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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.

Open to Public Inspection

OMB No 1545-1150

2012

Department of the Treasury Internal Revenue Service

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

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Name actings CHICRESTER YOUTH ASSOCIATION C2-0504602	В	Check if a	applicable	C Name of organization	D	Empl	oyer identification number	
Temporary Revenue Po Dox, final is not accessed to street extreets) Revenue E felephone number		Address o	change					
PO BOX 394 FOUR 3		Name cha	ange					
Amended much. Amended much. BYA Coar timer, stellar or country, and 2P+4 EPSOM NH 03234 F Group Exemption Number Accounting Method G Accounting Method Webstte: ► N/A Tax-exempt status (check only one) ■ X Sot(o(s) Sot(o) V (insert no.) 4947(a)(1) or 527 F (emm 90) oPEZ, or 990-PE) K Check ► X fthe 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 900-EZ or Form 900 return is not required the understand or 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 socious or or order or form 900-EZ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Centributions, pils, grants, and similar amounts received Program service revenue including government fees and contracts 1 Centributions, pils, grants, and similar amounts received Program service revenue including government fees and contracts 1 Centributions, pils, grants, and similar amounts received Program service revenue including government fees and contracts 1 Centributions, pils, grants, and similar amounts received Program service revenue including government fees and contracts 3 Membreship dues and assessments 4 Investment income 5 Gross income from gaming (attach Schedule O to respond to any question in this Part I Centributions Gross income from gaming (attach Schedule G if greater than stis,000) B Gross income from gaming (attach Schedule G if the sum of such drainsing events (not including soft of the sum of such drainsing events (not including soft of the sum of such drainsing events (not including soft of the sum of such drainsing events (not including soft of the sum of such drainsing events (not including soft of the sum of such drainsing events (not including soft of the sum of such drainsing events (not including soft of the sum of such drainsing events (not in		Initial retu	ım	Trained and speak (of 1 or box, 11 main or 10 main or 1	E	,		
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not more than \$50,000 A Form 990-E2 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 50, 6c, and 7b, to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets (Part II). 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. 1 Contributions, gife, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 Gross amount from sale of assets other than inventory 5 Less cost or other basis and sales expenses 6 Gamring and fundraising events 7 Gross income from guing (attach Schedule G if greater than such or (iso)) from sale of assets other than inventory 1 School of the companies of the sum of such gross income from fundraising events 2 Gross income from fundraising events (not including \$ of contributions from fundraising events (and fundraising events (and fundraising events) 2 Ce Less direct expenses from gaming and fundraising events (and fundraising events) 3 Ce Less cost of goods sold 4 Not income or (loss) from sale of saces other than inventory (Subtract lines 6 and 6 band subtract lines 6c) 4 Not income or (loss) from gaming and fundraising events (and lines 6a and 6b and subtract lines 6c) 5 Ce Gross profit or (loss) from gaming and fundraising events (and lines 6a and 6b and subtract lines 6c) 6 Ce Gross profit or (loss) from gaming and fundraising events (and lines 6a and 6b and subtract lines 6c) 7 Gross as also of inventory, less returns and allowances 7 Description of (loss) from gaming and fundraising events (loss) from gami	<u>J</u>	Tax-exe						
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L Add Imes 5b. 6c, and 7b. to line 9 to determine gross receipts are \$200,000 or more, or flotal assets (Part II, Interest, Column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ? 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 1 Check if the organization used Schedule O to respond to any question in this Part I 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (altach Schedule G if the sum of such gross income and contributions exceeds \$15,000) b Gross income from fundraising events (not including \$ d contributions from fundraising events (not including \$ d contributions from fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profil or (loss) from gaming and fundraising events b Less cost of goods sold c Gross profil or (loss) from sales of inventory (Subtract line 7b from line 7a) 10 Grans and sumiar amounts paaced b Less cost of goods sold c Gross profil or (loss) from sales of inventory (Subtract line 7b from line 7a) 10 Gross and fundraising events (add lines 12, 3, 4, 5c, 6d, 7c, and 8 Cher revenue (describe in Schedule O) 10 Gross and and other payments to independent contractors 11 Benefits paid to or for members 12 Salanes, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Cocupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess o					juired ((see in	istructions). But if	
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16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 16 22,870 17 40,261 18 18 -13,465 19 32,530	en en	13			,		1 204	
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 16 22,870 17 40,261 18 18 -13,465 19 32,530	Š	14		l leative this is a				
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18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 20			*		•	_		
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 32,530 20 Other changes in net assets or fund balances (explain in Schedule O)								
end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 18 through 20 19 32,530 20 20 21 19,065	ş	10				<u> </u>		
20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 1 19,065	SSE	'9				19	32,530	
21 Net assets or fund balances at end of year Combine lines 18 through 20	¥	20	•					
	ž				•	$\overline{}$	19,065	

