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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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling reganizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For the 2010 calendar year, or tax year beginning JUL 31, 2011 AUG 2010 and ending В Check if applicable C Name of organization D Employer identification number Address change 02-0504270 SOUTHERN NEW HAMPSHIRE YOUTH BALLET Name change Number and street (or P O box, if mail is not delivered to street address) E Telephone number Room/suite Initial return 603-625-9272 19 HARVEY RD Terminated City or town, state or country, and ZIP + 4 F Group Exemption BEDFORD, NH 03110 Number > Application pending X Cash H Check X if the organization is not Accrual Accounting Method Other (specify) Website: ► WWW.SNHDT.ORG required to attach Schedule B Tax-exempt status (check only one) - X 501(c)(3)) **◄**(insert no) l 」4947(a)(1) or ₹ 527 (Form 990, 990-EZ, or 990-PF) ____ 501(c) (K Check Light organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a <u>complete</u> return Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, 109075. line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 9644 Contributions, gifts, grants, and similar amounts received 52805 2 2 Program service revenue including government fees and contracts 10780. 3 3 Membership dues and assessments 4 Investment income Gross amount from sale of assets other than inventory 5a 5b Less cost or other basis and sales expenses 5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a of contributions b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such 30553 6b gross income and contributions exceeds \$15,000) 10052. 6с c Less direct expenses from gaming and fundraising events 20501. Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 5293. 7a Gross sales of inventory, less returns and allowances 2856. SEE SCHEDULE, O 7b b Less cost of goods sold (--) Gross profit or (loss) from sales of inventory (Subfrace Ine 7b 1900 line 7a) 2437. 70 HL 8 Other revenue (describe in Schedule O) 96167 Total revenue. Add lines 1, 2, 3, 4, 5c, 60,7c, and 8 9 Grants and similar amounts paid (list in Schedule O) SE 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits, 3007. Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 1024. 15 Printing, publications, postage, and shipping 15 85802. SEE SCHEDULE O 16 16 Other expenses (describe in Schedule 0) 89833. 17 17 Total expenses. Add lines 10 through 16 6334. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) -19920. (must agree with end-of-year figure reported on prior year's return) 19 20 20 Other changes in net assets or fund balances (explain in Schedule O) 21 -13586. Net assets or fund balances at end of year Combine lines 18 through 20 Form **990-EZ** (2010) LHA For Paperwork Reduction Act Notice, see the separate instructions.

