Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017

OMB No. 1545-1150

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service

Open to Public Inspection

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

<u>A</u>	For the	2017 calenda	ar year, or tax year beginning	Jan.1	, 2017,	and ending		Dec-3	1 , 20	17
В	Check if ap	oplicable	C Name of organization ?3				D Emp	loyer i	dentification numbe	r ?:
	Address c	hange	Peterborough Folk Music Society				1	4	020486603	
닏	Name cha	inge	Number and street (or P.O. box, if mail is not de	elivered to street address)	?1	Room/surte	E Tele	phone r	number	
님	Initial retu		PO Box 41					60	3 827-2905	
H		n/terminated	City or town, state or province, country, and ZI	P or foreign postal code		- DOZ-	F Gro	un Exe	emption	
Ħ	Amended Applicatio	n pending	Peterborough, NH 03458			03		•	► 21	
<u>-</u>		ting Method:	☑ Cash ☐ Accrual Other (specify) >					if the organization	
	<i>N</i> ebsite	_		-		 '				_
			eck only one) — 🗹 501(c)(3) 🔲 501(c) () 4 (inpart no.) 1 40	47/0\/4\ 00		•		tach Schedule B	?1
) ◀ (insert no.)		527	(FOITE	90, 99	0-EZ, or 990-PF).	
			: Corporation Trust 7b to line 9 to determine gross receipts. If		Other					
			w) are \$500,000 or more, file Form 990 inst				itai assets			
_			· · · · · · · · · · · · · · · · · · ·		<u></u>		•	- 9		28801
بلا	art I		e, Expenses, and Changes in Ne							_
_			the organization used Schedule O t		jestion i	n this Par	<u>ti</u>		<u> </u>	<u> </u>
7	[]		ons, gifts, grants, and similar amounts					1		4210
?	1		ervice revenue including government f	fees and contracts				2	:	23388
?1	- I	Membersh	nip dues and assessments					3		0
?	4	Investment	tincome					4		4
	5a	Gross amo	ount from sale of assets other than inve	entory	5a		0	4		
	b	Less: cost	or other basis and sales expenses .		5b		0			
	C	Gain or (los	ss) from sale of assets other than inve	ntory (Subtract line 5	b from li	ne 5a) .		5c		0
	6	Gaming an	nd fundraising events			•				
	a	Gross inc	ome from gaming (attach Schedul	e G if greater thai	n					
e	İ	\$15,000) .			6a		0			
Revenue	Ь	Gross inco	ome from fundraising events (not includ	ding \$	of	contributi	ons	1	1	
ě			raising events reported on line 1) (atta							
-	1		ch gross income and contributions exc		6ь		0			
0	C		ct expenses from gaming and fundrais	•	6c			1		
(?	d		e or (loss) from gaming and fundrais			1 6b and s	ubtract	1		
٥		line 6c) .	· · · · · · · · · · · · · · · · · · ·					6d		^
•	7a	Gross sale	es of inventory, less returns and allowa	nces	7a		1127	- 04		
2	b		of goods sold		7b		62			
	C		fit or (loss) from sales of inventory (Sub	tract line 7h from line						10/5
رار ا	8				eraj.			7c		1065
ס	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, a					8		134
<u> </u>	10					175	·;	9		8801
ف	11		d similar amounts paid (list in Scheduk aid to or for members			N. E. U	• • •	10		
` <u>,</u> ,	12	•					Ю	11		0
೨೬೮. Expenses	1	Salaries, of	ther compensation, and employee ber al fees and other payments to indeper	nerits Ma				12	<u> </u>	0
şë	13	Profession	ial tees and other payments to indeper	ndent contractors	EB. 11.5	g ZU10.	ન્. • •	13		9798
×	14		y, rent, utilities, and maintenance .				4,≒	14		2080
ш	15		ublications, postage, and shipping .		TO THE	EX 11 1 1 1		15	·	2984
	16	-	enses (describe in Schedule O) 🌃 .		(2)(1)	The Toler	المكتم يدايد	16		5058
	17		enses. Add lines 10 through 16				<u> > </u>	17	2	9920
2	18		(deficit) for the year (Subtract line 17 fi					18	(*	1119)
Se	19		s or fund balances at beginning of ye		ımn (A))	(must agr	ee with			
As		end-of-yea	ar figure reported on prior year's return	1)				19	1	4871
Net Assets	20	Other chan	nges in net assets or fund balances (ex	kplain in Schedule O)				20		0
<u>z</u>	21	Net assets	or fund balances at end of year. Com	bine lines 18 through	20 .	<u> </u>	<u></u> ▶	21	1	3752
Fo	Papen	work Reduct	tion Act Notice, see the separate instruc	tions.	Cat.	No. 10642I			Form 990-EZ	(2017)