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

					Page 4
Part II Balance Sheets (see the instructions for P	art II)				
Check if the organization used Schedule O to	respond to any	question in this Part II			X
		(A) Be	ginning of year	L	(B) End of year
22 Cash, savings, and investments		<u></u>	<u>32,530</u>	22	19,065
23 Land and buildings			0	23	
24 Other assets (describe in Schedule O)			0	24	
25 Total assets			32,530	25	19,065
26 Total liabilities (describe in Schedule O)			0	26	<u>_</u>
27 Net assets or fund balances (line 27 of column (B) must agre	e with line 21)		<u>32,530</u>	27	19,065
Part III Statement of Program Service Accom	plishments (se	e the instructions for F	Part III)		Expenses
Check if the organization used Schedule O to	respond to any	question in this Part III	X	(Re	quired for section
What is the organization's primary exempt purpose?				501	(c)(3) and 501(c)(4)
See_Schedule O				org	anizations and section
Describe the organization's program service accomplishments for ea	ich of its three large	st program services,		494	7(a)(1) trusts, optional
as measured by expenses. In a clear and concise manner, describe	the services provide	ed, the number of		for	others)
persons benefited, and other relevant information for each program t	itle				
28 See Schedule O					
(Grants \$ 15,450) If this amount includes f	oreign grants, chec	k here	▶ 🗍	28a	40,261
29					
(Grants \$) If this amount includes f	oreign grants, chec	k here	▶ 🖺	29a	
30	- 3 3				
(Grants \$) If this amount includes f	oreian grants, chec	k here	▶ []	30a	
31 Other program services (describe in Schedule O)	orongin granta, orror				
(Grants \$) If this amount includes f	oreign grants, check	k here	▶ 🗀	31a	
32 Total program service expenses (add lines 28a through 31a)	orgin granner since		•	32	40,261
Part IV List of Officers, Directors, Trustees, and Key En	nployees List each	one even if not compens	ated (see the ins		
Check if the organization used Schedule O to respo		n this Part IV (c) Reportable	(4) 1145 5	-51.	
(a) Name and title	(b) Average hours per week	compensation	(d) Heath ben contributions to e	erits, mplovee	(e) Estimated amount of
(2)	devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans,		
SEE ATTACHED			deferred comper	and 1	other compensation
		- <u>-</u> .	deferred comper	and 1	other compensation
	0.00	0	deferred comper	and nsation	
	0.00	0	deferred comper	and 1	
	0.00	0	deferred compe	and nsation	
	0.00	0	deferred comper	and nsation	
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Form **990-EZ** (2012)

Form 990-EZ (2012)

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	,		
	1		Yes	No
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	33		X
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	-	X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	25-		x
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
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	35b	_	
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	250		x
••	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	36		x
27-	during the year? If "Yes," complete applicable parts of Schedule N Enter amount of political expenditures, direct or indirect, as described in the instructions	30		
37a	Did the organization file Form 1120-POL for this year?	37ь		x
ь 38а	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	5.5		
Joa	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]			
39	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on line 9			Ī
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			Ī
	section 4911 ▶ , section 4912 ▶; section 4955 ▶	_		l
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
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on			ŧ
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			l
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			Ī
	reimbursed by the organization	— I I		Ī
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			٠
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed NH			
42a	The organization's books are in care of ▶ JULIE MERCIER Telephone no ▶			
	PO BOX 394 Located at ▶ EPSOM NH ZIP+4 ▶	03234		
	Located at P 22 5032	00201	Yes	No
Ь	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	103	X
	If "Yes," enter the name of the foreign country	720		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	[I
	and Financial Accounts.			1
С	At any time during the calendar year, did the organization maintain an office outside 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		Ι	T
		F	Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			x
	completed instead of Form 990-EZ	44a		 ^
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	446	1	x
	completed instead of Form 990-EZ	44b 44c	\vdash	X
C	Did the organization receive any payments for indoor tanning services during the year?	440	 	 ^
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	44d	L_	
45-		45a		х
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the	704		
45b	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			1
	Form 990-EZ (see instructions)	45b	Ĺ	_x_
DAA		Form 99	0-E2	(2012)

