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

2009

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 10-01-2009, and ending 09-30-2010

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- 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 Tax-Exempt status (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 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 ► \$ 116,163

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	34,733
2	Program service revenue including government fees and contracts	2	22,588
3	Membership dues and assessments	3	0
4	Investment income	4	159
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)	5c	0
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input checked="" type="checkbox"/>	6a	58,683
a	Gross revenue (not including \$ 0 of contributions reported on line 1) ►	6b	31,289
b	Less direct expenses other than fundraising expenses	6c	27,394
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	0
7a	Gross sales of inventory, less returns and allowances	7b	0
b	Less cost of goods sold	7c	0
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	0
8	Other revenue (describe ►)	9	84,874
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		
10	Grants and similar amounts paid (attach schedule)	10	7,000
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	28,107
14	Occupancy, rent, utilities, and maintenance	14	8,852
15	Printing, publications, postage, and shipping	15	2,416
16	Other expenses (describe ►)	16	45,462
17	Total expenses. Add lines 10 through 16	17	91,837
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-6,963
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	31,093
20	Other changes in net assets or fund balances (attach explanation)	20	0
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	24,130

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	21,881	22 13,381
23 Land and buildings	24,944	23 23,289
24 Other assets (describe ►)	5,145	24 6,659
25 Total assets	51,970	25 43,329
26 Total liabilities (describe ►)	20,877	26 19,199
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	31,093	27 24,130

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	33		No	
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		No	
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?	35a		No	
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b			
36 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	36		No	
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0	37a	0		
b Did the organization file Form 1120-POL for this year?	37b		No	
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		No	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b			
39 <i>Section 501(c)(7) organizations.</i> Enter	39a			
a Initiation fees and capital contributions included on line 9	39a			
b Gross receipts, included on line 9, for public use of club facilities	39b			
40a <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	40b	0	No	
b <i>Section 501(c)(3) and 501(c)(4) organizations.</i> 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			
c <i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0	40b	0		
d <i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax on line 40c reimbursed by the organization ► 0	40b	0		
e <i>All organizations.</i> 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		No	
41 List the states with which a copy of this return is filed ► NH				
42a The organization's books are in care of ► P L Munck Telephone no ► (603) 692-5869 PO Box 255 Located at ► Somersworth, NH ZIP + 4 ► 038780255				
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)?	42b		No	
If "Yes," enter the name of the foreign country ► _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b			
c At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		No	
If "Yes," enter the name of the foreign country ► _____	42c			
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ► ✓ and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 _____	43	43		
44 Did the organization maintain any donor advised funds? If "Yes", <i>Form 990 must be completed instead of Form 990-EZ.</i>	44		No	
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", <i>Form 990 must be completed instead of Form 990-EZ.</i>	45		No	

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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
46		<input type="checkbox"/> Yes	<input type="checkbox"/> No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<input type="checkbox"/> Yes	<input type="checkbox"/> No
47		<input type="checkbox"/> Yes	<input type="checkbox"/> No
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/> Yes	<input type="checkbox"/> No
48		<input type="checkbox"/> Yes	<input type="checkbox"/> No
49a	Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
49a		<input type="checkbox"/> Yes	<input type="checkbox"/> No
49b	If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
49b		<input type="checkbox"/> Yes	<input type="checkbox"/> No

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."

(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				

50(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		

51(d) Total number of other independent contractors each 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		
	Signature of officer	Date	2011-01-07
	Philip Munck Treasurer		
	Type or print name and title		
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4	Preparer's identifying number (See instructions)	
	EIN <input type="checkbox"/>		
	Phone no. <input type="checkbox"/>		

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

2009

Open to Public
Inspection**SCHEDULE A**
(Form 990 or
990EZ)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.

Name of the organization
SOMERSWORTH FESTIVAL ASSOCIATION

Employer identification number

02-0368054

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 **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

e 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 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
11g(i)		
11g(ii)		
11g(iii)		

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

Part II Support Schedule for Organizations Described in 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.)

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")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						►

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2009. 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		►
b 33 1/3% support test—2008. 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 stop here . The organization qualifies as a publicly supported organization		►
17a 10%-facts-and-circumstances test—2009. 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		►
b 10%-facts-and-circumstances test—2008. 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		►
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		►

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) 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")	24,778	27,204	24,484	31,535	34,733	142,734
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	13,177	13,742	11,919	20,179	22,588	81,605
3 Gross receipts from activities that are not an unrelated trade or business under section 513	34,021	36,743	57,529	63,992	58,683	250,968
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 Total. Add lines 1 through 5	71,976	77,689	93,932	115,706	116,004	475,307
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	0	0	0	0	0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public Support (Subtract line 7c from line 6)						475,307

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	71,976	77,689	93,932	115,706	116,004	475,307
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	60	50	260	326		696
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	60	50	260	326	0	696
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	29,144	31,630	38,053	29,257	27,394	155,478
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	0	0	0
13 Total support (Add lines 9, 10c, 11 and 12)	101,180	109,369	132,245	145,289	143,398	631,481

14 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** 

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	75 269 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	73 296 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	0 110 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0 133 %
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 		

