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2011

Open to Public
Inspection

Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). 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

A For the 2011 calendar year, or tax year beginning 10-01-2011, and ending 09-30-2012

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization SOMERSWORTH FESTIVAL ASSOCIATION	D Employer identification number 02-0368054
Number and street (or P O box, if mail is not delivered to street address) PO Box 255	E Telephone number (603) 692-5869
City or town, state or country, and ZIP + 4 Somersworth, NH 038780255	F Group Exemption Number ►

G Accounting method Cash Accrual Other (specify) ► _____**H** Check ► if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**I** Website: ► www.nhfestivals.org**J** Tax-Exempt status (check only one) — 501(c)(3) 501(c)() (insert no) 4947(a)(1) or 527**K** Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 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 complete return**L** 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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 76,671**Part I 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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1 22,126
	2 Program service revenue including government fees and contracts	2 19,870
	3 Membership dues and assessments	3 0
	4 Investment income	4 16
	5a Gross amount from sale of assets other than inventory	5a 0
	5b Less cost or other basis and sales expenses	5b 0
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c 0
	6 Gaming and fundraising events	
	6a Gross income from gaming (attach Schedule G if greater than \$15,000) <input type="checkbox"/>	6a 0
Expenses	6b Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) <input type="checkbox"/>	6b 34,659
	6c Less direct expenses from gaming and fundraising events	6c 4,243
	6d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d 30,416
	7a Gross sales of inventory, less returns and allowances	7a 0
	7b Less cost of goods sold	7b 0
	7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 0
	8 Other revenue (describe in Schedule O)	8 0
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 72,428
	10 Grants and similar amounts paid (list in Schedule O)	10 0
Net Assets	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 26,750
	14 Occupancy, rent, utilities, and maintenance	14 8,716
	15 Printing, publications, postage, and shipping	15 4,019
	16 Other expenses (describe in Schedule O)	16 27,605
	17 Total expenses. Add lines 10 through 16	17 67,090
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 5,338
	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 17,644
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 -2
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 22,980

Part II Balance SheetsCheck if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	11,222	22 15,448
23 Land and buildings	21,634	23 19,979
24 Other assets (describe in Schedule O)	5,142	24 3,067
25 Total assets	37,998	25 38,494
26 Total liabilities (describe in Schedule O)	20,354	26 15,514
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	17,644	27 22,980

Part III Statement of Program Service AccomplishmentsCheck if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

The purpose of the Somersworth Festival Association is to foster civic pride in the City of Somersworth in the activities and achievements of its children and in the diversity of its ethnic background and to foster the arts especially as they relate to children and families

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses

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

28 See Additional Data Table

(Grants \$)	If this amount includes foreign grants, check here . . . ► <input checked="" type="checkbox"/>	28a
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29

(Grants \$)	If this amount includes foreign grants, check here . . . ► <input checked="" type="checkbox"/>	29a
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30

(Grants \$)	If this amount includes foreign grants, check here . . . ► <input checked="" type="checkbox"/>	30a
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31 Other program services (describe in Schedule O)		31a
(Grants \$)	If this amount includes foreign grants, check here . . . ► <input checked="" type="checkbox"/>	31a

32 Total program service expenses (add lines 28a through 31a)	► <input checked="" type="checkbox"/>	32 27,799
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Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

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

Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

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)

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

a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

b If "Yes" to line 35a, has the organization filed a **Form 990-T** for the year? If "No," provide an explanation in Schedule O

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

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

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** 0

b Did the organization file **Form 1120-POL** for this year?

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 tax year covered by this return?

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

b Gross receipts, included on line 9, for public use of club facilities

40a *Section 501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under

section 4911 ► 0, section 4912 ► 0, section 4955 ► 0

b *Section 501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or 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

c *Section 501(c)(3) and 501(c)(4) organizations.* Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0

d *Section 501(c)(3) and 501(c)(4) organizations.* Enter amount of tax on line 40c reimbursed by the organization ► 0

e *All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

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)?

If "Yes," enter the name of the foreign country ► _____

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If "Yes," enter the name of the foreign country ► _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► **43**

44a Did the organization maintain any donor advised funds? If "Yes," *Form 990 must be completed instead of Form 990-EZ.*

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*

c Did the organization receive any payments for indoor tanning services during the year?

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," *Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)*

	Yes	No
33		No
34		No
35a		No
35b		
35c		No
36		No
37a	0	
37b		No
38a		No
38b		
39a		
39b		
40a	0	
40b		No
40c	0	
40d	0	
40e		No
41	NH	
42a		
PO Box 255 Located at ► <u>Somersworth, NH</u>		
42b		No
42c		No
43		
44a		No
44b		No
44c		No
44d		
45a		No
45b		No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		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 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		No

48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		No

49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		No

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

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

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

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

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

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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.

Sign Here	Signature of officer Philip Munck Treasurer Type or print name and title	2013-01-18 Date
Paid Preparer's Use Only	Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4	Date Check if self-employed <input type="checkbox"/> Preparer's taxpayer identification 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

2011

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

Department of the Treasury
Internal Revenue ServiceName 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 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 6 column (f) divided by line 11 column (f))	14
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15
16a 33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	24,484	31,535	34,733	23,092	22,126	135,970
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	11,919	20,179	22,588	21,891	19,871	96,448
3 Gross receipts from activities that are not an unrelated trade or business under section 513	57,529	63,992	58,683	63,684	34,659	278,547
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	93,932	115,706	116,004	108,667	76,656	510,965
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	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
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public Support (Subtract line 7c from line 6)						510,965

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	93,932	115,706	116,004	108,667	76,656	510,965
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	260	326	159	62	16	823
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0		0
c Add lines 10a and 10b	260	326	159	62	16	823
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0		0
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)	94,192	116,032	116,163	108,729	76,672	511,788

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 2011 (line 8 column (f) divided by line 13 column (f))	15	99 839 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	76 406 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	0 161 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	0 128 %
19a 33 1/3% support tests—2011. 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—2010. 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

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Inspection**

**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.

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

P Attach to Form 990 or Form 990 EZ. P See separate instructions.