Part VI Conditions for public office? If "Yes, complete Schedule C, Part I Conditions for public office? If "Yes, complete Schedule C, Part I Conditions for public office? If "Yes, complete Schedule C, Part I Conditions for public office? If "Yes, complete Schedule C, Part I Conditions for public office? If "Yes, complete Schedule C to respond to any question in this Part VI Conditions on the Condition of the organization used Schedule C to respond to any question in this Part VI Condition of the organization of the organization of the organization of the organization of the condition of the organization organiz	Form	990-EZ (2012)	CHIC	<u>HESTER</u>	YOUTH	ASSO	CIATION		02-05	04602		F	Page 4
Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51 Check if the organization used Schedule O to respond to any question in this Part VI 47 X 48 18 the organization engage inlobying activities or have a section 501(h) election in effect during the tax year If Yes xemples Schedule C, Part II X X 48 18 the organization as action as described in section 470(b)(1)(A)(c)? If Yes, complete Schedule E 48 X X 499 Dut the organization as action 52 organization? 499 X 499 Dut the organization as extended from the first of the organization of the organization of the first of the first of the organization of the first of the organization of the first of the first of the organization of the first of the organization of the first of	46	, -		•	• • •			on behalf	f of or in opposition	on	AE	Yes	No
Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax Yes No 48 8 8 18 18 18 19 19 19	Pa	rt VI Se All: 50:	ction 501(o section 501(and 51	c)(3) orga c)(3) organ	nizations izations mu	only ist answe	er questions 47-					<u>-</u>	
device of the organization engage in lobbying activities or have a section 501(h) election in effect during the tax 47		Cne	eck if the org	janization u	sea Schea	ule O to	respond to any	questio	n in this Part V			7	
49a X 49b X 49b X 49b X 49b X 49b X 49c	47					ave a sec	tion 501(h) electio	n in effe	ct during the tax		47	7	
b If Yes,"was the related organization a section \$27 organization? 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 table of each employee paid more than \$100,000 of compensation from the organization of compensation from the organization. If there is none, enter 'None' (b) Average compensation (compensation from the organization of compensation from the organization of compensation of their compensation of compensation of the organizations in the rest is none, enter None' (a) Name and address of each independent contractor paid more than \$100,000	48	Is the organiza	ation a school	as described	in section 1	70(b)(1)(A	۸)(۱۱) If "Yes," com	plete Sc	hedule E		48		
Complete this table for the organizations 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 title of each employee paid more than \$100,000 of compensation form the organization if there is none, enter "None" (b) None (c) Reportable (G) Reporta	49a b	_		-	•		-	inization'	?		<u> </u>	+	X
A Name and telle of each employee (a) Name and telle of each employee (b) Average (c) Reportable (c) (d) Health benefits, (c) (e) Periodic (c) (e) Periodic (e) (e) Periodic Periodic (e) Periodic Periodi	50		-			_		ther than	n officers, directo	rs, trustees and key			
A Total number of other independent contractors each receiving over \$100,000 **Total number of other independent contractor paid more than \$100,000 **Total number of other independent contractors each receiving over \$100,000 **Total number of other independent contractor paid more than \$100,000 **Total number of other independent contractor paid more than \$100,000 **Total number of other independent contractor paid more than \$100,000 **Total number of other independent contractor paid more than \$100,000 **Total number of other independent contractor paid more than \$100,000 **Total number of other independent contractor paid more than \$100,000 **Total number of other independent contractor paid more than \$100,000 **Total number of other independent contractor paid more than \$100,000 **Total number of other independent contractor paid more than \$100,000 **Total number of other independent contractor paid more than \$100,000 **Total number of other independent contractors each receiving over \$100,000 **Total number of other independent contractors each receiving over \$100,000 **Total number of other independent contractors each receiving over \$100,000 **Total number of other independent contractors each receiving over \$100,000 **Total number of other independent contractors each receiving over \$100,000 **Total number of other independent contractors each receiving over \$100,000 **Total number of other independent contractors each receiving over \$100,000 **Total number of other independent contractors each received more than \$100,000 **Total number of other independent contractors each received more than \$100,000 **Total number of other independent contractors each received more than \$100,000 **Total number of other independent contractors each received more than \$100,000 **Total number of other independent contractors each received more than \$100,000 **Total number of other independent contractors each received more than \$100,000 **Total number of other independent contractors each receive		•		-	-	-							
f Total number of other employees paid over \$100,000 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 contractor paid more than \$100,000 (c) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000 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 Indep penalties of purply, I declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rure, correct, and complete Declaration of preparer (other sharin officer) is based on all information of which preparer has any knowledge Possign Possi		(a)			oyee		hours per week) co	ómpensation	contributions to employee benefit plans, and	other cor		
