

# 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>B</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.	<b>C Name of organization</b> <b>SOMERSWORTH FESTIVAL ASSOCIATION</b> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>PO Box 255</b> City or town, state or country, and ZIP + 4 <b>Somersworth, NH 03878-0255</b>	<b>D Employer identification number</b> <b>02 0368054</b> <b>E Telephone number</b> ( <b>603</b> ) <b>692-5869</b> <b>F Group Exemption Number</b> . . . ▶
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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](http://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.)

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

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



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.		✓
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.	Yes	No
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		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓

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

- |  |            | Yes | No |
|--|------------|-----|----|
| <b>46</b> 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 . . . . . | <b>46</b>  |     | ✓  |
| <b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .   | <b>47</b>  |     | ✓  |
| <b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .   | <b>48</b>  |     | ✓  |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .   | <b>49a</b> |     | ✓  |
| <b>b</b> If "Yes," was the related organization(s) a section 527 organization? . . . . .   | <b>49b</b> |     |    |
- 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
<b>None</b>				
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
<b>None</b>		
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



**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1-3 . . . . .						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

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

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

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . .	<b>15</b>	%
<b>16a 33 1/3 % support test—2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b 33 1/3 % support test—2007.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2008.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test—2007.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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
<b>1</b> 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
<b>2</b> 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
<b>3</b> 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
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0	0	0	0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0	0	0	0
<b>6 Total.</b> Add lines 1-5 . . . . .	68,111	71,976	77,689	93,932	115,706	427,414
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .	0	0	0	0	0	0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 . . . . .	0	0	0	0	0	0
<b>c</b> Add lines 7a and 7b . . . . .	0	0	0	0	0	0
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						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
<b>9</b> Amounts from line 6 . . . . .	68,111	71,976	77,689	93,932	115,706	427,414
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	79	60	50	260	326	775
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .	0	0	0	0	0	0
<b>c</b> Add lines 10a and 10b . . . . .	79	60	50	260	326	775
<b>11</b> 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
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0	0	0	0	0	0
<b>13 Total support.</b> (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**

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

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

<b>17</b> Investment income percentage for <b>2008</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	0.13 %
<b>18</b> Investment income percentage from <b>2007</b> 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
		<b>Holiday Craft Fair</b> (event type)	<b>Autumn Craft Fair</b> (event type)	<b>5</b> (total number)	(Add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	<b>9,304</b>	<b>8,271</b>	<b>46,710</b>	<b>64,285</b>
	<b>2</b> Less: Charitable contributions . . . . .	<b>0</b>	<b>0</b>	<b>292</b>	<b>292</b>
	<b>3</b> Gross revenue (line 1 minus line 2) . . . . .	<b>9,304</b>	<b>8,271</b>	<b>46,418</b>	<b>63,993</b>
Direct Expenses	<b>4</b> Cash prizes . . . . .	<b>0</b>	<b>0</b>	<b>22,377</b>	<b>22,377</b>
	<b>5</b> Non-cash prizes . . . . .	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	<b>6</b> Rent/facility costs . . . . .	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	<b>7</b> Other direct expenses . . . . .	<b>955</b>	<b>935</b>	<b>10,469</b>	<b>12,359</b>
	<b>8</b> Direct expense summary. Add lines 4 through 7 in column (d) . . . . . ▶				<b>( 34,736 )</b>
<b>9</b> Net income summary. Combine lines 3 and 8 in column (d) . . . . . ▶				<b>29,257</b>	

**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	<b>1</b> Gross revenue . . . . .			<b>34,351</b>	<b>34,351</b>
Direct Expenses	<b>2</b> Cash prizes . . . . .			<b>22,377</b>	<b>22,377</b>
	<b>3</b> Non-cash prizes . . . . .			<b>0</b>	<b>0</b>
	<b>4</b> Rent/facility costs . . . . .			<b>0</b>	<b>0</b>
	<b>5</b> Other direct expenses . . . . .			<b>7,781</b>	<b>7,781</b>
	<b>6</b> 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	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				<b>( 30,158 )</b>	
<b>8</b> Net gaming income summary. Combine lines 1 and 7 in column (d) . . . . . ▶				<b>4,193</b>	