Department of the Treasury
Internal Revenue Service

Employer identification number

02-036805-

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17

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

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

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 services? 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))
		2011 Holiday Craft Fair (event type)	2011 Autumn Craft Fair (event type)	3 (total number)	
Revenue	1 Gross receipts . . .	10,564	10,443	13,652	34,659
	2 Less Charitable contributions . . .	0	0	0	0
	3 Gross income (line 1 minus line 2) . . .	10,564	10,443	13,652	34,659
Direct Expenses	4 Cash prizes . . .	0	0	0	0
	5 Non-cash prizes . . .	0	0	0	0
	6 Rent/facility costs . . .	0	0	0	0
	7 Food and beverages . . .	518	491	566	1,575
	8 Entertainment . . .	0	0	0	0
	9 Other direct expenses . . .	551	492	1,625	2,668
	10 Direct expense summary Add lines 4 through 9 in column (d)				(4,243)
	11 Net income summary Combine lines 3 and 10 in column (d)				30,416

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))
Revenue	1 Gross revenue . . .				
	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
Direct Expenses	6 Volunteer labor . . .	<input type="checkbox"/> Yes . . . <input type="checkbox"/> No	<input type="checkbox"/> Yes . . . <input type="checkbox"/> No	<input type="checkbox"/> Yes . . . <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary Combine lines 1 and 7 in column (d)				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

13a	
13b	

14 Provide 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

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? Yes 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 ► \$ _____

Part IV Complete this part to provide additional information for responses to questions on Schedule G (see instructions.)

Identifier

ReturnReference

Explanation

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 to provide any additional information.
► Attach to Form 990 or 990-EZ.

2011**Open to Public
Inspection**

Name of the organization SOMERSWORTH FESTIVAL ASSOCIATION	Employer identification number 02-0368054
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Identifier	Return Reference	Explanation
F99Z_P01_S00_L16	Form 990-EZ, Part I, Line 16	Description,Amount^Production of Childrens' Festival,9288 Production of pre-Festival Celebration night,3600 Production of Pumpkin Festival,9663 Production of Kids' Koncert series,2714 Production of Winterfest and Breakfast with Frosty,722 Miscellaneous operating expenses,1618^Total,27605^
F99Z_P01_S00_L20	Form 990-EZ, Part I, Line 20	Rounding adjustment
F99Z_P02_S00_L24	Form 990-EZ, Part II, Line 24	Description,EOY Amount^Prepaid expenses for Pumpkin Festival,3068 Rounding adjustment,-1^Total,3067^
F99Z_P02_S00_L26	Form 990-EZ, Part II, Line 26	Description,EOY Amount^Accounts payable,704 Deferred revenue for Craft Fairs,10560 Deferred revenue for Pumpkin Festival,250 Scholarships payable,4000^Total,15514^

Additional Data

Software ID: 11000129
Software Version: v1.00
EIN: 02-0368054
Name: SOMERSWORTH FESTIVAL ASSOCIATION

Form 990-EZ, Special Condition Description:

Special Condition Description

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 32st annual Children's Festival was held in June 2012 The Festival is a one-night and one-day event beginning with an evening concert and fireworks that attracted an estimated 5,000 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 25,000 persons (Grants \$ 0) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	12,918 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 \$ 0) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	11,422 29a
30 A series of five "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) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	2,714 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) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	745

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 03878	President 4	0	0	0
Patty Roberge LeHoullier PO Box 255 Somersworth, NH 03878	Vice President 2	0	0	0
Philip Munck PO Box 255 Somersworth, NH 03878	Treasurer 6	0	0	0
Caroline Morgan PO Box 255 Somersworth, NH 03878	Secretary 3	0	0	0
Suzanne C Gregoire Suzanne C Gregoire PO Box 255 Somersworth, NH 03878	Executive Director 32	26,750	0	0
Paul Dubois PO Box 255 Somersworth, NH 03878	Director 3	0	0	0
Grace Fuller PO Box 255 Somersworth, NH 03878	Director 2	0	0	0
Dina Gagnon PO Box 255 Somersworth, NH 03878	Director 2	0	0	0
Richard Hamilton PO Box 255 Somersworth, NH 03878	Director 2	0	0	0
Anna Houde PO Box 255 Somersworth, NH 03878	Director 2	0	0	0
Kirsten Larsen PO Box 255 Somersworth, NH 03878	Director 2	0	0	0
Jason Morrison PO Box 255 Somersworth, NH 03878	Director 2	0	0	0
Richard Perreault PO Box 255 Somersworth, NH 03878	Director 2	0	0	0
Martin Perreault PO Box 255 Somersworth, NH 03878	Director 3	0	0	0
David Roberge PO Box 255 Somersworth, NH 03878	Director 3	0	0	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
Patricia Soucy PO Box 255 Somersworth, NH 03878	Director 4	0	0	0
Arnold Tarr PO Box 255 Somersworth, NH 03878	Director 2	0	0	0
Christopher Marcin PO Box 255 Somersworth, NH 038780255	Director 2	0	0	0
Lindsey Gagnon PO Box 255 Somersworth, NH 038780255	Director 3	0	0	0
Donald Houde PO Box 255 Somersworth, NH 038780255	Director 3	0	0	0