



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

## 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 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.

2008

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning 10-01-2008

, and ending 09-30-2009

B Check if applicable

- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

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

C Name of organization  
SOMERSWORTH FESTIVAL ASSOCIATIONNumber and street (or P O box, if mail is not delivered to street address) Room/suite  
PO Box 255City or town, state or country, and ZIP + 4  
Somersworth, NH 038780255D Employer identification number  
02-0368054E Telephone number  
(603) 692-5869

F Group Exemption Number ►

\* Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts  
must attach a completed Schedule A (Form 990 or 990-EZ). ►G Accounting method  
Cash  Accrual  
Other (specify) ►

I Website: ► www.nhfestivals.org

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 )

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)		
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 \$ 292 of contributions reported on line 1) <input checked="" type="checkbox"/>	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)		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)		0
8	Other revenue (describe ► )	8	0
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ►	9	81,298
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 ► )	16	38,766
17	<b>Total expenses</b> (add lines 10 through 16) ►	17	85,388
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) <input checked="" type="checkbox"/>	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 ► )	2,581	24 5,145
25 <b>Total assets</b>	53,248	25 51,970
26 <b>Total liabilities</b> (describe ► )	13,565	26 20,877
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) ►	39,683	27 31,093

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )				<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others )
What is the organization's primary exempt purpose? The purpose of the Somersworth Festival Association is to foster civic pride in the City of Somersworth in the activities and achievements of its children and in the diversity of its ethnic background and to foster the arts especially as they relate to children and families				
Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title				
<b>28</b> See Additional Data Table				
(Grants \$ )	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>			<b>28a</b>
<b>29</b>				
(Grants \$ )	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>			<b>29a</b>
<b>30</b>				
(Grants \$ )	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>			<b>30a</b>
<b>31</b> Other program services (attach schedule) (Grants \$ )	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>			<b>31a</b>
<b>32</b> Total program service expenses (add lines 28a through 31a) . . . ►				<b>32</b> 36,514
<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated (See the instructions for Part IV )				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-) . . .	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

<b>Part V Other Information</b> (Note the statement requirements in the instructions for Part VI.)			<b>Yes</b>	<b>No</b>
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<b>33</b>		No	
<b>34</b> 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	<b>34</b>		No	
<b>35</b> 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				
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	<b>35a</b>		No	
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	<b>35b</b>			
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	<b>36</b>		No	
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ► <b>37a</b> 0	<b>37a</b>	0		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	<b>37b</b>		No	
<b>38a</b> 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>38a</b>		No	
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved	<b>38b</b>			
<b>39</b> <i>501(c)(7) organizations.</i> Enter	<b>39a</b>			
<b>a</b> Initiation fees and capital contributions included on line 9	<b>39b</b>			
<b>b</b> Gross receipts, included on line 9, for public use of club facilities				
<b>40a</b> <i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 ► 0 , section 4912 ► 0 , section 4955 ► 0	<b>40b</b>		No	
<b>b</b> <i>Section 501(c)(3) and (4) organizations.</i> 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.				
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0				
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization ► 0				
<b>e</b> <i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	<b>40e</b>		No	
<b>41</b> List the states with which a copy of this return is filed ► NH				
<b>42a</b> The books are in care of ► P L Munck Telephone no ► (603) 692-5869				
PO Box 255 Located at ► Somersworth, NH ZIP + 4 ► 038780255				
<b>b</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)?	<b>42b</b>		No	
If "Yes," enter the name of the foreign country ►				
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>				
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U S ?	<b>42c</b>		No	
If "Yes," enter the name of the foreign country ►				
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► <b>43</b>	<b>43</b>			
<b>44</b> Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	<b>44</b>		No	
<b>45</b> 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.	<b>45</b>		No	

**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.

	<input type="checkbox"/> Yes	<input type="checkbox"/> 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>	No
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<b>47</b>	No
<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>	No
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	No
<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 received more than \$100,000 of compensation from the organization. If there are 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 are 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 receiving over \$100,000 ►		

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

2010-01-26

Date

Signature of officer

Philip Munck Treasurer

Type or print name and title

<b>Paid Preparer's Use Only</b>	Preparer's signature ►	Date	<input type="checkbox"/> Check if self-employed ►	Preparer's PTIN (See Gen Inst X)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ►		<input type="checkbox"/> EIN ►	Phone no ►

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

**SCHEDULE A**  
(Form 990 or 990EZ)**Public Charity Status and Public Support****2008**Department of the Treasury  
Internal Revenue Service**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.****Open to Public  
Inspection****Name of the organization**

