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Form **990-EZ**Department of the Treasury  
Internal Revenue Service**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 \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

**2009**Open to Public  
Inspection**A For the 2009 calendar year, or tax year beginning****and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <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>D Employer identification number</b>		
		NORTH CONWAY COMMUNITY CENTER		02-0223336		
		Number and street (or P.O. box, if mail is not delivered to street address)		Room/suite	<b>E Telephone number</b>	
		P.O. BOX 487			603-356-2096	
		City or town, state or country, and ZIP + 4		<b>F Group Exemption Number</b>		
		NORTH CONWAY, NH 03860-0487				

• 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:** ▶ NCCOMMUNITYCENTER.ORG**H Check** ☐ if the organization is not**J Tax-exempt status** (check only one) — ☒ 501(c) ( 3 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ** ▶ \$ **440,400.**

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

<b>Revenue</b>	1	Contributions, gifts, grants, and similar amounts received	1	247,643.
	2	Program service revenue including government fees and contracts	2	35,541.
	3	Membership dues and assessments	3	
	4	Investment income	4	34,975.
	5a	Gross amount from sale of assets other than inventory <b>STMT 4</b>	5a	41,999.
	b	Less cost or other basis and sales expenses	5b	55,165.
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	-13,166.
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ reported on line 1) of contributions	6a	72,568.
	b	Less: direct expenses other than fundraising expenses	6b	31,522.
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	41,046.	
7a	Gross sales of inventory, less returns and allowances <b>STMT 9</b>	7a	7,674.	
b	Less cost of goods sold	7b	5,259.	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	2,415.	
8	Other revenue (describe ▶)	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	348,454.	
<b>Expenses</b>	10	Grants and similar amounts paid (attach schedule) <b>STMT 7</b>	10	1,480.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	220,984.
	13	Professional fees and other payments to independent contractors	13	916.
	14	Occupancy, rent, utilities, and maintenance <b>SEE STATEMENT 6</b>	14	35,661.
	15	Printing, publications, postage, and shipping	15	5,277.
	16	Other expenses (describe ▶ <b>SEE STATEMENT 1</b> )	16	122,429.
	17	<b>Total expenses.</b> Add lines 10 through 16	17	386,747.
<b>Net Assets</b>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-38,293.
	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	383,777.
	20	Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 5</b>	20	36,039.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	381,523.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 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	113,885.	22 125,823.
23 Land and buildings	147,067.	23 141,738.
24 Other assets (describe ▶ <b>SEE STATEMENT 2</b> )	142,422.	24 128,523.
25 <b>Total assets</b>	403,374.	25 396,084.
26 <b>Total liabilities</b> (describe ▶ <b>SEE STATEMENT 3</b> )	19,597.	26 14,561.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	383,777.	27 381,523.

932171  
02-08-10

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

Form **990-EZ** (2009)

SCANNED DEC 03 2010

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**Part III Statement of Program Service Accomplishments** (See the instructions for Part III.)What is the organization's primary exempt purpose? **SEE STATEMENT 11**

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, and other relevant information for each program title.

