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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 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.

OMB No 1545-1150

2009

Open to Public

Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements.								nspection	
			ar year,	or tax year beginning , 2009, and e	, 2009, and ending				
_		applicable	Please	C Name of organization		, 20 D Employer identification number			
		change	use IRS	Center for the Arts Lake Sunapee Region]	86-1053299			
	Name c	hange	label or print or		n/suite E	Telephone			
	Initial re		type. See	PO Box 872	<u> </u>			26 -4444	
=	Termina		Specific	City or town, state or country, and ZIP + 4	- -	F Group Exemption			
=		ed return tion pending	Instruc- tions.	New London, NH 03257		Number		lion	
느			<u> </u>					loss Classical	
	■ 380	cuon sur(c)(s)		ations and 4947(a)(1) nonexempt charitable trusts must attach (_]; (<u>v</u>	Cash	
_						pecify) ▶			
	Maka	Harb Manner						nization is not	
				ortheartsnh.org				dule B (Form 990,	
				nly one) — 501(c) (3) (insert no.) 4947(a)(1) or 527		or 990-PF			
	Check			zation is not a section 509(a)(3) supporting organization and its gross rece					
				turn is not required, but if the organization chooses to file a return, be su			etum		
				9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of i			\$	118396	
	art I			enses, and Changes in Net Assets or Fund Balances (S			ris ic		
	1		_	s, grants, and similar amounts received		1		29317	
	2	_		evenue including government fees and contracts		. 2	 		
	3		-	and assessments		. 3	-		
€ =	4	Investment				. 4	┷	3	
2 N 45	5a			m sale of assets other than inventory 5a					
C	þ			r basis and sales expenses [] [] \ 5b			_		
Ž	∮ c			sale of assets other than inventor (Subtract line 5b from line 5a		. <u>5</u> c			
چ <u>ې</u>	6	Special events	s and act	ivities (complete applicab le parts of Schedule G). If any amount is from gaming, ch	eck here ►				
Reyenûe 🔏	a	Gross reve	nue (no	ot including \$ 121 110 0 3 26 contributions		}			
8		reported or	n line 1	6a 6a	8	9076			
	b	Less: direct	t exper	nses other than fundraising expenses	7.	2452	_		
	C	Net income	or (los	s) from special events and activities (Subtract line 6b from line 6	a)	. 6c	<u> </u>	16624	
2	7a	Gross sales	s of inv	entory, less returns and allowances					
2	b	Less: cost	of good	ds sold]		
Ĉ	∄ с	Gross profi	t or (lo	ss) from sales of inventory (Subtract line 7b from line 7a)		. 7c			
Ø	₽ 8	Other rever	nue (de	scribe) 8			
	9	Total rever	nue. Ad	dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		▶ 9		45944	
	10			amounts paid (attach schedule)		. 10			
	11	Benefits pa	ud to o	r for members		. 11			
S	12	Salaries, ot	her co	mpensation, and employee benefits		. 12	1		
sesued	13	Professiona	al fees	and other payments to independent contractors	<i></i>	. 13		42935	
8	14			utilities, and maintenance		. 14		1427	
X	15			ons, postage, and shipping			_	219	
	16			lescribe Business and Miscellaneous Expenses				1498	
	17	•	•	Add lines 10 through 16			_	46079	
10	18			for the year (Subtract line 17 from line 9)				-135	
Net Assets	19			d balances at beginning of year (from line 27, column (A)) (mus			1-		
SS		end-of-yea	r figure	reported on prior year's return)		. 19	-	36369	
at /	20			net assets or fund balances (attach explanation)					
ž	21			balances at end of year. Combine lines 18 through 20			1	36234	
P	art II			ts. If Total assets on line 25, column (B) are \$1,250,000 or more,			ead o		
	(See the instructions for Part II.) (A) Beginning of							(B) End of year	
22	, ,	agh gavinge	and in	vestments	1,72=3	3636	 -	36233	
23					 	3030	23	30233	
24							24		
		otal accete	Jeschi	e▶)	 	3636	_	36233	
25						3036		30233	
26) , A	otal liabilitie:	s juest fund h	alances (line 27 of column (B) must agree with line 21)	 	3636	26	26222	
27		er assers of	.u.ru b	dianoco fine 21 or column (b) must agree with line 21)	l	3036	7 2/	36233	