	Yes	No
<b>9</b> Enter the state(s) in which the organization operates gaming activities: <b>See Statement 8</b>		
<b>a</b> Is the organization licensed to operate gaming activities in each of these states? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b> If "No," Explain: ..... .....		
<b>10a</b> Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," Explain: ..... .....		
<b>11</b> Does the organization operate gaming activities with nonmembers? . . . . .	<input checked="" type="checkbox"/>	
<b>12</b> 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
<b>13</b>	Indicate the percentage of gaming activity operated in:			
	<b>a</b> The organization's facility . . . . .	<b>13a</b>	0 %	
	<b>b</b> An outside facility . . . . .	<b>13b</b>	100 %	
<b>14</b>	Provide the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶ <b>P L Munck</b>			
	Address ▶ <b>PO Box 255 Somersworth, NH 03878-0255</b>			
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	<b>15a</b>	✓	
	<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ <b>4,193</b> and the amount of gaming revenue retained by the third party ▶ \$ <b>6,419</b> .			
	<b>c</b> If "Yes," enter name and address:			
	Name ▶ <b>Universal Gaming</b>			
	Address ▶ <b>195 McGregor St Manchester NH 03102</b>			
<b>16</b>	Gaming manager information:			
	Name ▶ <b>P L Munck</b>			
	Gaming manager compensation ▶ \$ <b>0</b>			
	Description of services provided ▶ <b>Executes agreements with third party and State of New Hampshire</b>			
	<input checked="" type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b>	Mandatory distributions:			
	<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	<b>17a</b>		✓
	<b>b</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 ▶ \$ <b>0</b>			

**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**

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GeneralExplanationAttachment

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**General Explanations**

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**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.

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**Statement 2**

Form: 990-EZ

Page: 1

Line Number: Part I Line 16

OtherExpensesSchedule2

**SOMERSWORTH FESTIVAL ASSOCIATION**

**02-0368054**

**Other Expenses Schedule**

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

**Statement 3**

Form: 990-EZ

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Line Number: Part I Line 20

OtherChangesInNetAssetsSchedule

**SOMERSWORTH FESTIVAL ASSOCIATION**

**02-0368054**

**Other Changes In Net Assets Schedule**

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

**Statement 4**

Form: 990-EZ

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Line Number: Part II Line 24

OtherAssetsSchedule3

**SOMERSWORTH FESTIVAL ASSOCIATION**

**02-0368054**

**Other Assets**

<b>Description</b>	<b>BOY Amount</b>	<b>EOY Amount</b>
Prepaid expenses	\$2,581	\$5,145
<b>Total:</b>	<b>\$2,581</b>	<b>\$5,145</b>

**Statement 5**

Form: 990-EZ

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Line Number: Part II Line 26

OtherLiabilitiesSchedule3

**SOMERSWORTH FESTIVAL ASSOCIATION**

**02-0368054**

**Liabilities Schedule**

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

Statement 6

Form: 990-EZ

Page: 2

Line Number: Part III Line 28

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
<b>Total:</b>			<b>\$36,514</b>

**Statement 7**

SOMERSWORTH FESTIVAL ASSOCIATION

Form: 990-EZ

02-0368054

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Line Number: Part IV

OfficersDirectorsEtcStatement

**Officers, Directors, Trustees and Key Employees Compensation**

<b>Name</b>	<b>Title and Hrs</b>	<b>Compensation</b>	<b>Benefits</b>	<b>Expense</b>
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

**Statement 7****SOMERSWORTH FESTIVAL ASSOCIATION**

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

Statement 7

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				
<b>Total:</b>		<b>\$27,342</b>	<b>\$0</b>	<b>\$0</b>

**Statement 8**

Form: Schedule G

Page: 2

Line Number: Part III Line 9

StatesWhereGamingConducted

**SOMERSWORTH FESTIVAL ASSOCIATION**

**02-0368054**

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**States Where Gaming Conducted**

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**States**

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NH