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 None d Total number of other independent contractors each receiving over \$100,000 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 Independent contractors each receiving over \$100,000 EX Yes No Independent contractors each receiving over \$100,000 Type of service (c) Compensation (a) Name and address of each independent contractor paid more than \$100,000 EX Yes No Independent contractors each receiving over \$100,000 EX Yes No Independent contractors each receiving over \$100,000 EX Yes No Independent contractors each receiving over \$100,000 EX Yes No Independent contractors each received more than \$100,000 EX Yes No Independent contractors each received more than \$100,000 EX Yes No Independent contractors each received more than \$100,000 EX Yes No Independent contractors each received more than \$100,000 EX Yes No Independent contractors each received more than \$100,000 EX Yes No Independent contractors each received more than \$100,000 EX Yes No Independent contractors each received more than \$100,000 EX Yes No Independent contractors each received more than \$100,000 EX Yes No Independent contractors each received more than \$100,000 EX Yes No Independent contractors each received more than \$100,000 EX Yes No Independent contractors each received more than \$100,000 EX Yes No Independent contractors each received more than \$100,000 EX Yes No Independent contractors each received more than \$100,000 EX Yes No Independent contractors each received more than \$100,000 EX Yes No Independent contractors each received more than \$100,000 EX Yes No Independent contractors each received more than \$100,000 EX Yes No Inde	No	ne											
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(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 b	f	Total number of	of other emplo	yees paid ov	er \$100,000				>				
(a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation A Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note All section \$01(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A Did the organization complete Schedule A? Note All section \$01(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A Did the organization of penalty is declared that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rure, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signs Here Point Type or pent name and tile Proparer's signature TREASURER Type or pent name and tile Proparer's signature Kevin C. Kennedy, CPA Kevin C. Kennedy, CPA Kevin C. Kennedy, CPA Firm's Ein > 26-1074920 Firm's address > 15 Dart mouth Dr Ste 203 Auburn, NH 03032 May the IRS discuss this return with the preparer shown above? See instructions	51							contracto	ors who each rec	eived more than			
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 chantable trusts must attach a completed Schedule A Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is Under penalties of penjury, I declare that I have examined this return with the preparer (other than officer) is based on all information of which preparer has any knowledge TREASURER Print/Type preparer's name Preparer's signature Revin C. Kennedy, CPA Kevin C. Kennedy, CPA Kevin C. Kennedy, CPA Kevin C. Kennedy, CPA Firm's admess Maloney & Kennedy PILC Firm's admess Maloney & Kennedy, PILC Firm's admess Maloney & Kennedy & Maloney & Maloney & Maloney &					_				(b) Typ	e of service	(c) Comp	ensation	
Date Preparer's signature Preparer's signature Revin C. Kennedy, CPA Revin C. Kennedy, CPA Firm's address Palad Kevin C. Kennedy, CPA Firm's address Palad Kevin C. Kennedy, CPA Firm's address Palad Kevin C. Kennedy, CPA Maloney & Kennedy, PLLC Firm's address Palad May the IRS discuss this return with the preparer shown above? See instructions My Yes No No X Yes No X Yes No X Yes No No No About 1 Stress No No About 1 Stress No About 1 Stress No About 1 Stress No No About 1 Stress No No About 1 Stress No	Noi	ne				-	***	-					
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Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rule, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer	d 52	Did the organiz	zation complet	te Schedule /	A? Note All:	section 50	01(c)(3) organization	ons and	4947(a)(1)				
Sign Here Pint/Type preparer's name Preparer's signature Revin C. Kennedy, CPA Firm's name Maloney & Kennedy, PLIC Firm's name Maloney & Kennedy, PLIC Firm's address 15 Dartmouth Dr Ste 203 Auburn, NH 03032 May the IRS discuss this return with the preparer shown above? See instructions Signature of officer Date TREASURER	Under	penalties of pen	ury, I declare th	at I have exar	nined this retu	ırn, ıncludır	ng accompanying so	hedules :	and statements, ar	nd to the best of my knowle			140
Paid Preparer Print/Type preparer's name Preparer's signature Proparer's signature Proparer's signature Print/Type preparer's name Preparer's signature Proparer's signature Print/Type preparer's name Preparer's signature Print/Type preparer's name Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Print/Type preparer's name Print/Type preparer's name Preparer's signature Print/Type preparer's name Print/Type preparer's	true, c	orrect, and comp	olete Declaration	on of preparer	(other than of	ficer) is bas	sed on all informatio	n of whic	h preparer has any	knowledge			
Paid Preparer Print/Type preparer's name Preparer's signature Proparer's signature Proparer's signature Print/Type preparer's name Preparer's signature Proparer's signature Print/Type preparer's name Preparer's signature Print/Type preparer's name Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Print/Type preparer's name Print/Type preparer's name Preparer's signature Print/Type preparer's name Print/Type preparer's	Sian	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Charles of officer	HUL	w					<u>5/11/13</u>			
Paid Revin C. Kennedy, CPA Revin C. Kennedy, CPA Revin C. Kennedy, CPA Firm's name Maloney & Kennedy, PLLC Firm's address Auburn, NH 03032 May the IRS discuss this return with the preparer shown above? See instructions The Check of self-employed	Here				Merci	ie/					<u></u>		_
Preparer Firm's name Maloney & Kennedy, PLIC			`- 		 · · ·	Prep	arer's signature	en (Menned	2 C 0-13 Chec	* [_]ıf [1	
Use Only Firm's address 15 Dartmouth Dr Ste 203 Auburn, NH 03032 May the IRS discuss this return with the preparer shown above? See instructions Test 203 Phone no 603-624-8819 Yes No	Paid							, CPA			POC		
Auburn, NH 03032 Phone no 603-624-8819 May the IRS discuss this return with the preparer shown above? See instructions Phone no France No	•	Aml.,								Firm's EIN ▶	<u> </u>	149	<u> 20</u>
			1	Auburn	, NH (03032				Phone no	<u> 503-624</u>	1-88	19
	May	he IRS discuss	this return wi	th the prepar	er shown ab	ove? See	instructions						