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Page 2

P	art II	Balance Sheets. (see the instructions for Part II)					
		Check if the organization used Schedule O to respond to any question					X
			(/	A) Beginning of year	_	(B) E	nd of year
22	Cash,	savings, and investments		993	• 22		1218.
23	Land	and buildings			23		
24	Other	assets (describe in Schedule O)			24	<u> </u>	
25	Total	assets		993			1218.
26	Total	liabilities (describe in Schedule 0) SEE SCHEDULE (20913			14804.
27		ssets or fund balances (line 27 of column (B) must agree with line 21)		-19920	- 27	ļ	-13586.
P	art III	Statement of Program Service Accomplishme	nts (see the instructions for	Part III)			penses
		Check if the organization used Schedule O to respond to any question	n in this Part III	- <u></u> -	<u>Ш</u> .		for section and 501(c)(4)
Wha	at is the c	organization's primary exempt purpose? SEE BELOW				organizati	ons and section
		hat was achieved in carrying out the organization's exempt put			е	4947(a)(1 for others) trusts, optional
		s provided, the number of persons benefited, and other relevan				101 001013	' _
28		NING, COACHING, AND PERFORMING				}	
		THS AND PRE PROFESSIONAL STUDENT	IS IN THE STUD	OX OF.			
	BALI						100741
	(Grants	\$) If this amount includes foreign	grants, check here			28a	102741.
29							
					 -		
	(Grants	\$) If this amount includes foreign	grants, check here		<u> </u>	29a	
30						1	
					—		
			_				
	(Grants	· · · · · · · · · · · · · · · · · · ·	grants, check here	<u></u>		30a	
31		program services (describe in Schedule O)		_			
	(Grants		grants, check here	<u></u>		312	102741.
		program service expenses (add lines 28a through 31a) List of Officers, Directors, Trustees, and Key E	Employees			32	
	art tv			ven it not compensated (s	ee the	instructions i	or Part IV)
		Check if the organization used Schedule O to respond to any question		(a) Componention	(4) 0	ontributions	(a) Evpapas
		(a) Name and add-are	(b) Title and average hours per week devoted to	(c) Compensation (If not paid, enter	to	employee	(e) Expense account and
		(a) Name and address	position	-0)		efit plans & leferred	other allowances
ME	CAN	NEAL, 1200 ELM STREET APT 619,	DIRECTOR	 	con	pensation	
		ESTER, NH 03101	0.50	0.		0.	0.
		INA GRIFFIN, 224 FOREST STREET,	TREASURER	0.			
		ESTER, NH 03102	0.50	0.		0.	0.
		A KLINGER	DIRECTOR				
		WOOD CIRCLE, NASHUA, NH 03062	0.50	0.		0.	0.
		CIA LAVOIE, 90 LIBERTY HILL	PRESIDENT				
		BEDFORD, NH 03110	0.50	0.		0.	0.
		ANIE LESLIE, 26 BADGER HILL	DIRECTOR	 			
		MILFORD, NH 03055	0.50	0.		0.	0.
		IN MAHONEY	DIRECTOR	-			·
		STBROOK DRIVE, NASHUA, NH 03060	0.50	0.		0.	0.
		ARIE SOUTHWELL	DIRECTOR	-			
		TON ROAD, BEDFORD, NH 03110	0.50	0.		0.	0.
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	Other Information (Note the statement requirements in the instructions for Part V.) Check if the organization used Schedule 0 to respond to any question in this Part V			X
_	Oneck if the organization used Schedule O to respond to any question in this Part V	-	Yes	
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in			
	Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
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, explain in Schedule O why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or		i]
	501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	Α
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		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	•	-	
	Did the organization file Form 1120-POL for this year?	37b		X_
	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 tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	1		
	section 4911 ► 0 • , section 4912 ► 0 • , section 4955 ► 0 •			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
	year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	40b		X
G	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 •0.			
8	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	ļ		
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed NH			
42 a	The organization's books are in care of ▶ PATRICIA LAVOIE Telephone no ▶ 603-6	41-6	833	
	Located at ▶ 90 LIBERTY HILL RD, BEDFORD, NH ZIP+4 ▶	0311	0	
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		Yes	No
	account)?	42b		X
	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	l	X_
	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	N/A		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
_	of Form 990-EZ	44b		X
C	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
_	in Schedule O	440		
				(2010)