		*				
	Check if the organization used Sch	edule O to respond to a	ny question in this		<u> </u>	<u>v</u>
	- 			(A) Beginning of year		(B) End of year
22 Cas	sh, savings, and investments		[14871	22	1173
23 Lan	d and buildings		[0	23	
24 Oth	er assets (describe in Schedule O) .		[24	202
25 Tot	al assets			14871	25	1375
26 Tot	al liabilities (describe in Schedule O)		[0	26	
27 Net	assets or fund balances (line 27 of c	olumn (B) must agree wit	h line 21)	14871	27	1375
Part III	Statement of Program Service A	ccomplishments (see th	ne instructions for F	Part III)		
	Check if the organization used Sch	edule O to respond to a	ny question in this	Part III 🔲]	Expenses
hat is the	e organization's primary exempt purpos	se? to present folk musi	ic concerts to the pub	olic		uired for section c)(3) and 501(c)(4)
s measur ersons be	he organization's program service acc red by expenses. In a clear and conc enefited, and other relevant information ented ten concerts. Attended by 1103 pate	cise manner, describe the for each program title.	e services provided	, the number of	orga othe	nizations; optional fo
D Flese						
🕫 (Gran		mount includes foreign gra			28a	2199
(Gran	nts \$) If this ar	nount includes foreign gra	ants, check here .	• 🗇	29a	}
30	, , , , , , , , , , , , , , , , , , , ,					
		mount includes foreign as	onto aback bara		200	
(Gran	r program services (describe in Schedu	mount includes foreign gra			30a	
(Gran		mount includes foreign gra			31a	
	l program service expenses (add line				Sia	
JE IUG		e vaa throuidh 31ai			22	2100
					32	
	List of Officers, Directors, Trustees, a	nd Key Employees (list eac	h one even if not com	pensated-see the i	nstruc	tions for Part IV)
		nd Key Employees (list each	h one even if not com ny question in this	pensated—see the i	nstruc	
	List of Officers, Directors, Trustees, a	nd Key Employees (list eac	h one even if not com	pensated — see the in Part IV	nstruc	ctions for Part IV)
art IV	List of Officers, Directors, Trustees, a Check if the organization used Sch	nd Key Employees (list each nedule O to respond to a (b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated — see the in Part IV	nstruc	ctions for Part IV)
eborah M	List of Officers, Directors, Trustees, a Check if the organization used Sch (a) Name and title CWethy- President d, Harrisville, NH 03450	nd Key Employees (list each nedule O to respond to a (b) Average hours per week	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	nstruc	Estimated amount of their compensation
eborah M 4 South R lary Lou C	List of Officers, Directors, Trustees, a Check if the organization used Sch (a) Name and title cWethy- President d, Harrisville, NH 03450 O'Neil- Vice President	nd Key Employees (list each nedule O to respond to a (b) Average hours per week devoted to position	h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	nstruc ree (e)	Estimated amount of their compensation
eborah M 4 South R lary Lou C 5 Old Dub	List of Officers, Directors, Trustees, a Check if the organization used Sch (a) Name and title (cWethy- President (d, Harrisville, NH 03450 (c) Neil- Vice President (d) Name and title	nd Key Employees (list each nedule O to respond to a (b) Average hours per week devoted to position	h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	nstruc ree (e)	Estimated amount of their compensation
eborah M 4 South R lary Lou C 5 Old Dub ancy Lory	List of Officers, Directors, Trustees, a Check if the organization used Sch (a) Name and title (cWethy- President (d, Harrisville, NH 03450 (c'Neil- Vice President (d) Name and title	nd Key Employees (list each nedule O to respond to a (b) Average hours per week devoted to position 8	h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	nstruc ree (e)	Estimated amount of their compensation
eborah M 4 South R lary Lou C 5 Old Dub ancy Lory 3 Wyman	List of Officers, Directors, Trustees, a Check if the organization used Sch (a) Name and title (cWethy- President (d, Harrisville, NH 03450) Neil- Vice President (d) Hancock, NH 03449 (y- Secretary (Rd, Keene, NH 03431	nd Key Employees (list each nedule O to respond to a (b) Average hours per week devoted to position	h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ii Part IV	nstruc ree (e)	Estimated amount of their compensation
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Part IV Deborah M 4 South R Dary Lou C 5 Old Dub Dancy Lory 3 Wyman Villard Goo O Box 18- Late Coon	List of Officers, Directors, Trustees, a Check if the organization used Sch (a) Name and title (cWethy- President (d, Harrisville, NH 03450) Neil- Vice President (d) Hancock, NH 03449 (y- Secretary (Rd, Keene, NH 03431 (cdwin- Treasurer	nd Key Employees (list each nedule O to respond to a bedule O to position 8	h one even if not com ny question in this (c) Reportable ?: compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ii Part IV	0 0	Estimated amount o
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Deborah M 24 South R Mary Lou C 5 Old Dub Nancy Lory 3 Wyman Villard Go PO Box 18- Cate Coon 0 Elm St,	List of Officers, Directors, Trustees, a Check if the organization used Sch (a) Name and title (cWethy- President (d, Harrisville, NH 03450) Neil- Vice President (d) Hancock, NH 03449 (y- Secretary (r) Rd, Keene, NH 03431 (r) Codwin- Treasurer (4, Dublin, NH 03444 Peterborough, NH 03458 (valkenburgh)	nd Key Employees (list each nedule O to respond to a (b) Average hours per week devoted to position 8 1 5	h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ii Part IV	nstruc eee (e) o o o o	Estimated amount o
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Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part		
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	1		_
	detailed description of each activity in Schedule O	33		~
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	1		
	change on Schedule O (see instructions)	34		~
35a	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)?	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		V
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	35c		/
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		/
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	-		
b	Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization life Form 1720-FOL for this year?	3/0		
004	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	-	-	أب ب
L		38a		~
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	4 !		
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 ▶ o ; section 4912 ▶ o ; section 4955 ▶ o			!
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		•
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			ì
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			1
	40c reimbursed by the organization			į
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed New HYampshire	100	[i	<u> </u>
42a		603 56	3-7184	
	Located at N. CO Windmill Will Dd. Dublin All	03444		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	7	Yes	No
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	165	NO -
	If "Yes," enter the name of the foreign country:	42D		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? .	42c		
	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			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		1
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		v "
C	Did the organization receive any payments for indoor tanning services during the year?	44c		
ď	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		
AE-	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	-		
45a	- ' ' ' '	45a		
b	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	- <u></u> -		الــــــــــــــــــــــــــــــــــــ
	Form 990-EZ (see instructions)	45b	1	~