36233 Form **990-EZ** (2009)

Par	t III	Statement of	Program	Service Accom	plishments (See the	instructions for Dor	- 111.3		rage z
								——]	Expenses
									quired for section (c)(3) and 501(c)(4)
Desc	cupe w	vhat was achiev	ed in carr	ying out the org	anization's exempt p	ourposes. In a clear	and conc	156 1	enizations and section
			ces provide	ed, the number o	of persons benefited,	and other relevant in	formation	tor 494	7(a)(1) trusts, optional
		am title.						for	others.)
28	Story	telling Event for t	he area chil	dren.					
		-]
)
	(Grant				ıncludes foreign gran	s. check here		28a	8395
29									
							· - [1	
	(Grant				maludas forsina annu				
20	Gram	15 \$) ii tiiis amount	includes foreign gran	s, check here	· · · ·	_ 29 a	<u> </u>
30			·						}
									}
		:							
	(Grant				includes foreign gran	s, check here	🕨	□ 30a	1
31		program service						- 1	
	(Grant) If this amount	includes foreign gran	s, check here	<u> ▶ </u>	☐ 31a	<u> </u>
32	Total	program servic	e expense	s (add lines 28a t	hrough 31a)	<u> </u>		▶ 32	
Par	t IV	List of Officers,	Directors,	Trustees, and Key	Employees. List each	one even if not comper	sated. (See	the instru	ictions for Part IV.)
		(n) Nama a	and address		(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Conti	nbutions to enefit plans	(e) Expense account and
		(a) Name a	u tu audiess		devoted to position	enter -0)		ompensation	
See	Attachi	ment							
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Job the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed discription of each activity Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes. If the organization had income from business activities, such as a those reported on lines 2, 6s, 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(9) notice, reporting, and proxy lax requirements? b if "Yes," has it filed a tax return on Form 990-T for this year? 37a Did the organization begreap alegidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 37b Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 37b 37b Id the organization begreaphic the properties of Schedule N 37c Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 37b b Did the organization file Form 1120-POL for this year? 37c Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 37b b Did the organization file Form 1120-POL for this year? 37d Enter amount of political contributions included on line 9 39a 39c Section 501(c)(3) organizations included on line 9 39a 39c Section 501(c)(3) organizations. Enter amount of tax imposed on the organization with a disqualified person in a prior year, and that the transaction of 4912 ▶ 39a 39b	Part	Other Information (Note the statement requirements in the instructions for Part V.)			
description of each activity 4				Yes	No
the changes If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on from 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? b If "Yes," has it filled a tax return on Form 990-T for this year? 35b If the organization during oa liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36c Interface amount of political expenditures, direct or indirect, as described in the instructions. ► 37a	33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		1
not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T. 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? If "Yes," has it filed a tax return on Form 990-T for this year? Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N The Did the organization file Form 1120-POL for this year? Did the organization from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prory year and still outstanding at the end of the period covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved If "Yes," complete Schedule L, Part II and enter the total amount involved Initiation fees and capital contributions included on line 9 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ section 4912 ▶ section 4912 ▶ section 4912 ▶ section 4912 ▶ section 4913 ▶ section 4914 ▶ section 4912 ▶ section 4914 ▶ section 4914 ▶ section 4915 ▶ section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified person surfage the year under sections 4912, 4955, and 4956 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified person during the year under sections 4912, 4955, and 4956 Section 501(c)(3) and 501(c)(4) organizations and the organization aparty to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is flied. ▶ New Hampshire Located at ▶ Po Box 872, New London, NH 03257-0972 If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form 1041—Check he	34		34	1	
bull 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? b If "Yes," has it filed a tax return on Form 990-T for this year? 5 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N. 5 Did the organization is Form 1120-POL for this year? 5 Did the organization beform 1120-POL for this year? 5 Did the organization beform 1120-POL for this year? 5 Did the organization beform 1120-POL for this year? 5 Did the organization beform or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a pror year and still outstanding at the end of the penod covered by this return? 5 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 pror year and still outstanding at the end of the penod covered by this return? 5 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 pror year? 5 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 pror year? 5 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 pror year? 5 Did the organizations. Enter amount of the organization with a disqualified person of Unity (3) and 501(c)(4) organizations. Enter amount of tax imposed on organization any of the organization or organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 6 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. 405 Section 501(c)(3) and 501(c)(4) organizations within the mea	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.			
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Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ 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 during the year or is it aware that it engaged in an excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction of the organization 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. 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. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 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. ▶ New Hampshire 42a The organization's books are in care of ▶ Deirdre Segerson, Treasurer Telephone no. ▶ 603-526-444 Located at ▶ PO Box 872, New London, NH 03257-0872 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; ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 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: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office o		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1	}	
Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ;section 4915 ▶ ;section 4915 ▶ ;section 4916(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 Form 990 or 990-EZ hard 1. 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 h. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 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. List the states with which a copy of this return is filed. ▶ New Hampshire 12a The organization's books are in care of ▶ Deirdro Segerson, Treasurer Telephone no. ▶ 603-526-444 Located at ▶ PO Box 872, New London, NH 03257-0872 ZIP + 4 ▶ 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; location 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. 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: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 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 forei	_	· · · · · · · · · · · · · · · · · · ·	-	}	
section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ 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 pnor year, and that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-EZ' it "Yes," complete Schedule L, Part I			1	}	
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 pnor year, and that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. 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 4955. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 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. ▶ New Hampshire 42a The organization's books are in care of ▶ Deirdre Segerson, Treasurer Telephone no. ▶ 603-526-444 Located at ▶ PO Box 872, New London, NH 03257-0872 List the 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 ✓ 42c ✓ 44c ✓ 45 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here 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 in 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 in the organization of Form 990-EZ in the organization of Form 990-EZ in	704		1	}	
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	h			}	1 }
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. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 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 886-T. 40e 41 List the states with which a copy of this return is filed. ▶ New Hampshire 42a The organization's books are in care of ▶ Deirdre Segerson, Treasurer Telephone no. ▶ 603-526-444 Located at ▶ PO Box 872, New London, NH 03257-0872 ZIP + 4 ▶ 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. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c ✓ If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here 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 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 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 is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If		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	40h		1
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over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?					
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. 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: ▶ 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ □ 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	b				
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See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		•	426	-	-
and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.?				ļ	
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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	43				▶ □
Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		and enter the amount of tax-exempt interest received or accrued during the tax year			
Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ			_	Yes	No
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	44				
"Yes," Form 990 must be completed instead of Form 990-EZ			44		1
	45	, , ,			
		Tyes," Form 990 must be completed instead of Form 990-EZ		<u></u>	1