**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

**28 THE ORGANIZATION PROVIDES A COMMUNITY CENTER AND VARIOUS RECREATIONAL ACTIVITIES FOR CHILDREN IN THE CONWAY, NH AREA.**(Grants \$ **1,480.** ) If this amount includes foreign grants, check here ☐**28a 163,196.****29 THE ORGANIZATION PROVIDES VOLUNTEER SERVICES FOR ELDERLY RESIDENTS IN THE CONWAY, NH AREA.**(Grants \$ ) If this amount includes foreign grants, check here ☐**29a 140,066.****30**(Grants \$ ) If this amount includes foreign grants, check here ☐**30a****31 Other program services (attach schedule)**(Grants \$ ) If this amount includes foreign grants, check here ☐**31a****32 Total program service expenses (add lines 28a through 31a)****32 303,262.****Part IV List of Officers, Directors, Trustees, and Key Employees.** 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
RYAN SOMMER 345 SACO ROAD, HOLLIS, ME 04042	EXECUTIVE DIRECTOR 40.00	47,800.	1,434.	0.
MARK MILLER, 44 BALSAM DRIVE, NORTH CONWAY, NH 03860	PRESIDENT 5.00	0.	0.	0.
ANDY PEPIN, 71 CAROL ANN WAY, NORTH CONWAY, NH 03860	VICE PRESIDENT 4.00	0.	0.	0.
BARBARA HARMON 75 ASH STREET, NORTH CONWAY, NH 03860	TREASURER 7.00	0.	0.	0.
JULIE CUMMINGS PO BOX 102, NORTH CONWAY, NH 03860	SECRETARY 4.00	0.	0.	0.
MONICA BELKIN PO BOX 1722, NORTH CONWAY, NH 03860	DIRECTOR 2.00	0.	0.	0.
CURT DETZER PO BOX 392, CENTER CONWAY, NH 03813	DIRECTOR 2.00	0.	0.	0.
KRISTA CHADWICK PO BOX 155, KEARSARGE, NH 03847	DIRECTOR 2.00	0.	0.	0.
DAWN VOGEL PO BOX 206, GLEN, NH 03838	DIRECTOR 2.00	0.	0.	0.
LYNN LYMAN PO BOX 931, NORTH CONWAY, NH 03860	DIRECTOR 2.00	0.	0.	0.
THOM POLLARD, 250 MT SURPRISE RD, NORTH CONWAY, NH 03860	DIRECTOR 2.00	0.	0.	0.
JIM MACMILLAN PO BOX 2516, NORTH CONWAY, NH 03860	DIRECTOR 2.00	0.	0.	0.

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

		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		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
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 why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? SEE STATEMENT 12	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N		X
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?	37b	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	N/A
b	Gross receipts, included on line 9, for public use of club facilities	39b	N/A
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 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Section 501(c)(3) and 501(c)(4) organizations. 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	X
41	List the states with which a copy of this return is filed. ▶ NH		
42a	The organization's books are in care of ▶ RYAN SOMMER Telephone no ▶ 603-356-2096 Located at ▶ WHITE MOUNTAIN HIGHWAY, NORTH CONWAY, NH ZIP + 4 ▶ 03860		
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	X
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	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
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	X

Form 990-EZ (2009)

**Part VI** Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

	Yes	No
46		X
47		X
48		X
49a		X
49b		

(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				

f Total number of other employees paid over \$100,000

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

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

*Barbara J. Harmon*  
Signature of officer

*11/12/10*  
Date

*Barbara J. Harmon, Treasurer*  
Type or print name and title

Paid Preparer's Use Only

Preparer's signature <i>[Signature]</i>	Date <i>11.12.10</i>	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (See Instr.) <b>P00184707</b>
Firm's name (or yours if self-employed) <b>GAMWELL, CAPUTO, SIEK &amp; CO, PLLC</b>	EIN <b>02-0522664</b>		Phone no. <b>603-447-3356</b>
address, and ZIP + 4 <b>41 WASHINGTON ST. SUITE 10 CONWAY, NH 03818</b>			

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

Form 990-EZ (2009)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**NORTH CONWAY COMMUNITY CENTER**

Employer identification number

**02-0223336**

**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: (For lines 1 through 11, check only one box.)

- 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)**.
- 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)**.
- 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? ☐
- h Provide the following information about the supported organization(s).

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

(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	
<b>Total</b>									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

**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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 stop here <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a 33 1/3% support test - 2009.</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 stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3% support test - 2008.</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 stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2009.</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 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>b 10% -facts-and-circumstances test - 2008.</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 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>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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	201,452.	243,042.	232,980.	256,642.	247,643.	1181759.
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	21,236.	35,535.	45,147.	40,424.	43,215.	185,557.
3 Gross receipts from activities that are not an unrelated trade or business under section 513	115,445.	81,645.	68,115.	67,934.	72,568.	405,707.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	338,133.	360,222.	346,242.	365,000.	363,426.	1773023.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6)						1773023.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	338,133.	360,222.	346,242.	365,000.	363,426.	1773023.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	26,914.	29,689.	36,094.	37,713.	34,975.	165,385.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	26,914.	29,689.	36,094.	37,713.	34,975.	165,385.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)	365,047.	389,911.	382,336.	402,713.	398,401.	1938408.
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 <input type="checkbox"/>						