	EZ (2017)					Yes	age 4
. 6	Old the organization engage, directly or in	ndirectly, in political c	ampaign activities on	behalf of or in oppos	sition	163	140
t	o candidates for public office? If "Yes," of	complete Schedule C	, Part I <u>.</u> .	<u> </u>	. 46		1
art V	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51. Check if the organization used Sc	ns must answer que			the tables f	or line	es
	Oncok ii the organization about of		to any queenent in a		 · · · - ·	Yes	No
	Did the organization engage in lobbying /ear? If "Yes," complete Schedule C, Par		section 501(h) election	n in effect during the	e tax - 47		~
3 I:	s the organization a school as described i	n section 170(b)(1)(A)(i	i)? If "Yes," complete S	Schedule E	. 48		~
9a [Did the organization make any transfers t	to an exempt non-cha	ıritable related organiz	ation?	. 49a		V
	f "Yes," was the related organization a se				. 49b		~
	Complete this table for the organization's						d ke
e	employees) who each received more that	n \$100,000 of compe	1	(d) Health benefits,	one, enter "N	one.	
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions to employed benefit plans, and deferre compensation			
		-					
							·
					-		
. (Fotal number of other employees paid ov Complete this table for the organization \$100,000 of compensation from the orga	's five highest comp	ensated independent	contractors who ead	ch received	more	thai
1 (Complete this table for the organization	's five highest comp anization. If there is no	ensated independent		ch received		tha
1 (Complete this table for the organization \$100,000 of compensation from the organization	's five highest comp anization. If there is no	ensated independent one, enter "None."				thai
1 (Complete this table for the organization \$100,000 of compensation from the organization	's five highest comp anization. If there is no	ensated independent one, enter "None."				thar
1 (Complete this table for the organization \$100,000 of compensation from the organization	's five highest comp anization. If there is no	ensated independent one, enter "None."				than
1 (Complete this table for the organization \$100,000 of compensation from the organization	's five highest comp anization. If there is no	ensated independent one, enter "None."				than
1 (Complete this table for the organization \$100,000 of compensation from the organization	's five highest comp anization. If there is no	ensated independent one, enter "None."				than
1 (Complete this table for the organization \$100,000 of compensation from the organization	's five highest comp anization. If there is no dent contractor	ensated independent one, enter "None." (b) Type of serv				thar
d - 1	Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each independent	s five highest companization. If there is not dent contractor	ensated independent one, enter "None." (b) Type of serv	nizations must attac	(c) Compensate	on	
d - 1	Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each independent control of the organization complete Sched	's five highest companization. If there is no dent contractor dent contractor actors each receiving ule A? Note: All so return, including accompanions.	ensated independent one, enter "None." (b) Type of serv over \$100,000	nizations must attacents, and to the best of my has any knowledge.	ch a Yes	on	40
d - 1	Complete this table for the organization \$100,000 of compensation from the organization from the organization from the organization from the organization complete Sched completed Schedule A	's five highest companization. If there is no dent contractor dent contractor actors each receiving ule A? Note: All so return, including accompanions.	ensated independent one, enter "None." (b) Type of serv over \$100,000	nizations must attacents, and to the best of my	ch a Yes	on	40
d der per der per gn erre	Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each indepensation of each indepensation and indepensation complete some completed Schedule A	's five highest companization. If there is no dent contractor dent contractor actors each receiving ule A? Note: All so return, including accompanions.	ensated independent one, enter "None." (b) Type of serv over \$100,000	nizations must attacents, and to the best of my has any knowledge.	ch a Yes	on	40