						- ugo -
Part \	Section 501(c)(3) organizations and 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar	section 4947(a)(1) non 47(a)(1) nonexempt cha nd 51.	exempt charital aritable trusts mus	ole trusts only. A st answer question	II sections 46-	on 49b
46	Did the organization engage in direct or indirect	t political campaign activ	ities on behalf of o	r in opposition to		es No
	candidates for public office? If "Yes," complete				46	
	Did the organization engage in lobbying activitie				47	1
	Is the organization a school as described in section				48	
	Did the organization make any transfers to an ex		•		49a	
	If "Yes," was the related organization a section 5 Complete this table for the organization's five hi	_		officers discreters	49b	
	employees) who each received more than \$100,					
		(b) Title and average	(c) Compensation	(d) Contributions to		kpense
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position		employee benefit plans & deferred compensation	acco	int and lowances
None	mary rooped	GOVORGE TO POSITION			Outer at	1044 ATTICES
		1				
					•	
]		İ]	
f	Total number of other employees paid over \$100	L		<u> </u>	l	
	\$100,000 of compensation from the organizatio				(0) 0	
None	(a) Name and address of each independent contractor	paid more than \$100,000	(0) 19	pe of service	(c) Comp	ensation
None						

d	Total number of other independent contractors of	each receiving over \$100,	000▶	 		
	Under penalties of penjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration	ed this return, including accompa of preparer (other than officer) is	anying schedules and sta	atements, and to the bes	t of my kr	nowledge edae
Sign Here	Signature of officer Detrack Segent Type or print name and title	son_	easurer	4/28/1	//	
Paid	Preparer's signature	Date	Check if self- employed ▶ □	Preparer's identifying nun	nber (See in	structions)
Prepare	i rim shane to		EI	N ►		
Use On	yours if self-employed), address, and ZIP + 4		PI	none no 🕨		
May th	e IRS discuss this return with the preparer show	n above? See instructions	3	▶ [Yes m 990-	No EZ (2009)
				, ,		(2000)