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CHICHESTER YOUTH ASSOCIATION

Employer identification number 02-0504602

P	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions														
						s 1 through 11,									
1	\Box		•			rches described			A)(i).						
2	П	A school des	cnbed in sect	tion 170(b)(1)(A)(ii). (Attach	Schedule E)									
3						n described in s e	ection 170(b)(1)(A)(iii)).						
4	\sqcap	•	•	•	•	n with a hospital	•)(A)(iii).	Enter ti	ne hosp	oital's name,		
	_	city, and state	_	•	•	•						·			
5		• •		or the benefit of	a college or	university owned	d or operated	by a gove	emmenta	al unit de	scnbed	ın			
		-	•	(Complete Part	•		•	, ,							
6	\Box					ınıt described in :	section 1706	b)(1)(A)(v	<i>r</i>).						
7	H	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public													
•		described in section 170(b)(1)(A)(vi). (Complete Part II)													
8			•		-	, i). (Complete Pa	art II.)								
9	X	•				3 1/3% of its sup	•	ntributions	. memb	ership fe	es. and	oross			
		-		-		-subject to certai									
		•		•		usiness taxable i	-								
		•	_			ection 509(a)(2									
10		. ,	J		•	est for public sa			a)(4).						
11	H	•	•	•	•	the benefit of, to	-			carry ou	t the				
•	ш	_	•	•	-	ns described in s	-				_	tion			
			•	•	-	porting organiza									
		a Type		Type II	с П	Type III-Functi			ď			n-functi	ionally integr	ated	
е					ت nızatıon is no	t controlled direc	, ,		or more	dısqualı	fied per	sons			
	سا	other than fou	indation mana	agers and other	than one or	more publicly su	pported orga	nizations o	describe	d in sect	ion 509	(a)(1)			
		or section 509	9(a)(2)												
f		If the organiza	ation received	l a written deter	mination fron	the IRS that it is	s a Type I, Ty	pe II, or T	ype III s	upportin	g				
		organization,													
g		Since August	17, 2006, has	s the organization	on accepted	any gift or contrib	bution from a	ny of the							
•		following per	sons?	•	·										
		• .		or indirectly cor	ntrols, either	alone or together	r with persons	s describe	ed in (ii) a	and				Yes	No
				ing body of the			•						11g	i) [
		` '		person describe									11g	ii)	
				y of a person de									11g	iiı)	
h		Provide the f	ollowing infor	mation about th	e supported	organization(s)									
(I) Nam	e of supported	(ii)	i) EIN	(iii) Ty	oe of organization	(iv) Is the	organization	(v) Did y	ou notify		ls the	(vil) Amou	nt of mor	netary
	org	ganization				ibed on lines 1-9		sted in your		nization in of your	organizat	on in col zed in the	S	pport	
						or IRC section instructions))	governing	document?		port?		S?			
					[Yes	No	Yes	No	Yes	No			
(A)			_												
(B)															
			<u> </u>							ļ	<u> </u>				
(C)							- [ĺ					
					ļ	-		 -			-		<u> </u>		
(D)															
(E)					 		-	 	-				<u> </u>		_
									ļ ļ				<u> </u>		
-					1		i i								