Print/Type preparer's name

Firm's address ►

May the IRS discuss this return with the preparer shown above? See instructions

Firm's name

Paid

Preparer Use Only

► ☐ Yes ☐ No

Check I if self-employed

Firm's EIN ▶

Phone no.

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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

(E) Total ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection **Employer identification number** Name of the organization Peterborough Folk Music Society 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 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital 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). 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 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% 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 33½% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (IV) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 isted in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Gifts, grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . Tax revenues levied 2 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 unit governmental 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 (a) 2013 **(b)** 2014 (d) 2016 Calendar year (or fiscal year beginning in) (c) 2015 (e) 2017 (f) Total Amounts from line 4 7 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 Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 11 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) Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 14 Public support percentage from 2016 Schedule A, Part II, line 14 15 16a 331/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 10%-facts-and-circumstances test - 2017. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2016. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

	if the organization fails to qualify	under the tes	sts listed beic	w, piease co	mpiete Part i	1.)	
	on A. Public Support		_ 				
Calen	dar year (or fiscal year beginning in) 🕨 🛭	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees					1	
_	received. (Do not include any "unusual grants.")	905	3132	1190	4515	4210	13952
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the					ì	
	organization's tax-exempt purpose	25566	33109	28331	32545	24515	144066
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	o	o	o	o	اه	•
		-					0
4	Tax revenues levied for the					I	
	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		ĺ				
	furnished by a governmental unit to the		Į	,		Į.	
	organization without charge	o	o	0	0	o	0
6	Total. Add lines 1 through 5	26471	36241	29521	37060	28725	158018
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	o	o	o	o	o	0
L	Amounts included on lines 2 and 3	_		-			
b	received from other than disqualified	İ			i		
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	5000	5000	5000	F000	5000	25222
	, i	5000	5000	5000	5000	5000	25000
	Add lines 7a and 7b	5000	5000	5000	5000	5000	25000
8	Public support. (Subtract line 7c from						
	line 6.)				<u></u> 1	<u></u> <u>_</u>	133018
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨 🏻	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	26471	36241	29521	37060	28725	158018
10a	Gross income from interest, dividends,					T	
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	o	0	o	О	o	0
b	Unrelated business taxable income (less						
_	section 511 taxes) from businesses						
	acquired after June 30, 1975	o	o	o	o	o	0
_		0	0	0	- 0	0	
C							
11	Net income from unrelated business		İ		}		
	activities not included in line 10b, whether		_			_	
	or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or	Ì					
	loss from the sale of capital assets	<u> </u>			Į		
	(Explain in Part VI.)	679	844	411	883	138	2955
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	27150	37085	29932	37943	28863	160973
14	First five years. If the Form 990 is for the	e organization	's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	1 501(c)(3)
	organization, check this box and stop he	re					▶ □
Secti	on C. Computation of Public Suppor	t Percentag	e				
15	Public support percentage for 2017 (line 8			3, column (f))		15	82.6 %
16	Public support percentage from 2016 Sch		-			16	78.2 %
	on D. Computation of Investment Inc			<u> </u>			
17	Investment income percentage for 2017 (v line 13. colur	nn (fl)	17	0 %
18	Investment income percentage from 2016			•		18	0 %
	331/3% support tests—2017. If the organ					L L.	
19a	17 is not more than 331/3%, check this box						
			_			~	
b	331/3% support tests—2016. If the organiz						•
	line 18 is not more than 33½%, check this l		_			• •	
<i>?</i> ∩	PENATA TAUDARTIAN IT THA AMARIZATIAN AL	a abi check a	11 DOX OD 1104 14	INS OF THE A	THE DAY	and coo incinic	TIONS -