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

Additional Data

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

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

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 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)
28 Somersworth International Children's Festival The 30th annual Children's Festival was held in June 2010. 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 30,000 persons. (Grants \$ 0)	29,529 <input checked="" type="checkbox"/> If this amount includes foreign grants, check here . . . ► 28a
29 Pumpkin Festival The Pumpkin Festival is a one-day activity in October attracting 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. A number of local organizations including Girl Scouts, Boy Scouts and Somersworth High School clubs participated in the event. (Grants \$ 500)	11,218 <input checked="" type="checkbox"/> If this amount includes foreign grants, check here . . . ► 29a
30 A series of six "Kid's Koncert" events were held late Wednesday afternoons in July and August. Each event provided entertainment such as magic, singing and animal shows targeted at families with young children. An average of 300 persons attended each of the shows. (Grants \$ 0)	3,454 <input checked="" type="checkbox"/> If this amount includes foreign grants, check here . . . ► 30a
In conjunction with a winter festival in the City of Somersworth, the Association put on a pancake breakfast and games program for families and children and sponsored a dance for high school students. (Grants \$ 0)	761 <input checked="" type="checkbox"/> If this amount includes foreign grants, check here . . . ►
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. (Grants \$ 2,000)	0 <input checked="" type="checkbox"/> If this amount includes foreign grants, check here . . . ►
Grants were given to Somersworth elementary and middle schools used for funding a variety of arts programs. (Grants \$ 5,000)	0 <input checked="" type="checkbox"/> If this amount includes foreign grants, check here . . . ►

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

(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
Brian Gauthier PO Box 255 Somersworth, NH 038780255	President 8	0	0	0
Patricia LeHoulier PO Box 255 Somersworth, NH 038780255	Vice-President 4	0	0	0
Philip Munck PO Box 255 Somersworth, NH 038780255	Treasurer 8	0	0	0
Caroline Morgan PO Box 255 Somersworth, NH 038780255	Secretary 6	0	0	0
Suzanne Gregoire PO Box 255 Somersworth, NH 038780255	Executive Director 36	28,107	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
Paul Dubois PO Box 255 Somersworth, NH 038780255	Director 4	0	0	0
Grace Fuller PO Box 255 Somersworth, NH 038780255	Director 4	0	0	0
Lisa Flanagan PO Box 255 Somersworth, NH 038780255	Director 4	0	0	0
Denise Gauthier PO Box 255 Somersworth, NH 038780255	Director 4	0	0	0
Dina Gagnon 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
Kirsten Larsen PO Box 255 Somersworth, NH 038780255	Director 4	0	0	0
Jason Morrison PO Box 255 Somersworth, NH 038780255	Director 4	0	0	0
Martin Pepin PO Box 255 Somersworth, NH 038780255	Director 4	0	0	0
Joanne 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 Roberge PO Box 255 Somersworth, NH 038780255	Director 4	0	0	0
Patricia Soucy 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

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2009

Open to Public Inspection

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. Form 990-EZ filers are not required to complete this part.

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

- a** Mail solicitations
- b** Internet and e-mail solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

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.

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>8</u> (total number)	
Revenue	1 Gross receipts . . .	9,777	9,462	39,736	58,975
	2 Less Charitable contributions . . .	0	0	292	292
	3 Gross income (line 1 minus line 2) . . .	9,777	9,462	39,444	58,683
Direct Expenses	4 Cash prizes . . .	0	0	21,370	21,370
	5 Non-cash prizes . . .	0	0	0	0
	6 Rent/facility costs . . .	0	0	4,113	4,113
	7 Food and beverages . . .	0	0	0	0
	8 Entertainment . . .	0	0	0	0
	9 Other direct expenses . .	983	1,019	3,804	5,806
	10 Direct expense summary Add lines 4 through 9 in column (d)				31,289
	11 Net income summary Combine lines 3, column d, and line 10.				27,394

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))
	1 Gross revenue	0	0	29,112	29,112
	2 Cash prizes	0	0	21,370	21,370
	3 Non-cash prizes	0	0	0	0
	4 Rent/facility costs	0	0	4,113	4,113
	5 Other direct expenses . .			1,219	1,219
	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)				26,702
	8 Net gaming income summary Combine lines 1, column d, and line 7				2,410

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
13 Indicate the percentage of gaming activity operated in		
a The organization's facility	13a	0 %
b An outside facility	13b	100 %
14 Enter 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		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	Yes
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ <u>2,410</u> and the amount of gaming revenue retained by the third party ► \$ <u>5,032</u>		
c If "Yes," enter name and address		
Name ► Concord Bingo Too LLC		
Address ► 1662 Elm Street Manchester, NH 03101		
16 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		
<input checked="" type="checkbox"/> Director/officer	<input type="checkbox"/> Employee	<input type="checkbox"/> Independent contractor
17 Mandatory distributions		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	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 ► \$ <u>2,410</u>		

TY 2009 Other Assets Schedule

Name: SOMERSWORTH FESTIVAL ASSOCIATION**EIN:** 02-0368054**Software ID:** 09000073**Software Version:** v1.00

Description	Beginning of Year Amount	End of Year Amount
Prepaid expenses	5,145	6,659

TY 2009 Other Expenses Schedule

Name: SOMERSWORTH FESTIVAL ASSOCIATION**EIN:** 02-0368054**Software ID:** 09000073**Software Version:** v1.00

Description	Amount
Production expenses for 2010 Somersworth International Children's Festival	22,249
Production expenses for pre-SICF Celebration concert & fireworks	7,280
Production expenses for 2009 Somersworth Pumpkin Festival	11,718
Production expenses for 2010 WinterFest, a group of winter related activities.	761
Production expenses for 2010 Kid's Koncerts, a six-week series of free summer evening shows.	3,454

TY 2009 Other Liabilities Schedule

Name: SOMERSWORTH FESTIVAL ASSOCIATION**EIN:** 02-0368054**Software ID:** 09000073**Software Version:** v1.00

Description	Beginning of Year Amount	End of Year Amount
Accounts payable	1,045	709
Deferred revenues	11,332	10,490
Scholarships payable	8,500	8,000