SOMERSWORTH FESTIVAL ASSOCIATION

**Employer identification number**

02-0368054

**Part I Reason for Public Charity Status** (to be completed by all organizations) (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 33 1/3% 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 33 1/3% 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

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 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?

h  Provide the following information about the organizations the organization supports

	<b>Yes</b>	<b>No</b>
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

<b>(i) Name of Supported Organization</b>	<b>(ii) EIN</b>	<b>(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))</b>	<b>(iv) Is the organization in col (i) listed in your governing document?</b>		<b>(v) Did you notify the organization in col (i) of your support?</b>		<b>(vi) Is the organization in col (i) organized in the U S ?</b>		<b>(vii) Amount of support?</b>
			<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in IRC 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.)
**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						
<b>4 Total.</b> Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
<b>6 Public Support</b> subtract line 5 from line 4						

**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 )						
<b>11 Total Support</b> (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					<b>12</b>	

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

**Computation of Public Support Percentage**

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	
<b>16a 33 1/3% 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		
<b>b 33 1/3% Test - 2007.</b> If the organization did not check the 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		
<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		
<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		
<b>18 Private Foundation.</b> If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

**Part III Support Schedule for Organizations Described in IRC 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
<b>6 Total</b> Add lines 1-5	<b>68,111</b>	<b>71,976</b>	<b>77,689</b>	<b>93,932</b>	<b>115,706</b>	<b>427,414</b>
<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> Total of lines 7a and 7b	0	0	0	0	0	0
<b>8 Public Support</b> (Subtract line 7c from line 6)						<b>427,414</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	<b>68,111</b>	<b>71,976</b>	<b>77,689</b>	<b>93,932</b>	<b>115,706</b>	<b>427,414</b>
<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 30 June, 1975	0	0	0	0	0	0
<b>c</b> Add lines 10a and 10b	<b>79</b>	<b>60</b>	<b>50</b>	<b>260</b>	<b>326</b>	<b>775</b>
<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)						<b>583,138</b>
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						►

**Computation of Public Support Percentage**

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	73 296 %
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	71 6 %

**Computation of Investment Income Percentage**

17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	<b>17</b>	0 133 %
18 Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	0 115 %
19a <b>33 1/3% Tests - 2008.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization		►✓
<b>b</b> <b>33 1/3% Tests - 2007.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization		►
<b>20 Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		►

**Part IV** **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. (see instructions)

**Facts and Circumstances Test**

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 02-0368054  
**Name:** SOMERSWORTH FESTIVAL ASSOCIATION

**Form 990EZ, Part III - Statement of Program Service Accomplishments**

<b>Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.</b>	<b>Expenses (Required for 501(c)(3) and (4) organizations and 4947 (a)(1) trusts; optional for others.)</b>
<b>28</b> 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 (Grants \$ 0) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	25,793 <b>28a</b>
<b>29</b> 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 (Grants \$ 100) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	7,098 <b>29a</b>
<b>30</b> A series of six "Kid's Koncert" 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 (Grants \$ 0) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	3,240 <b>30a</b>
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 (Grants \$ 2,000) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	0
Grants were given to Somersworth elementary and middle schools used for funding a variety of arts programs (Grants \$ 4,517) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	0
In conjunction with a winter festival in the City, the Association put on a pancake breakfast and games program for families and children (Grants \$ 0) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	383

