-see instruction	s		_22	47,36			
23 For assets shown above	and placed in service during to utable to section 263A costs	the current year, ent	er the	23						

љэгтэ 990 / 990-PF	Mortgages and Other Notes Payable						
	For calendar year 2009, or tax year beginning	07/01/09 , and ending (2 009				
Name			Employer Identification Number				
-NASHUA -SOUP K	ITCHEN_&_SHELTER, INC.		02-0359239				
Form 990, Par	t X, Line 23 - Additional	Information					
	Name of lender	Relationship to	disqualified person				
1) VARIOUS LEN	DING INSTITUTIONS						
(2)			······································				
(3)							

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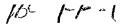
Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
·····				
			· · · · · · · · · · · · · · · · · · ·	
)				

Security provided by borrower	Purpose of loan
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	·····
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	377,831	363,268
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
10)		
Totals	377,831	363,268

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(4) (5) <u>(6)</u> (7) <u>(8)</u> <u>(9)</u> <u>(10)</u>





Nashua Soup Kitchen & Shelter, Inc.

NSKS Board of Directors 2010

Mary Andosca (2010) Nashua, NH

Michael Baker (2012) Nashua, NH

- 3. John Fisher (2010) Nashua, NH
- 4. Diana Fenton (2012) Amherst, NH
- 5. Christy Gaskill, Clerk (2012) Hollis, NH
- 6. Hede Griem, Vice President (2010) Hollis, NH
- 7. Silvia Harper (2012) Hollis, NH
- 8. Bob Keating (2010) Nashua, NH
- 9. Linda Kipnes, Vice President (2011) Hudson, NH
- 10. Erika Cross MacDonald, Treasurer (2011) Hollis, NH
- 11. Rick Ruo, President (2011) Nashua, NH
- 12. Ken Shepherd, (2012) Amherst, NH
- 13. Joshua Sullivan (2011) Manchester, NH
- 14. Fred Tausch (2012) Merrimack, NH 03054
- 15. Lori Wilshire (2011) Nashua, NH

All board members may be contacted through the NSK&S office. () = term ends at year end

Revised December 9, 2009

Lisa Christie, Executive Director



Board of Directors 2010

email mary5gbh@hotmail.com Mary Andosca (2010) Vashua, NH 03062 109 Shore Drive 889-2497 (h)

email fisherj@nashuapd.com 396-1242 (cell phone) Nashua, NH 03060 21 Indiana Drive 594-3615 (fax) 589-1669 (w) 883-0429 (h)

bakermichaelr@hotmail.com Michael Baker (2012) Nashua, NH 03060 98 Vemont Ave 598-0906 (h)

Christy Gaskill Clerk (2012)

Hollis, NH 03049

11 Howe Lane

email ogaskill@charter.net

320-0024 (Cell)

424-6131 (w)

380-0701 (h)

diana.fenton@dol.nh.gov Diana Fenton (2012) 12 Baboosic Lake Rd Amherst, NH 03031 (603) 271-1260 (w) 672-4683 (h)

Hede Griem, Vice President (2010) email hgnem@tds.net 101 Wright Road Hollis, NH 03049 465-6137

Linda Kipnes, Vice President (2011) email lindakipnes@earthlink net Hudson, NH 03051 23 Nathaniel Drive 881-9128 (h) 897-3124 (w)

() = term ends at year end Revised 01/06/2010

web site www.nsks.org **NSKS Office 889-7770** email lisa@nsks.org 889-2347 Fax

email erika@shoeboxautomation com cell phone 557-7871 66-3 Truell Road Hollis, NH 03049 465-3030 (h)

Erika Cross MacDonald Treasurer (2011)

John Fisher (2010)

email silvia@sharperbooks.com (603) 930-6031 (cell) Silvia Harper (2012) (603) 465-6402 (H) Hollis, NH 03049 62 Truell Road

978 459-2306 (w) email rhkkeating@yahoo.com **Bob Keating (2010)** Nashua, NH 03063 5 Coburn Woods 883-6903 (h)

email Rick@RuoAndHaschigrealty.com Rick Ruo, President (2011) 31 Watersedge Dr Nashua, NH 03063 594-9690 (fax) 889-2384 (h) 771-9805 (w)

email ksheppard@foxfirenh.com Kenneth Sheppard (2012) 9 Trowbridge Drive Merrimack, NH 03054 (603) 228-2151 × 307 (603) 226-0782 (fax) 424-6355 (h)

10 1

> email joshua.m sullivan@citizensbank.com Joshua Sullivan (2011) 33 Coliseum Avenue Nashua, NH 03063 (603) 391-8352 (H) C/O Citizens Bank 594-7870 (W) (Fax)

red.tausch@gmail com Mermick NH 03054 75 Wilson Hill Road Fred Tausch (2012) 809-8317

email lon@nashuachildrenshome.org 9 Monadnock Street -ori Wilshire (2011) Nashua, NH 03064 883-3851 (w) 883-3189 (fax) 864-8104 (h)

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Lisa Christie, Executive Director

FF.

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