SCHEDULE A

(Form 990 or 990-EZ)

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 Open to Public

Department of the Treasury Inspection Internal Revenue Service Name of the organization Employer identification number Center for the ArtsLake Sunapee Region 1053299 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33% % 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 331/3 % 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (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? 11g(i) 11g(ii) (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? |11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (II) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of (described on lines 1-9 organization _ in col. (i) listed in your the organization in organization in col troggue col (1) of your above or IRC section governing document? (i) organized in the (see instructions)) support? US? Yes No Yes Yes

Total

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.)

500	tion A Dublic Compart	d the box of	i illie 9 Ol Fa	<u>n i.j</u>				
	tion A. Public Support	(2) 0005	#1 0000	() 0007		T		
Už	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	42000	41589	36405	36882	29317	186193	
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.					89076	89076	
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	42000	41589	36405	36882	118393	275269	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	42000	41589	36405	22250	20000	162244	
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							
С	Add lines 7a and 7b	42000	41589	36405	22250	20000	162244	
8	Public support (Subtract line 7c from line 6.)						113025	
	tion B. Total Support							
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
9	Amounts from line 6	42000	41589	36405	36882	118393	275269	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				; ;	3	3	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				i			
C	Add lines 10a and 10b							
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.)	42000	41589	36405	36882	118396	275272	
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								
Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))								
	16 Public support percentage from 2008 Schedule A, Part III, line 15							
						47		
17	Investment income percentage for 2009	•	• • •	•	• • • • • •	17	<u></u> %	
18 19a	investment moone percentage work 2000 concedurery, that in, into 17,							
138	17 is not more than 331/3 %, check this bo							
b	331/3 % support tests—2008. If the organi line 18 is not more than 331/3 %, check this	zation did not i	check a box on	line 14 or line	19a, and line 1	6 is more than 3	33/3 %, and	
20								

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Open To Public Inspection

Center for the Arts Lake Sunapee Region						Employer Identification number			
Eugensiaine Activitie		if the are a			86	1053299			
Part I Fundraising Activities Form 990-EZ filers ar	e not required	if the orga	inization a lete this p	answered "Yes" to part.	o Form 990, Par	t IV, line 17. 			
 Indicate whether the organization Mail solicitations Internet and email solicitation 		through an e f	Solicitati	ollowing activities. On of non-government of government on of government o	ent grants	y .			
c Phone solicitations d In-person solicitations		g 🗹	Special	fundraising events					
 Did the organization have a written or key employees listed in Form If "Yes," list the ten highest patto be compensated at least \$5. 	n 990, Part VII) o nd individuals o	or entity in o r entities (f	connection	with professional f	undraising service	s? ∐ Yes ☑ No			
(I) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fun custody o	draiser have or control of outlons?	(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						
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<u></u>		-	.						
	1			i i					
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	<u> </u>	_]							
	 		ļ						
			}						
Total			•						
3 List all states in which the organ registration or licensing.			censed to	solicit funds or ha	as been notified it	is exempt from			
•••••									
	• • • • • • • • • • • • • • • • • • • •								
					•••••				