Support Schedule for Organizations Described in Sections 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) (f) Total (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2011 Schedule A, Part II, line 14 15 33 1/3% support test-2012. 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 33 1/3% support test—2011. If the organization did not check a 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 10%-facts-and-circumstances test-2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 17a 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 10%-facts-and-circumstances test-2011. 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

Page 3

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.)

Sec	tion A. Public Support	quality under the	e tests listed be	siow, picase co	inpiete i art ii.j						
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total				
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	4,949	3,300	(6) 20.10	(0) 20		8,249				
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	11,396	13,000	11,941	12,005	0	48,342				
3	Gross receipts from activities that are not an unrelated trade or business under section 513	26,892	28,797	36,818	28,850	43,394	164,751				
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf										
5	The value of services or facilities furnished by a governmental unit to the organization without charge										
6	Total. Add lines 1 through 5	43,237	45,097	48,759	40,855	43,394	221,342				
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons										
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year										
С	Add lines 7a and 7b										
8	Public support (Subtract line 7c from line 6)						221,342				
	tion B. Total Support		·	·	_ 						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total				
9	Amounts from line 6	43,237	45,097	48,759	40,855	43,394	221,342				
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			14	18	7	C1 E				
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	23	553	14	10		615				
С	Add lines 10a and 10b	23	553	14	18	7	615				
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on										
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)										
13	Total support. (Add lines 9, 10c, 11,				i						
	and 12)	43,260	45,650	48,773	40,873	43,401	221,957				
14	First five years. If the Form 990 is for the organization, check this box and stop here	_	econd, third, fourth	, or fifth tax year as	a section 501(c)(3)	.				
Sec	tion C. Computation of Public Su										
15	Public support percentage for 2012 (line 8,	column (f) divided by	y line 13, column (f))		15	99.72%				
16_	Public support percentage from 2011 Scher					16	99.70%				
	tion D. Computation of Investme										
17	Investment income percentage for 2012 (lin			lumn (f))		17	<u>%</u>				
18	Investment income percentage from 2011 S			45	45 00 4/00/	18	%_				
19a	33 1/3% support tests—2012. 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—2011. If the organ						, —				
	line 18 is not more than 33 1/3%, check this					nization	▶ _				
20	Private foundation. If the organization did	not check a box on !	line 14, 19a, or 19b	, check this box an	d see instructions						

Schedule A (Form 990 or 990-EZ) 2012 CHICHESTER YOUTH ASSOCIATION

02-0504602

Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE G (Form 990 or 990-EZ) **Supplemental Information Regarding**

Fundraising or Gaming Activities

Complete If the organization answered "Yes" to Form 990, Part IV, Ilnes 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, Ilne 6a.

Attach to Form 990 or Form 990-EZ.

