

Short Form Return of Organization Exempt From Income Tax

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

- ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 10/01, 2008, and ending 09/30, 20 09

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization SOMERSWORTH FESTIVAL ASSOCIATION Number and street (or P.O. box, if mail is not delivered to street address) Room/suite PO Box 255 City or town, state or country, and ZIP + 4 Somersworth, NH 03878-0255	D Employer identification number 02 0368054 E Telephone number (603) 692-5869 F Group Exemption Number . . . ▶
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ www.nhfestivals.org

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

J Organization type (check only one) — 501(c) (**3**) ◀ (insert no.) 4947(a)(1) or 527

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **116,033**

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	31,536
	2 Program service revenue including government fees and contracts	2	20,179
	3 Membership dues and assessments	3	0
	4 Investment income	4	326
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	0
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input checked="" type="checkbox"/>		
	a Gross revenue (not including \$ <u>292</u> of contributions reported on line 1)	6a	63,992
	b Less: direct expenses other than fundraising expenses	6b	34,735
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	29,257	
7a Gross sales of inventory, less returns and allowances	7a	0	
b Less: cost of goods sold	7b	0	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8 Other revenue (describe ▶ _____)	8	0	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.	9	81,298	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	6,617
	11 Benefits paid to or for members	11	0
	12 Salaries, other compensation, and employee benefits	12	0
	13 Professional fees and other payments to independent contractors	13	27,342
	14 Occupancy, rent, utilities, and maintenance	14	8,412
	15 Printing, publications, postage, and shipping	15	4,251
	16 Other expenses (describe ▶ <u>See Statement 2</u>)	16	38,766
	17 Total expenses. Add lines 10 through 16.	17	85,388
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-4,090
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	39,683
	20 Other changes in net assets or fund balances (attach explanation) <u>See Statement 3</u>	20	-4,500
	21 Net assets or fund balances at end of year. Combine lines 18 through 20.	21	31,093

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

			(A) Beginning of year		(B) End of year
22 Cash, savings, and investments			24,068	22	21,881
23 Land and buildings			26,599	23	24,944
24 Other assets (describe ▶ <u>See Statement 4</u>)			2,581	24	5,145
25 Total assets			53,248	25	51,970
26 Total liabilities (describe ▶ <u>See Statement 5</u>)			13,565	26	20,877
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)			39,683	27	31,093

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		✓
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
d	Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	✓
41	List the states with which a copy of this return is filed. ▶ NH		
42a	The books are in care of ▶ P L Munck Telephone no. ▶ (603) 692-5869 Located at ▶ PO Box 255, Somersworth, NH 03878-0255 ZIP + 4 ▶ 03878-0255		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	✓
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c	✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	✓

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51.

- | | | Yes | No |
|--|------------|-----|----|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | | ✓ |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | | ✓ |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | | ✓ |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | | ✓ |
| b If "Yes," was the related organization(s) a section 527 organization? | 49b | | |
- 50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

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

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors each receiving over \$100,000 . . ▶		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer _____ Date _____

▶ **Philip Munck, Treasurer**
Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶ _____ Date _____ Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ _____ Preparer's Identifying Number (See instructions) _____

EIN ▶ _____ Phone no. ▶ () _____

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization SOMERSWORTH FESTIVAL ASSOCIATION	Employer identification number 02 0368054
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Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33⅓% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33⅓% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Other
 - e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)	<input type="checkbox"/>	<input type="checkbox"/>
11g(ii)	<input type="checkbox"/>	<input type="checkbox"/>
11g(iii)	<input type="checkbox"/>	<input type="checkbox"/>

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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 1-3						
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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	24,145	24,778	27,204	24,484	31,535	132,146
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	11,608	13,177	13,742	11,919	20,179	70,625
3 Gross receipts from activities that are not an unrelated trade or business under section 513	32,358	34,021	36,743	57,529	63,992	224,643
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 Total. Add lines 1-5	68,111	71,976	77,689	93,932	115,706	427,414
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	0	0	0	0	0	0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						427,414

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	68,111	71,976	77,689	93,932	115,706	427,414
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	79	60	50	260	326	775
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	79	60	50	260	326	775
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	26,865	29,144	31,630	38,053	29,257	154,949
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
13 Total support. (Add lines 9, 10c, 11, and 12.)						583,138

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	73.3 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	71.6 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.13 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.12 %

19a 33 1/3 % support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

b 33 1/3 % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

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

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		Holiday Craft Fair (event type)	Autumn Craft Fair (event type)	5 (total number)	(Add col. (a) through col. (c))
Revenue	1 Gross receipts	9,304	8,271	46,710	64,285
	2 Less: Charitable contributions	0	0	292	292
	3 Gross revenue (line 1 minus line 2)	9,304	8,271	46,418	63,993
Direct Expenses	4 Cash prizes	0	0	22,377	22,377
	5 Non-cash prizes	0	0	0	0
	6 Rent/facility costs	0	0	0	0
	7 Other direct expenses	955	935	10,469	12,359
	8 Direct expense summary. Add lines 4 through 7 in column (d) ▶				(34,736)
9 Net income summary. Combine lines 3 and 8 in column (d) ▶				29,257	