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

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	91.47 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	90.89 %

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

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	8.53 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	8.52 %

19a 33 1/3% support tests - 2009. 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 - 2008. 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 ☐



Department of the Treasury  
Internal Revenue Service

► **Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**  
 ► **Attach to Form 990 or Form 990-EZ.** ► **See separate instructions.**

## Open To Public Inspection

02-0223336

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**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 ANNUAL MUDBOWL FUNDA	(b) Event #2 ANNUAL AUCTION	(c) Other events 9	(d) Total events (add col. (a) through col. (c))
	(event type)	(event type)	(total number)	
<b>Revenue</b>				
1 Gross receipts	38,609.	7,886.	26,073.	72,568.
2 Less: Charitable contributions				
3 Gross income (line 1 minus line 2)	38,609.	7,886.	26,073.	72,568.
<b>Direct Expenses</b>				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	22,224.		9,298.	31,522.
10 Direct expense summary. Add lines 4 through 9 in column (d)				( 31,522 )
11 Net income summary. Combine line 3, column (d), and line 10				41,046.

**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. N/A

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<b>Revenue</b>				
1 Gross revenue				
<b>Direct Expenses</b>				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				( )
8 Net gaming income summary. Combine line 1, column (d), and line 7				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? \_\_\_\_\_

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? \_\_\_\_\_

b If "Yes," explain: \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers? \_\_\_\_\_

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? \_\_\_\_\_

	Yes	No
9a		
10a		
11		
12		

**13** Indicate the percentage of gaming activity operated in:**a** The organization's facility**13a**

%

**b** An outside facility**13b**

%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**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 ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_**c** If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
PAYROLL TAXES		15,293.	
ADVERTISING		317.	
OFFICE EXPENSES		3,651.	
TRAVEL AND AUTO EXPENSES		5,173.	
CONFERENCES AND MEETINGS		564.	
INSURANCE		10,863.	
VOLUNTEER AND STAFF PROGRAM MILEAGE REIMBURSEMENT		30,408.	
CHILDRENS PROGRAM SUPPLIES		18,654.	
CHILDRENS PROGRAM FIELD TRIPS		9,157.	
BOOKKEEPING		4,329.	
PAPER PRODUCTS AND SUPPLIES		3,986.	
TELEPHONE		3,540.	
VOLUNTEER RECOGNITION AND EXPENSES		4,431.	
CHILDRENS PROGRAM TRANSPORTATION		4,809.	
DUES AND FEES		683.	
LICENSES AND FEES		467.	
INTERNET AND COMPUTER EXPENSE		676.	
CLEANING SUPPLIES		735.	
FINANCE CHARGES		2,269.	
PAYROLL FEES		2,424.	
TOTAL TO FORM 990-EZ, LINE 16		122,429.	

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
OPPENHEIMER MUTUAL FUNDS AT FMV	99,085.	85,835.	
CAPITALIZED ARCHITECT FEES RE: NEW COMMUNITY CENTER	10,000.	14,750.	
PREPAID RENT	700.	700.	
ACCOUNTS RECEIVABLE	0.	560.	
OTHER DEPRECIABLE ASSETS	32,637.	26,678.	
TOTAL TO FORM 990-EZ, LINE 24	142,422.	128,523.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS PAYABLE	16,595.	12,765.	
PAYROLL WITHHOLDINGS PAYABLE	3,002.	1,796.	
TOTAL TO FORM 990-EZ, LINE 26	19,597.	14,561.	

FORM 990-EZ	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES			STATEMENT	4
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)	
1ST CENTENNIAL BANK CD	5,000.	5,000.	0.	0.	
OPPENHEIMER MAIN ST FUND	4,000.	6,314.	0.	-2,314.	
OPPENHEIMER MAIN ST FUND	8,333.	10,020.	0.	-1,687.	
OPPENHEIMER GLOBAL FUND	4,000.	5,875.	0.	-1,875.	
OPPENHEIMER GLOBAL FUND	8,333.	8,483.	0.	-150.	
OPPENHEIMER CAPITAL INC FD	4,000.	7,063.	0.	-3,063.	
OPPENHEIMER CAPITAL INC FD	8,333.	12,410.	0.	-4,077.	
TO FORM 990-EZ, LINE 5	41,999.	55,165.	0.	-13,166.	