**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation</b>	<b>(E) Expense account and other allowances</b>
Jason Morrison PO Box 255 Somersworth, NH 038780255	President 6	0	0	0
Brian Gauthier PO Box 255 Somersworth, NH 038780255	Vice President 4	0	0	0
Philip Munck PO Box 255 Somersworth, NH 038780255	Treasurer 6	0	0	0
Patricia LeHoulier PO Box 255 Somersworth, NH 038780255	Secretary 4	0	0	0
Suzanne Gregoire PO Box 255 Somersworth, NH 038780255	Executive Director 30	27,342	0	0
Thomas Brown PO Box 255 Somersworth, NH 038780255	Director 4	0	0	0
Diane Brown PO Box 255 Somersworth, NH 038780255	Director 4	0	0	0
Kathy Butler PO Box 255 Somersworth, NH 038780255	Director 4	0	0	0
James Butterfield PO Box 255 Somersworth, NH 038780255	Director 4	0	0	0
Darryl Cauchon PO Box 255 Somersworth, NH 038780255	Director 4	0	0	0
Cheryl Dean PO Box 255 Somersworth, NH 038780255	Director 4	0	0	0
Milton Dean PO Box 255 Somersworth, NH 038780255	Director 4	0	0	0
Paul Dubois PO Box 255 Somersworth, NH 038780255	Director 4	0	0	0
Martin Dumont PO Box 255 Somersworth, NH 038780255	Director 4	0	0	0
Grace Fuller PO Box 255 Somersworth, NH 038780255	Director 4	0	0	0
Denise Gauthier PO Box 255 Somersworth, NH 038780255	Director 4	0	0	0
Linda Giampietro PO Box 255 Somersworth, NH 038780255	Director 4	0	0	0
Richard Hamilton PO Box 255 Somersworth, NH 038780255	Director 4	0	0	0
Anna Houde PO Box 255 Somersworth, NH 038780255	Director 4	0	0	0
Jeanne Lemelin PO Box 255 Somersworth, NH 038780255	Director 4	0	0	0
Caroline Morgan PO Box 255 Somersworth, NH 038780255	Director 4	0	0	0
Joanne Pepin PO Box 255 Somersworth, NH 038780255	Director 4	0	0	0
Martin Pepin PO Box 255 Somersworth, NH 038780255	Director 4	0	0	0
Richard Perreault PO Box 255 Somersworth, NH 038780255	Director 4	0	0	0
Martin Perreault PO Box 255 Somersworth, NH 038780255	Director 4	0	0	0
David Robarge PO Box 255 Somersworth, NH 038780255	Director 4	0	0	0
Patricia Soucy PO Box 255 Somersworth, NH 038780255	Director 4	0	0	0
Brian Tapscott PO Box 255 Somersworth, NH 038780255	Director 4	0	0	0
Arnold Tarr PO Box 255 Somersworth, NH 038780255	Director 4	0	0	0
Heather Wass PO Box 255 Somersworth, NH 038780255	Director 4	0	0	0

2008

Open to Public  
InspectionSCHEDULE G  
(Form 990 or 990-EZ)Supplemental Information Regarding  
Fundraising or Gaming ActivitiesDepartment of the Treasury  
Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization

SOMERSWORTH FESTIVAL ASSOCIATION

Employer identification number

02-0368054

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> 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 activities?

 Yes  No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b>	►					

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		<u>Holiday Craft Fair</u> (event type)	<u>Autumn Craft Fair</u> (event type)	<u>5</u> (total number)	
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

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

	Yes	No
<b>13</b> Indicate the percentage of gaming activity operated in		
a The organization's facility . . . . .	<b>13a</b>	0 %
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 ► P L Munck		
Address ► PO Box 255 Somersworth, NH 038780255		
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	<b>15a</b>	Yes
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ <u>4,193</u> and the amount of gaming revenue retained by the third party ► \$ <u>6,419</u>		
c If "Yes," enter name and address		
Name ► Universal Gaming		
Address ► 195 McGregor St Manchester, NH 03102		
<b>16</b> Gaming manager information		
Name ► P L Munck		
Gaming manager compensation ► \$ <u>0</u>		
Description of services provided ► Executes agreements with third party and State of New Hampshire related to gaming		
<input checked="" type="checkbox"/> Director/officer	<input type="checkbox"/> Employee	<input type="checkbox"/> Independent contractor
<b>17</b> Mandatory distributions		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	<b>17a</b>	No
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		

## TY 2008 General Explanation Attachment

**Name:** SOMERSWORTH FESTIVAL ASSOCIATION**EIN:** 02-0368054**Software ID:** 08000095**Software Version:** v1.00

Identifier	Return Reference	Explanation
F99Z_P01_S00_L20	Form 990-EZ, Part I, Line 20	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.

## TY 2008 Other Assets Schedule

**Name:** SOMERSWORTH FESTIVAL ASSOCIATION**EIN:** 02-0368054**Software ID:** 08000095**Software Version:** v1.00

<b>Description</b>	<b>Beginning of Year Amount</b>	<b>End of Year Amount</b>
Prepaid expenses	2,581	5,145

## TY 2008 Other Changes in Net Assets Schedule

**Name:** SOMERSWORTH FESTIVAL ASSOCIATION

**EIN:** 02-0368054

**Software ID:** 08000095

**Software Version:** v1.00

Description	Amount
Reserves for scholarships previously expensed were reawarded	-4,500

## TY 2008 Other Expenses Schedule

**Name:** SOMERSWORTH FESTIVAL ASSOCIATION**EIN:** 02-0368054**Software ID:** 08000095**Software Version:** v1.00

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

## TY 2008 Other Liabilities Schedule

**Name:** SOMERSWORTH FESTIVAL ASSOCIATION**EIN:** 02-0368054**Software ID:** 08000095**Software Version:** v1.00

Description	Beginning of Year Amount	End of Year Amount
Accounts payable	105	1,045
Deferred revenues	9,960	11,332
Scholarships payable	3,500	8,500