Form 990)-EZ (2010)	SOUTHERN NEW	HAMPSHIRE YO	OUTH BALLET		02-0504	270		Page 4
,								Yes	
		ganization a controlled entity of the	-				45		X
		tion receive any payment from or e		-	e meaning of section	512(b)(13)?			
		O and Schedule R may need to be	·				45a	Į	X
		tion engage, directly or indirectly, i	n political campaign activiti	ies on behalf of or in opposition	n to candidates for pu	iblic office?			
	44 1	e Schedule C, Part I					46		<u>X</u>
Part \		ion 501(c)(3) organizati		• • • •		_			
		rations and section 4947(a)(1) nor			and 52, and complete	the tables for I	nes 50	and 51	
	Check	f the organization used Schedule () to respond to any questio	n in this Part VI				N/	
47 D.4								Yes	
		tion engage in lobbying activities?	•				47		X
	-	on a school as described in section		· · · · · · · · · · · · · · · · · · ·			48	_	<u>^</u>
	-	tion make any transfers to an exen		rganization?			49a	-	
		related organization a section 527	•	. /alba-lba-df-a			49b_		
		ble for the organization's five high		· ·	s, trustees and key er	npioyees) who e	each re	ceivea i	nore
<u>(nar</u>	1 \$ 100,000 0	f compensation from the organiza	tion in there is none, enter		(a) Composition	(d) 0 - 4 - 4 - 4 - 4 - 4 - 4		a) Evaa	
	(a) N	and address of each ample		(b) Title and average hours per week devoted to	(c) Compensation	(d) Contribution to employee	;	e) Expe ccount	
	(a) Na	ame and address of each employed than \$100,000 N	e paid more IONE	position		benefit plans & deferred		er allow	
		The state of the s	IONE	· · · · · · · · · · · · · · · · · · ·		compensation			
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	anization If t	ble for the organization's five highe here is none, enter "None " Name ame and address of each independ	IONE	<u>-</u>	ved more than \$100,			rom the	
							_		
								<u> </u>	
d Tota	al number of	other independent contractors eac	h receiving over \$100,000		>				
52 Did	the organizat	tion complete Schedule A? Note : A	ill section 501(c)(3) organi	zations and 4947(a)(1) nonexe	empt			_	
<u>cha</u>	ritable trusts	must attach a completed Schedule	9 A			▶ [es 🗀	_] No
	Under per correct, a	alties of perjury, I declare that I have exa id complete Declaration of reparer (oth	imined this return, including acc er than officer) is based on all in	companying schedules and statement formation of which preparer has any	nts, and to the best of my knowledge	knowledge and b	ellet, it i	s true,	
Sign	ta	Torus av	~			12/13	/ac	$\overline{11}$	
Here	Signat	cure of officer				Date	,		
		TRICIA LAVOIE,	PRESIDEN	<u> </u>					
	Type	or print name and title							
	Print	Type preparer's name	Preparer's signature	Date	Check X	-			
Paid			18.01×11	Done.	self- emplo	' I			
Prepar	<u> </u>	C WALKER, CPA	(ROLLAN)	(12/12)	/11	P01	527	311	
Use O		s name ▶ ERIC WALKE	R, CPA	· · · · · · · · · · · · · · · · · · ·	Firm's EIN				
	Firm'	s address 🕨			Phone no	(207)	-35	1-5	967
		97 ROSEGA	TEFARM DR MA	ANCHESTER, NH	03109			-	-
May the I	RS discuss ti	nis return with the preparer shown	above? See instructions			<u> </u>	ΧY	es L	<u>No</u>
032174							Form 9	990-EZ	(2010)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number 02-0504270