FORM 990-EZ	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	5
DESCRIPTION	AMOUNT		
UNREALIZED GAIN ON SECURITIES	36,039.		
TOTAL TO FORM 990-EZ, LINE 20	36,039.		

FORM 990-EZ	OCCUPANCY, RENT, UTILITIES AND MAINTENANCE	STATEMENT	6
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DESCRIPTION	AMOUNT
DEPRECIATION	11,768.
OTHER EXPENSES - Rent, Utilities + Repairs	23,893.
TOTAL TO FORM 990-EZ, LINE 14	35,661.

FORM 990-EZ	CASH GRANTS AND ALLOCATIONS	STATEMENT	7
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CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
CHARITABLE GRANTS LOCAL CHARITABLE ORGANIZATIONS	NONE	480.
SCHOLARSHIPS	NONE	1,000.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		1,480.

FORM 990-EZ	RENTAL INCOME	STATEMENT	8
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KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
LAND FOR TENT SALE, PARKING, ETC...	1	33,685.
TOTAL INCLUDED ON FORM 990-EZ, PART I, LINE 4		33,685.

FORM 990-EZ

INCOME AND COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 7A

STATEMENT 9

## INCOME

1. GROSS RECEIPTS . . . . .	7,674	
2. RETURNS AND ALLOWANCES . . . . .		
3. LINE 1 LESS LINE 2 . . . . .		7,674
4. COST OF GOODS SOLD (LINE 13) . . . . .	5,259	
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		2,415

## COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR . . . . .		
7. MERCHANDISE PURCHASED . . . . .	5,063	
8. COST OF LABOR . . . . .		
9. MATERIALS AND SUPPLIES . . . . .	196	
10. OTHER COSTS . . . . .		
11. ADD LINES 6 THROUGH 10 . . . . .		5,259
12. INVENTORY AT END OF YEAR . . . . .		
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12) . . . . .		5,259

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 10

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO



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990-EZ PG 2

STATEMENT 11

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COMMUNITY CENTER FOR YOUTH RECREATION PROGRAMS AND VOLUNTEER SERVICES FOR  
THE ELDERLY.

FORM 990-EZ

EXPLANATION OF BUSINESS INCOME NOT  
REPORTED ON FORM 990-T  
PART V, LINE 35

STATEMENT 12

THE RECEIPTS ON LINE 2 REPRESENT USER FEES FOR THE ORGANIZATION'S SUMMER CAMP AND RECREATION PROGRAMS WHICH ARE PART OF THE BASIS FOR ITS TAX-EXEMPT STATUS. THE RECEIPTS ON LINE 6 REPRESENT INCOME FROM THE ORGANIZATION'S FUNDRAISERS WHICH ARE NOT REGULARLY CARRIED ON. THE RECEIPTS ON LINE 7 REPRESENT INCOME FROM THE SALE OF DRINKS AND SNACKS FROM THE ORGANIZATION'S SNACK SHACK WHICH IS AT ITS FREE PUBLIC PLAYGROUND THAT IT OPERATES AND IS PART OF THE BASIS FOR ITS TAX-EXEMPT STATUS AS A CONVENIENCE TO PLAYGROUND USERS.