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1 Gross revenue			34,351	34,351
Direct Expenses	2 Cash prizes			22,377	22,377
	3 Non-cash prizes			0	0
	4 Rent/facility costs			0	0
	5 Other direct expenses			7,781	7,781
	6 Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input checked="" type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				(30,158)	
8 Net gaming income summary. Combine lines 1 and 7 in column (d) ▶				4,193	

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: See Statement 8		
a Is the organization licensed to operate gaming activities in each of these states?	<input checked="" type="checkbox"/>	
b If "No," Explain:		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?		<input checked="" type="checkbox"/>
b If "Yes," Explain:		
11 Does the organization operate gaming activities with nonmembers?	<input checked="" type="checkbox"/>	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		<input checked="" type="checkbox"/>

			Yes	No
13	Indicate the percentage of gaming activity operated in:			
	a The organization's facility	13a	0 %	
	b An outside facility	13b	100 %	
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶ P L Munck			
	Address ▶ PO Box 255 Somersworth, NH 03878-0255			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	✓	
	b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ 4,193 and the amount of gaming revenue retained by the third party ▶ \$ 6,419 .			
	c If "Yes," enter name and address:			
	Name ▶ Universal Gaming			
	Address ▶ 195 McGregor St Manchester NH 03102			
16	Gaming manager information:			
	Name ▶ P L Munck			
	Gaming manager compensation ▶ \$ 0			
	Description of services provided ▶ Executes agreements with third party and State of New Hampshire			
	<input checked="" type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		✓
	b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 0			

Statement 1 : General Explanations

Statement 2 : Other Expenses Schedule

Statement 3 : Other Changes In Net Assets Schedule

Statement 4 : Other Assets

Statement 5 : Liabilities Schedule

Statement 6 : Program Service Accomplishments

Statement 7 : Officers, Directors, Trustees and Key Employees Compensation

Statement 8 : States Where Gaming Conducted

Statement 1

Form: 990-EZ

Page: 1

Line Number:

GeneralExplanationAttachment

General Explanations

Reference:

Form 990-EZ, Part I, Line 20

Identifier:

F99Z_P01_S00_L20

Explanation:

The Association awards scholarships payable in annual installments to students pursuing post-secondary study with a primary or secondary relationship to the arts. Payments are contingent on maintaining acceptable academic standards but the entire amount of the scholarship is expensed in the year of the award. Scholarships with unpaid amounts of \$4,500 had been withdrawn in prior years and reserved for future award. The entire amount was committed this year to additional scholars reducing the fund balance by \$4,500.

Statement 2

Form: 990-EZ

Page: 1

Line Number: Part I Line 16

OtherExpensesSchedule2

SOMERSWORTH FESTIVAL ASSOCIATION

02-0368054

Other Expenses Schedule

Description	Amount
Expenses associated with providing the program service accomplishments described in Part III.	\$38,766
Total:	\$38,766

Statement 3

Form: 990-EZ

Page: 1

Line Number: Part I Line 20

OtherChangesInNetAssetsSchedule

SOMERSWORTH FESTIVAL ASSOCIATION

02-0368054

Other Changes In Net Assets Schedule

Description	Amount
Reserves for scholarhips previously expensed were reawarded.	(\$4,500)
Total:	(\$4,500)

Statement 4

Form: 990-EZ

Page: 1

Line Number: Part II Line 24

OtherAssetsSchedule3

SOMERSWORTH FESTIVAL ASSOCIATION

02-0368054

Other Assets

Description	BOY Amount	EOY Amount
Prepaid expenses	\$2,581	\$5,145
Total:	\$2,581	\$5,145

Statement 5

Form: 990-EZ

Page: 1

Line Number: Part II Line 26

OtherLiabilitiesSchedule3

SOMERSWORTH FESTIVAL ASSOCIATION

02-0368054

Liabilities Schedule

Description	BOY Amount	EOY Amount
Accounts payable	\$105	\$1,045
Deferred revenues	\$9,960	\$11,332
Scholarships payable	\$3,500	\$8,500
Total:	\$13,565	\$20,877

Statement 6

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ProgramServiceAccomplishmentStatement