the organization is not a private foundation because if its: (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 church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:	Part I	Reason		ity Status (All organiz					ructions.	. 02	-0304	270	
A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A school described in section 170(b)(1)(A)(iii), (Attach Schedule E) A hospital or a cooperative hisspital 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). 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)(iii). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). A norganization 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)(iv). (Complete Part II.) A community frust described in section 170(b)(1)(A)(iv). (Complete Part II.) A community frust described in section 170(b)(1)(A)(iv). (Complete Part III.) A community frust described in section 170(b)(1)(A)(iv). (Complete Part III.) A norganization that normally receives: (I) more than 33 1/3% of its support from gross investment income and unrelated business staxible income (sees section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) A norganization organized and operated exclusively to test for public safety. See section 509(a)(4). A norganization organized and operated exclusively to test for public safety. See section 509(a)(4). A norganization 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 organization and complete lines 11 thiological. See section 509(a)(2). Check the box that describes the type of supporting organization and complete lines 11 thiological. See section 509(a)(2). One carry the purpose of organization received a writen determination of the supported organization (i) organizatio		·							-				
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, crty, and state: A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, crty, and state: 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)(ii). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A community frust described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) 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 a subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business staxable income (less sections 511 tax) from businesses saculated by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 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 and complete lines 11 to through 11th. a	1 🛄	A church, cor	vention of churches	s, or association of churc	ches descr	ibed in se	ction 170	b)(1)(A)(i).					
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 section 170(b)(1)(A)(ii). (Complete Part II.) A forganization 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)(ii). (Complete Part II.) A community trust described in section 170(b)(1)(A)(ii). (Complete Part II.) A community trust described in section 170(b)(1)(A)(ii). (Complete Part II.) A community trust described in section 170(b)(1)(A)(ii). (Complete Part III.) A community trust described in section 170(b)(1)(A)(ii). (Complete Part III.) 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 II.) 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)(2). See section 509(a)(3). Check the box that describes the type of supporting organization accepted in section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting 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 (i) and (ii) below, the governing body of the supported organization (see this function). (iii) A family member of a person described in (i) and organization in coling organizat	2 🗀	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sci	hedule E)								
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 section 170(b)(1)(A)(iv). (Complete Part II.) A reganization 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.) 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 severing functions: subject to certain exceptions, and (2) no more than 33 1/3% of its support from governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 accurred by the organization after June 30, 1975. See section 509(a) (2) Complete Part II.) An organization organized and operated exclusively to test for public safety. See section 509(a)(b) the organization and periated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations of organization 509(a)(3). Check the box that describes the type of supporting organization organization in Solida, in the control organization organization organization in section 509(a)(3). Check the box that described the box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons of the than foundation managers and other than one or more publicly supported organization in collidary i	з 🔲	A hospital or	a cooperative hospi	tal service organization of	described ii	n section	170(b)(1)(A)(iii).					
city, and state: Complete Part II.	4								(b)(1)(A)(iii). Enter th	e hospital'	s name,	,
section 170(b)(1)(A)(P). (Complete Part II.) A rederal, state, or local government or governmental unit described in section 170(b)(1)(A)(V). A rederal, state, or local government or governmental unit described in section 170(b)(1)(A)(V). A community trust described in section 170(b)(1)(A)(V). (Complete Part III.) A community trust described in section 170(b)(1)(A)(V). (Complete Part III.) A community trust described in section 170(b)(1)(A)(V). (Complete Part III.) 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 tay) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organization and operated exclusively to test for public safety. See section 509(a)(4). An organization organization 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)(2). Check the box that describes the type of supporting organization of supporting organization of supporting organization and sections 509(a)(1) or section 509(a)(2). Check the box that describes the type of supporting organization special problets lines 11 for through 11h. By checking this box, I certify that the organization is not controlled funciety to rindrectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in (ii) and (iii) below, the governing described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A family member of a person described in (i) below organization in colid (ii) side in your organiza													
A federal, state, or local government or governmental unit described in section 170b(1)(1A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170b(1)(1A)(v). (Complete Part II) A community trust described in section 170b(1)(1A)(vi). (Complete Part III) A norganization 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 531 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)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11 e through 11 h. a Type II b Type II c Type III - Cuthorally integrated d Type III - Cother By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation imanagers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If If the organization, check this box 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 (i) and (ii) below, the governing body of the supported organization in col (i) organization in col (i) organization (see instructions)) (iii) A family member of a person described in in	5				niversity ow	ned or op	erated by	a governn	mental unit	describe	d In		
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a Type b Type I c Type II - Functionally integrated d Type II - Other 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 organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) or (ii) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (iv) I stee organization (described on lines 1-9 above or IRC section (see instructions)) (iv) I stee organization in col (ii) organization in col (iii)								,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
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Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