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section	A. All	Supporting	Organizations
---------	--------	------------	----------------------

Jecu	on A. All Supporting Organizations		Ves	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	103	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		-
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		-
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	-	
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		~ ~~
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	-	
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	-	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a	-	
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to			-

determine whether the organization had excess business holdings.)

				-300
Part	Supporting Organizations (continued)			
	the state of the s		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	-	- '
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		-
	on B. Type I Supporting Organizations	10	<u> </u>	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			1
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	-		
_	•	1	_	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			ļ
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
00011	on of type it cupper unit of the control of the control of type it cupper unit of the control of		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			1
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
	the supported organization(s).	1		<u></u>
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	}		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1 -		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<u> </u>		-
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity	see in	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	l		
	·	2a	 	ļ
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			-
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
.	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	<u> </u>			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See						
instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1 Net short-term capital gain	1		(Optional)			
2 Recoveries of prior-year distributions	2	=	-			
3 Other gross income (see instructions)	3					
4 Add lines 1 through 3.	4					
5 Depreciation and depletion	5					
	-					
6 Portion of operating expenses paid or incurred for production or						
collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6					
	7					
7 Other expenses (see instructions)	8					
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	ı °		(B) Current Year			
Section B - Minimum Asset Amount		(A) Prior Year	(optional)			
1 Aggregate fair market value of all non-exempt-use assets (see						
instructions for short tax year or assets held for part of year):	<u> </u>					
a Average monthly value of securities	1a	<u>-</u> .				
b Average monthly cash balances	1b					
c Fair market value of other non-exempt-use assets	1c					
d Total (add lines 1a, 1b, and 1c)	1d					
e Discount claimed for blockage or other	l					
factors (explain in detail in Part VI):	<u> </u>					
2 Acquisition indebtedness applicable to non-exempt-use assets	2					
3 Subtract line 2 from line 1d.	3					
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,						
see instructions).	4					
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6 Multiply line 5 by .035.	6					
7 Recoveries of prior-year distributions	7					
8 Minimum Asset Amount (add line 7 to line 6)	8					
Section C - Distributable Amount			Current Year			
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2 Enter 85% of line 1.	2					
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4 Enter greater of line 2 or line 3.	4					
5 Income tax imposed in prior year	5					
6 Distributable Amount. Subtract line 5 from line 4, unless subject to						
emergency temporary reduction (see instructions).	6					
7 Check here if the current year is the organization's first as a non-functional	ly in	tegrated Type III support	ing organization (see			
instructions).	-	2 /1 11	3 3 (***			

Part		s) Supporting Organi	zations (continued)	·
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted	
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets		···	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
ď	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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.

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Peterborough Folk Music Society		02-0486603
8. Revenue:		
Paypal Transfer134		
16 Expenses:	·	
Advortising	1	
Advertising112		
ASCAP418		
Board expenses217		
Equipment purchased105		
Insurance Policy450		
Membership Dues270		
Progran Director expenses100		
NH Report75		
Sponsorships1000		
Supplies236		
Зарриса		
Telephone / Internet780		
Website11		
M6D2IIG		·
Misc expenses17	2	~
TOTAL EVERTICES	5050	
TOTAL EXPENSES	5058	
24 Other Assets:		
Advance ticket sales20	20	