Asset Number	Description of property							
	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
	<b>BUILDINGS</b>							
191' & PRIOR								
010191SL	30.00	16			69,561.		69,561.	0.
4WINDOWS								
010195SL	30.00	16			867.		442.	29.
7NEW BUILDING								
010195SL	30.00	16			13,593.		5,517.	453.
8MISC BUILDING IMPROVEMENTS								
010195SL	30.00	16			872.		344.	29.
9BAND STAND								
010195SL	30.00	16			5,865.		1,963.	196.
18KITCHEN/BATH FLOORING								
010198SL	30.00	16			2,373.		710.	79.
40SUMMER HOUSE								
063003SL	30.00	16			8,764.		1,476.	292.
* 990-EZ PG 1 TOTAL BUILDINGS					101,895.	0.	80,013.	1,078.
	<b>FURNITURE &amp; FIXTURES</b>							
54COMPUTER EQUIPMENT								
070308SL	5.00	16			2,198.		220.	440.
* 990-EZ PG 1 TOTAL FURNITURE & FIXTURES					2,198.	0.	220.	440.
	<b>MACHINERY &amp; EQUIPMENT</b>							
2POPCORN MACHINE								
010192SL	5.00	16			556.		556.	0.
5ADIRONDACK TABLES								
010196SL	10.00	16			834.		831.	3.
6POOL TABLE								
010195SL	7.00	16			432.		432.	0.
13COPIER								
010196SL	5.00	16			2,211.		2,211.	0.
14ADIRONDACK CHAIRS								
010198SL	10.00	16			900.		900.	0.
15TRACTOR								
010198SL	10.00	16			7,060.		6,472.	588.
16BLEACHERS								
010198SL	10.00	16			1,194.		1,081.	113.
17SOCCER GOALS								
010198SL	10.00	16			2,158.		1,998.	160.
22WATER BUBBLER								
010198SL	5.00	16			519.		519.	0.
23PLAYGROUND EQUIPMENT								
010199SL	10.00	16			3,500.		3,354.	146.
2600 DODGE TRUCK								
010101SL	7.00	16			16,149.		16,149.	0.
27SWEEPER								
010101SL	5.00	16			319.		319.	0.
30TABLES								
010102SL	5.00	16			840.		840.	0.
33BENCHES								
010103SL	10.00	16			1,000.		658.	100.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec	Life or rate	Line No	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
34	PLAYGROUND EQUIPMENT							
	010103	SL	15.00	16	4,603.		1,726.	307.
35	FREEZER							
	010103	SL	7.00	16	100.		76.	14.
37	METAL SHELVING							
	010103	SL	10.00	16	431.		276.	43.
39	PRETZEL MACHINE							
	010103	SL	10.00	16	869.		486.	87.
41	SEESAW/TUFFRIDER							
	010103	SL	15.00	16	3,237.		1,053.	216.
42	PLAYGROUND EQUIPMENT							
	051904	SL	15.00	16	7,613.		2,127.	508.
43	BEAFAEATER GRILLS							
	052705	SL	7.00	16	900.		440.	129.
44	CHEST FREEZER							
	071805	SL	7.00	16	280.		132.	40.
45	FAX MACHINE - WOLFEBORO							
	091605	SL	5.00	16	155.		101.	31.
46	(D) 91' & PRIOR							
	010191	SL	7.00	16	40,243.		40,243.	0.
48	COPIER							
	070506	SL	7.00	16	4,320.		1,543.	617.
49	DELL COMPUTER							
	080406	SL	5.00	16	627.		302.	125.
50	PLAYGROUND EQUIPMENT							
	061406	SL	15.00	16	3,072.		529.	205.
51	PLAYGROUND EQUIPMENT							
	070307	SL	7.00	16	172.		37.	25.
52	BOUNCEY HOUSE							
	022207	SL	5.00	16	1,595.		585.	319.
53	FOOTBALL EQUIPMENT							
	081507	SL	7.00	16	13,061.		2,643.	1,866.
55	PLAYGROUND EQUIPMENT							
	080509	SL	7.00	16	480.			29.
	* 990-EZ PG 1 TOTAL MACHINERY & EQUIPMENT							
					119,490.	0.	88,619.	5,671.
	LAND							
3	LANDSCAPING							
	010192	SL	20.00	16	3,645.		3,003.	182.
28	SPRAYGROUND							
	010102	SL	20.00	16	6,744.		2,865.	337.
29	PARK LIGHTING							
	010102	SL	20.00	16	9,549.		4,055.	477.
31	PLAYGROUND EQUIPMENT							
	010103	SL	15.00	16	42,659.		17,953.	2,844.
32	BASKETBALL COURT IMPROVEMENTS							
	010103	SL	15.00	16	6,161.		2,516.	411.
47	(D) 91' & PRIOR							
	010191	SL	15.00	16	11,281.		11,281.	0.
	* 990-EZ PG 1 TOTAL LAND							
					80,039.	0.	41,673.	4,251.
	OTHER							