See separate instructions.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

CHICHESTER YOUTH AS	SOCIATION	<u> </u>			02-0504	602		
Fundraising Activities. Complete if the Form 990-EZ filers are not required to				ed "Yes" to Form	990, Part IV, line	17.		
1 Indicate whether the organization raised funds through any				eck all that apply		-		
a Mail solicitations	Solicitation	of nor	-gove	ernment grants				
b Internet and email solicitations	F Solicitation	of gov	emm	ent grants				
c Phone solicitations g Special fundraising events								
d In-person solicitations								
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? 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								
(i) Name and address of individual or entity (fundraiser)	(II) Activity	(iii) Did raiser custo contri contrib	have dy or ol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (l)	(vi) Amount paid to (or retained by) organization		
		Yes	No					
1								
2								
3								
4								
5	. <u>.</u>							
6								
7			i					
8								
9								
10								
l otal			▶					

List all states in which the organization is registered or licensed to solicit contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List

		events with gro	ss receipts greater than \$5,	000		
	ŀ		(a) Event #1	(b) Event #2	(c) Other events	(d) Total avents
			Golf Tournament		None	(d) Total events (add col (a) through
			(event type)	(event type)	(total number)	— (555 55 (2) 555 (2)
e e						
Revenue	1	Gross receipts	11,365			11,365
2		C. 000 . 000 p. 0			<u> </u>	
	2	Less: Contributions				
	3	Gross income (line 1 minus				11 005
		line 2)	11,365			11,365
	4	Cash prizes				
	_	Nanasah nggas	219			219
	"	Noncash prizes				
ç	6	Rent/facility costs	3,840			3,840
sus		. tone teaming decid				
ă.	7	Food and beverages	1,575			1,575
Direct Expenses						
	8	Entertainment				
			1 275			1,375
	9	Other direct expenses	1,375	" - '		1,373
	40	7,009				
			Add lines 4 through 9 in column (d) nbine line 3, column (d), and line 10		Ì	7,009 4,356
P	art	III Gaming, Comp	plete if the organization ansv	vered "Yes" to Form 990,	Part IV, line 19, or repo	rted more
		than \$15,000 o	n Form 990-EZ, line 6a	·		
e			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(4) 535	bingo/progressive bingo	(-,	col (a) through col (c))
Rev		_				
	1	Gross revenue				
	١,					
S		Cach nozas				
Šė	1	Cash pnzes				
bense		·				
t Expense:		Cash pnzes Noncash pnzes				
irect Expenses	3	·				
Direct Expenses	3	Noncash prizes Rent/facility costs				
Direct Expense:	3	Noncash prizes				
Direct Expense:	3 4 5	Noncash prizes Rent/facility costs Other direct expenses	Yes %	Yes %		%
Direct Expense:	3 4 5	Noncash prizes Rent/facility costs	Yes %	Yes %	Yes No	%
Direct Expense:	3 4 5	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	No		No No	%
Direct Expense:	3 4 5	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor			No No	
Direct Expense:	3 4 5 6 7	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary	No	No.	No No	
Direct Expense:	3 4 5 6 7	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary	No Add lines 2 through 5 in column (d)	No.	No No	
9	3 4 5 6 7 8 En	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Net gaming income summare the state(s) in which the	No Add lines 2 through 5 in column (d) ary Combine line 1, column d, and organization operates gaming activities	Ine 7	No No)
9 a	3 4 5 6 7 8 En ls 1	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Net gaming income summ atter the state(s) in which the the organization licensed to	Add lines 2 through 5 in column (d) ary Combine line 1, column d, and	Ine 7	No No	
9 a	3 4 5 6 7 8 En ls 1	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Net gaming income summare the state(s) in which the	No Add lines 2 through 5 in column (d) ary Combine line 1, column d, and organization operates gaming activities	Ine 7	No No)
9 a	3 4 5 6 7 8 En ls 1	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Net gaming income summ atter the state(s) in which the the organization licensed to	No Add lines 2 through 5 in column (d) ary Combine line 1, column d, and organization operates gaming activities	Ine 7	No No)
9 a b	3 4 5 6 7 8 En is i if "	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Net gaming income summ ater the state(s) in which the the organization licensed to No," explain	No Add lines 2 through 5 in column (d) ary Combine line 1, column d, and organization operates gaming activities in each of	Ine 7 ties these states?	No I	Yes No
9 a b	3 4 5 6 7 8 En Is 1 If "	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Net gaming income summ ater the state(s) in which the the organization licensed to No," explain	No Add lines 2 through 5 in column (d) ary Combine line 1, column d, and organization operates gaming activities	Ine 7 ties these states?	No I)

Sche	edule G (Form 990 or 990-EZ) 2012 CHICHESTER YOUTH ASSOCIATION	02-050460	2 Page 3
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 chantable gaming?		Yes No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility	13a	%
b	An outside facility	13b	%
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		and the	□ 163 □ NO
_	amount of gaming revenue retained by the third party ▶ \$		
С	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		
	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 to be distributed to other exempt organizations or		
	spent in the organization's own exempt activities during the tax year ▶ \$	···	
Pai	t IV Supplemental Information. Complete this part to provide the explanations require		
	columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applica	able. 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

Description

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.