Pä	art II	Fundraising Events. Co more than \$15,000 on F	omplete if the organiza orm 990-EZ, line 6a. L	ition answered "Yes" t list events with gross i	o Form 990, Part IV, i receipts greater than s	ine 18, \$5,000.	or rep	ortec	_ t
			(a) Event #1 Auction & Party (event type)	(b) Event #2 Story Telling (event type)	(c) Other events		Total er col (a) i col (c)	through	h
Revenue	1 2	Gross receipts	82850	6226				89	9076
	3	Gross income (line 1 minus line 2)	82850	6226				8!	9076
	4	Cash prizes				-			
	5	Noncash prizes		4000		-			
enses	6	Rent/facility costs Food and beverages	!	1080		-			<u>1080</u> 4724
Direct Expenses	8	Entertainment		5468					5968
ä	9	Other direct expenses .	43638	1851		45489			5489
	10	Direct expense summary. Add Net income summary. Combi	d lines 4 through 9 in coine line 3, column (d), a	olumn (d)		(261) 1815
	rt II		he organization ansv			, or rep	oorted		
(a) Bingo (b) Put		(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	ng (d) Total gaming (add col (a) through col. (c))					
-B	1	Gross revenue		· · · · · · · · · · · · · · · · · · ·			,.		
nses	2	Cash prizes							
Direct Expenses	3	Noncash prizes ,	· · · · · · · · · · · · · · · · · · ·						
Direc	4	Rent/facility costs		<u> </u>	,	-	·		
	5	Other direct expenses . Volunteer labor	☐ Yes%	☐ Yes%	☐ Yes%				
	7 Direct expense summary. Add lines 2 through 5 in column (d))
	8	Net gaming income summary	. Combine line 1, colun	nn d, and line 7	<u> </u>				
9 a		ter the state(s) in which the or the organization licensed to o	•	**			9a	Yes	No
b		'No," explain:							
10a b		ere any of the organization's g 'Yes," explain:	jaming licenses revoke	d, suspended or termir	nated during the tax ye	ar?	10a		
11 12		es the organization operate g the organization a grantor, be			a partnership or other	entity	11		
		med to administer chartable			, , = = = = = = = = = = = = = = = = = =		12		

Center for the Arts Lake Sunapee Region EIN: 86-1053299

2009 990 EZ - Part IV Officers and Directors

Gusta Morgan Teach, President P.O. Box 1922 #5 The Seasons New London, NH 03257

David Kidder, Vice President 34 Blueberry Lane New London, NH 03257

Mary Ellen Sheehy, Secretary Village Road P.O. Box 219 Wilmot, NH 03287

Isa Rex, Treasurer 11 Ridge Road New London, NH 03257

Larry Ballin 244 Blueberry Lane New London, NH 03257

Keith Barrett P.O. Box 500 Andover, NH 03216

Barbara Hunting 130 Old College Road P.O. Box 390 Andover 03216

Richard Leach P.O. Box 1888 New London, NH 03257

Mark Loehr P.O. Box 454 South Sutton, NH 03273

Ciecly Markoff 44 Buker Way New London, NH 03257

Diana Morris 83 Bowles Road Newbury, NH 03255

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Filed Date Filed: 01/11/2010 Business ID: 427811 William M. Gardner Secretary of State

State of New Hampshire

Recording fee: \$25.00 Use black print or type. Leave I" margins both sides Form NP-3 RSA 292:7

AFFIDAVIT OF AMENDMENT

New London Area Center for the Arts

A NEW HAMPSHIRE NONPROFIT CORPORATION Gusta Teach __ the undersigned, being the __ (Note 1) of the above named New Hampshire nonprofit corporation, do bereby certify that a meeting was held on December 8, 2009 New London ____ (Note 2), for the purpose of amending the articles of agreement and the following amendment(s) were approved by a majority vote of the corporation's Board of Directors (Note 3) 1 Amend Article 1 to read as follows:

*Article 1 The name of the corporation shall be:

Center for the Arts Lake Sunapee Region*

(If more space is needed, attach,

A true record, attest:

Date signed:

- Notes. 1. Clerk, secretary or other officer.
 - 2. Town/city and state.
 - 3. Enter either "Board of Directors" or "Trustees".

DISCLAIMER. All documents filed with the Corporate? public inspection in either tangible or electronic form.

Mail fee with DATED AND SIGNED ORIGINAL to: C Street, Concord NH 03301-4989.

File a copy with Clerk of the town/city of the principal p

State of New Hampshire

FURILLIEF (OF AUVY)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.



Name of the organization	Employer Identification number
Center for the Arts lake Sunapee Region	86-1053299
Form 990 EZ	
Part I - Line 6a & 6b: Increase income and expenses. These were inadvertently left off the original	return. They were in a separate bank
account maintained by someone other than the Treasurer. This increased inc	ome affects most of the other numbers
Se Book Lond Book II	
in Part I and Part II.	
Schedule A - Part III - Line 7a. Additional information was received that changed these figures. Tr	is impacted some of the other
calculations in this section.	

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