P	art il Support Schedule for	Organization	s Described in	Sections 170)(h)(1)(Δ)(iv) an	d 170/b)/1)/A)/v	i) Page 2
	(Complete only if you checke						
	fails to qualify under the tests				,		organization.
Se	ction A. Public Support						
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and		12/222	(0)	137 333	1	
	membership fees received. (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3							
	furnished by a governmental unit to						
	the organization without charge			 		ļ <u> </u>	
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	· · · · · · · · · · · · · · · · · · ·	. 1	4	***************************************	······	
	ction B. Total Support	·		<u> </u>		<u> </u>	
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	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	l	ĺ				
	activities, whether or not the						
	business is regularly carried on		·				
10	Other income. Do not include gain			İ			
	or loss from the sale of capital]				
	assets (Explain in Part IV.)			- 	 	ļ	
	Total support. Add lines 7 through 10		! <u>-</u>		1	1 10	
	Gross receipts from related activities,	•	•	and formath or fifth t	ov voor oo o oostu	12	
13	First five years. If the Form 990 is for organization, check this box and stor	•	s tirst, second, thi	ra, tourth, or litth t	ax year as a section	on 50 (c)(3)	▶□
Se	ction C. Computation of Publ		rcentage				
14	Public support percentage for 2010 (I			column (fl)		14	%
15				00.0 (1)		15	%
	33 1/3% support test - 2010.If the o		·	n line 13, and line	14 is 33 1/3% or r		
	stop here. The organization qualifies					·	$\blacktriangleright X$
t	33 1/3% support test - 2009.If the o				l line 15 is 33 1/3%	6 or more, check the	s box
	and stop here. The organization qual						▶ □
17a	10% -facts-and-circumstances test				e 13, 16a, or 16b,	and line 14 is 10% o	or more,
	and if the organization meets the "fac	ts-and-circumstan	ices" test, check t	this box and stop	here. Explain in Pa	art IV how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	ed organization		
L	10% -facts-and-circumstances test	- 2000 If the ora	anization did not a	shack a box on line	a 13 16a 16h or	17a and line 15 is 1	0% or

Schedule A (Form 990 or 990-EZ) 2010

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 Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	elow, please compl	ete rait ii.)		_ 			
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not		0.050	2212	15005		55005	
	include any "unusual grants.")	2890.	8879.	7717.	15925.	20424.	55835.	
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							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf	25488.	72350.	82471.	87496.	88651.	356456.	
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	28378.	81229.	90188.	103421.	109075.	412291.	
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.	
ŧ	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.	
	Add lines 7a and 7b						0.	
. 8	Public support (Subtract line 7c from line 6)						412291.	
Se	ction B. Total Support							
Cale	ındar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
	Amounts from line 6	28378.	81229.	90188.	103421.	109075.	412291.	
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
t	Unrelated business taxable income (less section 511 taxes) from businesses							
	acquired after June 30, 1975							
	Add lines 10a and 10b 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)	28378.	81229.	90188.	103421.	109075.	412291.	
14	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth tമാ	c year as a section	n 501(c)(3) organiz	ation,	
	check this box and stop here						▶ L	
<u>Se</u>	ction C. Computation of Publi	c Support Per	centage			 ,	100 00	
	Public support percentage for 2010 (I	**	=	olumn (f))	,		100.00 %	
	Public support percentage from 2009					16	100.00 %	
	ction D. Computation of Inves			10 1 (0)		47	.00 %	
17	Investment income percentage for 20	·		3, column (f))	}	17		
18	Investment income percentage from 2009 Schedule A, Part III, line 17 [18] % 19a 33 1/3% support tests - 2010. 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							
198							I / is not ▶ X	
ŧ	more than 33 1/3%, check this box ar 33 1/3% support tests - 2009. If the							
	line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organization						▶□	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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.

OMB No 1545-0047

Open To Public Inspection

Name of the organization

Employer identification number

SOUTHER	RN NEW HAMPSHIRE YO	UTH	ва	LLET	02-0504	270
Part I Fundraising Activities required to complete this pa	Complete if the organization answert.	ered "Y	es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 Indicate whether the organization rate a X Mail solicitations b Internet and email solicitation c Phone solicitations d X In-person solicitations 2 a Did the organization have a written key employees listed in Form 990, Feb If "Yes," list the ten highest paid incompensated at least \$5,000 by the 	e Solicitar Solicitar g X Special or oral agreement with any individual Part VII) or entity in connection with particular or entities (fundraisers) purs	tion of tion of fundra (includerofess	non-g gover using o ding of lonal f	overnment grants nment grants events fficers, directors, trus undraising services?	stees or Yes	-
(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	ustody trol of	(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			
· · · · · · · · · · · · · · · · · · ·						
			-			
-		-				
Fotal .	<u> </u>		▶			
3 List all states in which the organization	on is registered or licensed to solicit	contrib	utions	or has been notified	t it is exempt from re	egistration
or licensing.				<u></u>		
		-				
			_			

