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A For the 2009 calendar year, or tax year beginning 10-01-2009, and ending 09-30-2010				
<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	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization SOMERSWORTH FESTIVAL ASSOCIATION		<b>D</b> Employer identification number 02-0368054
		Number and street (or P O box, if mail is not delivered to street address) PO Box 255		<b>E</b> Telephone number (603) 692-5869
		City or town, state or country, and ZIP + 4 Somersworth, NH 038780255		<b>F</b> 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) ▶

<b>I Website:</b> <input type="checkbox"/> www.nhfestivals.org		<b>H Check</b> <input checked="" type="checkbox"/> if the organization is <b>not</b> required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
<b>J Tax-Exempt status</b> (check only one)— <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 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.

<b>L</b> 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	<b>\$</b>	116,163
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<b>Part I</b>	<b>Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (See the instructions for Part I )
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Revenue	<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	34,733
	<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>2</b>	22,588
	<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>	0
	<b>4</b>	Investment income . . . . .	<b>4</b>	159
	<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	0
	<b>b</b>	Less cost or other basis and sales expenses . . . . .	<b>5b</b>	0
	<b>c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	0
	<b>6</b>	Special events and activities (complete applicable parts of Schedule G) If any amount is from <b>gaming</b> , check here <input checked="" type="checkbox"/>		
	<b>a</b>	Gross revenue (not including \$ <u>0</u> of contributions reported on line 1) <input checked="" type="checkbox"/>	<b>6a</b>	58,683
	<b>b</b>	Less direct expenses other than fundraising expenses . . . . .	<b>6b</b>	31,289
	<b>c</b>	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	<b>6c</b>	27,394
	<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	0
	<b>b</b>	Less cost of goods sold . . . . .	<b>7b</b>	0
<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	0	
<b>8</b>	Other revenue (describe <input checked="" type="checkbox"/> _____)	<b>8</b>	0	
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	<b>9</b>	84,874	

Expenses	<b>10</b>	Grants and similar amounts paid (attach schedule)	<b>10</b>	7,000
	<b>11</b>	Benefits paid to or for members	<b>11</b>	0
	<b>12</b>	Salaries, other compensation, and employee benefits	<b>12</b>	0
	<b>13</b>	Professional fees and other payments to independent contractors	<b>13</b>	28,107
	<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>	8,852
	<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	2,416
	<b>16</b>	Other expenses (describe _____)	<b>16</b>	45,462
	<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	91,837

Net Assets	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	-6,963
	<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	31,093
	<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>	0
	<b>21</b>	Net assets or fund balances at end of year Combine lines 18 through 20	<b>21</b>	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
<b>22</b>	Cash, savings, and investments . . . . .	21,881	<b>22</b> 13,381
<b>23</b>	Land and buildings . . . . .	24,944	<b>23</b> 23,289
<b>24</b>	Other assets (describe  )	5,145	<b>24</b> 6,659
<b>25</b>	<b>Total assets</b> . . . . .	51,970	<b>25</b> 43,329
<b>26</b>	<b>Total liabilities</b> (describe  )	20,877	<b>26</b> 19,199
<b>27</b>	<b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) .	31,093	<b>27</b> 24,130

**Part IV** **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV )

Form **990-EZ** (2009)

Part VOther 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 <b>not</b> 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 <b>Form 990-T</b> 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
b	Did the organization file <b>Form 1120-POL</b> for this year?	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> 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	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911, section 4912, and 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 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	No
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	40e	No
41	List the states with which a copy of this return is filed		
42a	The organization's books are in care of		
	PO Box 255		
	Located at		
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 <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
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		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No
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	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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
49b	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 "

(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		2011-01-07 Date	
Paid Preparer's Use Only	Philip Munck, Treasurer Type or print name and title			
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN
				Phone no
May the IRS discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> No				

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.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization SOMERSWORTH FESTIVAL ASSOCIATION	Employer identification number 02-0368054
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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  

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 IIISupport 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
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	24,778	27,204	24,484	31,535	34,733	142,734
2Gross 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
3Gross 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
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6Total. Add lines 1 through 5	71,976	77,689	93,932	115,706	116,004	475,307
7aAmounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
bAmounts 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
cAdd lines 7a and 7b	0	0	0	0	0	0
8Public 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
9Amounts from line 6	71,976	77,689	93,932	115,706	116,004	475,307
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	60	50	260	326		696
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
cAdd lines 10a and 10b	60	50	260	326	0	696
11Net 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
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
13Total support (Add lines 9, 10c, 11 and 12.)	101,180	109,369	132,245	145,289	143,398	631,481

14First 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

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	75.269 %
16Public support percentage from 2008 Schedule A, Part III, line 15	16	73.296 %

Section D. Computation of Investment Income Percentage

17Investment income percentage for <b>2009</b> (line 10c column (f) divided by line 13 column (f))	17	0.110 %
18Investment income percentage from <b>2008</b> 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.)	
<b>28</b> 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) If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/>	<b>28a</b>	29,529
<b>29</b> 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) If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/>	<b>29a</b>	11,218
<b>30</b> A series of six "Kid's Konkert" 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) If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/>	<b>30a</b>	3,454
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) If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/>		761
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) If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/>		0
Grants were given to Somersworth elementary and middle schools used for funding a variety of arts programs (Grants \$ 5,000) If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/>		0

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

2009

Open to Public Inspection

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.

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.

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

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.

Revenue		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events		
		<u>Holiday Craft Fair</u>	<u>Autumn Craft Fair</u>	<u>8</u>	(Add col (a) through		
		(event type)	(event type)	(total number)	col (c))		
	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.

Revenue		(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
Direct Expenses	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 . . . . .	<div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No</div>	
	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

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities <u>NH</u>		
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

		<b>Yes</b>	<b>No</b>
<b>13</b>	Indicate the percentage of gaming activity operated in		
<b>a</b>	The organization's facility . . . . .	<b>13a</b>	0 %
<b>b</b>	An outside facility . . . . .	<b>13b</b>	1 00 %
<b>14</b>	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			
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .		<b>15a</b> Yes
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ 2,410 and the amount of gaming revenue retained by the third party ▶ \$ 5,032		
<b>c</b>	If "Yes," enter name and address		
Name ▶ Concord Bingo Too LLC			
Address ▶ 1662 Elm Street Manchester, NH 03101			
<b>16</b>	Gaming manager information		
Name ▶ P L Munck			
Gaming manager compensation ▶ \$ 0			
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			
<b>17</b>	Mandatory distributions		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .		<b>17a</b> No
<b>b</b>	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 2,410		

**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 Konzerts, 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