2012
Open to Public Inspection

Name of the organization

CHICHESTER YOUTH ASSOCIATION

Employer Identification number 02-0504602

Form 990-EZ, Part I, Line 10 - Gran	ts/Similar Amts Paid to Organizations
Name and Address	Class of Activity Date of Gift
	Desc. of Property
	Cash Contrib. Noncash Contrib.
	Book Value BV Expl. FMV Expl.
CHICHESTER PARKS AND REC	COMMUNITY DEVELOPMEN
54 MAIN STREET	
CHICHESTER, NH 03258	\$ 15,000 \$ 0
	\$ 0

Amount

Form 990-EZ, Part I, Line 16 - Other Expenses

•										
Expenses	Expenses									
GENERAL OFFICE		\$	812							
INSURANCE		\$	2,053							
DUES/SUBSCRIPTIONS/AWARDS		\$	390							
REPAIRS AND MAINT		\$	439							
EQUIPMENT/UNIFORMS		\$	13,654							
PROFESSIONAL FEE		\$	955							
MEALS AND ENTERTAINMENT		\$	706							
SUPPLIES		\$	177							
TAXES AND LICENSES		\$	250							
COMMISSIONS AND FEES		\$	3,414							
ADVERTISING		\$	20							
	Total	\$	22,870							

' CHICHESTER YOUTH ASSOCIATION

Employer identification number 02-0504602

Form 990-EZ, Part II, Line 24 - Other Assets

Description Beg. of Year End of Year UNDEPOSITED FUNDS \$ 0 \$ 0 Total \$ 0 \$ 0

Form 990-EZ, Part III - Primary Exempt Purpose

YOUTH ATHLETICS-ORGANIZATION PROVIDES LOCAL COMMUNITY CHILDREN THE

ABILITY TO PARTICIPATE IN YOUTH ATHLETICS INCLUDING

BASEBALL, SOFTBALL, SOCCER AND SKI, AND THE ABILITY TO

TAKE LESSONS. THE LOCAL COMMUNITY HAS OVER 1000 CHILDREN

THAT CAN PARTICIPATE IN THE ORGANIZATOINS ACTIVITIES.

Form 990-EZ, Part III, Line 28 - First Accomplishment ORGANIZATION PROVIDES LOCAL COMMUNITY CHILDREN THE ABILITY TO PARTICIPATE IN YOUTH ATHLETICS INCLUDING BASEBALL, SOFTBALL, SOCCER AND SKI, AND THE ABILITY TO TAKE LESSONS. THE LOCAL COMMUNITY HAS OVER 1000 CHILDREN THAT CAN PARTICIPATE IN THE ORGANIZATOINS ACTIVITIES.

Form 990-EZ, Part III, Line 31 - All Other Accomplishment
YOUTH ATHLETICS-ORGANIZATION PROVIDES LOCAL COMMUNITY CHILDREN THE
ABILITY TO PARTICIPATE IN YOUTH ATHLETICS INCLUDING
BASEBALL, SOFTBALL, SOCCER AND SKI, AND THE ABILITY TO
TAKE LESSONS. THE LOCAL COMMUNITY HAS OVER 1000 CHILDREN
THAT CAN PARTICIPATE IN THE ORGANIZATOINS ACTIVITIES.

Chichester Youth Association

CYA

P.O. Box 394

Epsom, NH 03234

http://www.chichester.youth.com

Board List for the 2012 Calendar Year

Doreen Lehoullier, President 23 Guernsey Court Chichester, NH 03258 603-798-3827

Joe Montambeault, Vice President 84 Harvest Road Chichester, NH 03258 603-798-3397

Julie Mercier, Treasurer 93 Short Falls Road Chichester, NH 03258 603-798-3848

Jennifer Cassidy, Secretary 37 Harvest Road Chichester, NH 03258 603-798-3505

Jim Chivaras, Member at Large 97 Harvest Road Chichester, NH 03258 603-798-3482