Schedule G (Form 990 or 990-EZ) 2010

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

SOUTHERN NEW HAMPSHIRE YOUTH BALLET 02-0504270 Page 2 Schedule G (Form 990 or 990-EZ) 2010 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (c) Other events (a) Event #1 (b) Event #2 (d) Total events VALENTINE UNIVERSAL NONE (add col. (a) through GALA GAMING col. (c)) (event type) (event type) (total number) Revenue 6532. 24021 30553. Gross receipts 0 Less: Charitable contributions 24021 6532. 30553. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses 4224 4224. Rent/facility costs Food and beverages 600 600. 8 Entertainment 5228. 325. 4903. Other direct expenses 100524 10 Direct expense summary Add lines 4 through 9 in column (d) 20501 11 Net income summary Combine line 3, column (d), and line 10 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. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue col. (a) through col. (c)) bingo/progressive bingo 1 Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes % Yes 6 Volunteer labor No No Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary Combine line 1, column d, and line 7 Enter the state(s) in which the organization operates gaming activities: Yes No a Is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain: Yes 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2010

032082 01-13-11

11 Does the organization operate gaming activities with nonmembers?
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed
to administer charitable gaming?
13 Indicate the percentage of gaming activity operated in:
a The organization's facility
b An outside facility \(\frac{13b}{\pi} \)
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
Name ▶
Address ▶
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount
of gaming revenue retained by the third party >\$
c If "Yes," enter name and address of the third party:
Name ▶
Address
16 Gaming manager information:
Name ▶
Gaming manager compensation ▶ \$
Description of services provided
☐ Director/officer ☐ Employee ☐ Independent contractor
17 Mandatory distributions:
a is the organization required under state law to make charitable distributions from the gaming proceeds to
retain the state gaming license?
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the
organization's own exempt activities during the tax year ▶ \$
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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.

2010 Open to Public Inspection

Name of the organization

SOUTHERN NEW HAMPSHIRE YOUTH BALLET

Employer identification number 02-0504270

SOUTHERN NEW HAMPSHIRE YOUTH BALLET	02-0504270
FORM 990-EZ, PART I, LINE 7, GROSS PROFIT FROM SALES OF INV	VENTORY:
INCOME:	
1. GROSS RECEIPTS	5293.
2. RETURNS AND ALLOWANCES	0.
3. LINE 1 LESS LINE 2	5293.
4. COST OF GOODS SOLD (LINE 13)	2856.
5. GROSS PROFIT (LINE 3 LESS LINE 4)	2437.
COST OF GOODS SOLD:	
6. INVENTORY AT BEGINNING OF YEAR	0.
7. MERCHANDISE PURCHASED	0.
8. COST OF LABOR	0.
9. MATERIALS AND SUPPLIES	2856.
10. OTHER COSTS	0.
11. ADD LINES 6 THROUGH 10	2856.
12. INVENTORY AT END OF YEAR	0.
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)	2856.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
PRODUCTION COSTS	82960.
STORAGE	1730.
INSURANCE	989.
FINANCE CHARGES	123.
TOTAL TO FORM 990-EZ, LINE 16	85802.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

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

Schedule O (Form 990 or 990-EZ) (2010)

SCHEDULE O (Form 990 or 990-EZ)

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.

2010 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization **Employer identification number** SOUTHERN NEW HAMPSHIRE YOUTH BALLET 02-0504270 DESCRIPTION BEG. OF YEAR END OF YEAR CURRENT LIABILITIES 20913. 14804. FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.