Program Service Accomplishments

Achievement	Grants And Allocations	includes Foreign Grants	Program Service Expenses
Somersworth International Children's Festival. The 29th annual Children's Festival was held in June 2008. The Festival is a one-night and one-day event beginning with an evening concert and fireworks that attracted an estimated 6,000 persons. The following day, the Festival proper, a street fair featuring musical programs, child oriented entertainment, food and craft vendors and international/ethnic presentations, attracted an estimated 40,000 persons.	\$0		\$25,793
Pumpkin Festival. The Association assumed responsibility for a one-day activity in October that had been the work of an organization that went out of existence. The Pumpkin Festival attracted an estimated 20,000 adults and children. Children's activities included face painting, pumpkin painting, pumpkin carving, scarecrow construction, launching pumpkins from a trebuchet, hay rides and story hours. Live music, magic shows and other entertainment were provided and food was available from vendors.	\$100		\$7,098
A series of six "Kid's Konzert" events were held late Wednesday afternoons in July and August 2009. Each event provided entertainment such as magic, singing and animal shows targeted at families with young children. An average of 300 persons attended the shows.	\$0		\$3,240
Scholarships. The Association annually grants a scholarship to a student pursuing higher education that includes study of the arts. A \$2,000 scholarship payable over a four-year period was awarded. In addition, scholarships previously awarded and which had been rescinded for failure to maintain required academic standards were allocated to new students. The rescinded amount was \$4,500. Since the awards had previously been reported on this Schedule, they are not included in the grants and allocations for the current year.	\$2,000		\$0
Grants were given to Somersworth elementary and middle schools used for funding a variety of arts programs.	\$4,517		\$0
In conjunction with a winter festival in the City, the Association put on a pancake breakfast and games program for families and children.	\$0		\$383
Total:			\$36,514

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SOMERSWORTH FESTIVAL ASSOCIATION

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Line Number: Part IV

OfficersDirectorsEtcStatement

Officers, Directors, Trustees and Key Employees Compensation

Name	Title and Hrs	Compensation	Benefits	Expense
Jason Morrison PO Box 255 Somersworth, NH 03878-0255	President 6	\$0	\$0	\$0
Brian Gauthier PO Box 255 Somersworth, NH 03878-0255	Vice President 4	\$0	\$0	\$0
Philip Munck PO Box 255 Somersworth, NH 03878-0255	Treasurer 6	\$0	\$0	\$0
Patricia LeHoulier PO Box 255 Somersworth, NH 03878-0255	Secretary 4	\$0	\$0	\$0
Suzanne Gregoire PO Box 255 Somersworth, NH 03878-0255	Executive Director 30	\$27,342	\$0	\$0
Thomas Brown PO Box 255 Somersworth, NH 03878-0255	Director 4	\$0	\$0	\$0
Diane Brown PO Box 255 Somersworth, NH 03878-0255	Director 4	\$0	\$0	\$0
Kathy Butler PO Box 255 Somersworth, NH 03878-0255	Director 4	\$0	\$0	\$0
James Butterfield PO Box 255 Somersworth, NH 03878-0255	Director 4	\$0	\$0	\$0
Darryl Cauchon PO Box 255 Somersworth, NH 03878-0255	Director 4	\$0	\$0	\$0
Cheryl Dean PO Box 255 Somersworth, NH 03878-0255	Director 4	\$0	\$0	\$0
Milton Dean PO Box 255 Somersworth, NH 03878-0255	Director 4	\$0	\$0	\$0

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Paul Dubois PO Box 255 Somersworth, NH 03878-0255	Director 4	\$0	\$0	\$0
Martin Dumont PO Box 255 Somersworth, NH 03878-0255	Director 4	\$0	\$0	\$0
Grace Fuller PO Box 255 Somersworth, NH 03878-0255	Director 4	\$0	\$0	\$0
Denise Gauthier PO Box 255 Somersworth, NH 03878-0255	Director 4	\$0	\$0	\$0
Linda Giampietro PO Box 255 Somersworth, NH 03878-0255	Director 4	\$0	\$0	\$0
Richard Hamilton PO Box 255 Somersworth, NH 03878-0255	Director 4	\$0	\$0	\$0
Anna Houde PO Box 255 Somersworth, NH 03878-0255	Director 4	\$0	\$0	\$0
Jeanne Lemelin PO Box 255 Somersworth, NH 03878-0255	Director 4	\$0	\$0	\$0
Caroline Morgan PO Box 255 Somersworth, NH 03878-0255	Director 4	\$0	\$0	\$0
Joanne Pepin PO Box 255 Somersworth, NH 03878-0255	Director 4	\$0	\$0	\$0
Martin Pepin PO Box 255 Somersworth, NH 03878-0255	Director 4	\$0	\$0	\$0
Richard Perreault PO Box 255 Somersworth, NH 03878-0255	Director 4	\$0	\$0	\$0
Martin Perreault PO Box 255 Somersworth, NH 03878-0255	Director 4	\$0	\$0	\$0
David Roberge PO Box 255 Somersworth, NH 03878-	Director 4	\$0	\$0	\$0

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SOMERSWORTH FESTIVAL ASSOCIATION

0255				
Patricia Soucy	Director	\$0	\$0	\$0
PO Box 255	4			
Somersworth, NH 03878-0255				
Brian Tapscott	Director	\$0	\$0	\$0
PO Box 255	4			
Somersworth, NH 03878-0255				
Arnold Tarr	Director	\$0	\$0	\$0
PO Box 255	4			
Somersworth, NH 03878-0255				
Heather Wass	Director	\$0	\$0	\$0
PO Box 255	4			
Somersworth, NH 03878-0255				
Total:		\$27,342	\$0	\$0

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StatesWhereGamingConducted

SOMERSWORTH FESTIVAL ASSOCIATION

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States Where Gaming Conducted

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