Form	990-EZ

Short Form Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service



OMB No. 1545-1150

►	The organization	may have to use a copy	of this	return to satisf	fy state reporting requirements.

Α	For the	2011 calenda	ar year, or tax year beginning	November 1 ,	2011, and e	nding O	ctober 3	31, 20, 1	2			
В	Check if ap	pplicable:	able: C Name of organization		D Emp	D Employer identification number						
	Address o	change	Hampton Historical Society			02-6013170						
Ц	Name cha	-	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite									
Н	Initial retu		PO Box 1601				603	3-929-0781				
Н	Terminate Amended		City or town, state or country, and ZIP + 4			F Gro	F Group Exemption					
		on pending	Hampton, NH 03843-1601			Nu	mber 🕨	•				
G	Account	ting Method:	✓ Cash Accrual Other (speced)	cify) 🕨		H Check	▶ 🗹 if	the organization is	not			
I.	Websit	te: 🕨 hamp	tonhistoricalsociety.org					ch Schedule B				
Γ.	Tax-exen	npt status (che	ck only one) - ✓ 501(c)(3)) < (insert no.) 🗌 4947(a)(1) or	527 (Form 9	990, 990	-EZ, or 990-PF).				
κ	Check •	► 🗹 if the	organization is not a section 509(a)(3) su			ganization and	its gross	receipts are norma	lly			
	not mor		0. A Form 990-EZ or Form 990 return is r			-	-					
	the orga	anization choc	ses to file a return, be sure to file a comp	olete return.								
L.	Add lines	s 5b, 6c, and 7	b, to line 9 to determine gross receipts. If g	ross receipts are \$200,000 or	more, or if to	tal assets (Part II	,					
1	line 25, c	olumn (B) belo	w) are \$500,000 or more, file Form 990 inst	ead of Form 990-EZ			▶ \$	420	048			
F	Part I	Revenu	e, Expenses, and Changes in N	let Assets or Fund Ba	alances (s	ee the instru	ctions	for Part I.)				
		Check if	the organization used Schedule C	to respond to any que	stion in this	sPartI						
	1	Contributio	ns, gifts, grants, and similar amount	s received			1	90	643			
	2	Program se	ervice revenue including governmen	t fees and contracts .			2	!	500			
	3	Membersh	ip dues and assessments				3	40	645			
	4	Investment	income				4	1	510			
	5a	Gross amo	unt from sale of assets other than in		5a							
	b	Less: cost	or other basis and sales expenses .		5b							
	с		ss) from sale of assets other than inv		from line 5a	a)	5c					
	6		d fundraising events									
	а											
ne					6a	4953						
Revenue	b	Gross inco	me from fundraising events (not incl	uding \$	of cont	ributions						
e Se			aising events reported on line 1) (at									
-	'		h gross income and contributions e		6b	14505						
	с	Less: direc	t expenses from gaming and fundra	ising events	6c	4315						
	d		e or (loss) from gaming and fundra		6a and 6b	and subtract						
		line 6c) .					6d	15 ⁻	143			
	7a	Gross sale	s of inventory, less returns and allow	ances	7a	6292	2					
	b		of goods sold		7b	3101						
	с	Gross prof	t or (loss) from sales of inventory (S	ubtract line 7b from line	7a)		7c	3.	191			
	8	Other reve	nue (describe in Schedule O)				8					
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c,	and 8		🕨	9	34	632			
	10		similar amounts paid (list in Schedu				10					
	11	Benefits pa	id to or for members				11					
ŝ	12		her compensation, and employee b				12					
Expenses	13	Profession	al fees and other payments to indep	endent contractors			13					
be	14	Occupancy	, rent, utilities, and maintenance .				14	113	764			
Щ	15		ublications, postage, and shipping .				15	4	319			
	16		nses (describe in Schedule O)				16	90	609			
	17		nses. Add lines 10 through 16				17	210	692			
Net Assets	18		deficit) for the year (Subtract line 17				18		940			
	19		or fund balances at beginning of									
A SS			r figure reported on prior year's retu				19	219	589			
et /	20	Other char	ges in net assets or fund balances (explain in Schedule O).			20					
Ž	21		or fund balances at end of year. Co				21	232	529			
_			ion Act Nation and the concrete instru				•	Form 990-F7 (2				

	Bilance Sheets. (see the instructions	for Part II.)				Page 2
···	Check if the organization used Schedule	,	ny question in this l	Part II		
				(A) Beginning of year	· ·	(B) End of year
22	Cash, savings, and investments			80533	22	93408
23 24	Land and buildings			139121	23 24	139121
24 25			· · · · ·	219654		232529
25 26	Total assets		· · · · ·	219654		232329
20 27	Net assets or fund balances (line 27 of column	(B) must agree with		219589	-	232529
Par	t III Statement of Program Service Accom	plishments (see th	e instructions for F	Part III.)	21	Expenses
	Check if the organization used Schedule	•			1	uired for section
Desc as m perso	ribe the organization's program service accomplisheasured by expenses. In a clear and concise mons benefited, and other relevant information for ear	anner, describe the ach program title.	f its three largest preservices provided	rogram services, , the number of	orgai 4947	:)(3) and 501(c)(4) nizations and section (a)(1) trusts; optional thers.)
28	Operate the Tuck Museum at 40 Park Ave, Hampton, items in collection, assist visitors with tours and res students and 375 other visitors.					
	(Grants \$) If this amount	includes foreign gra	nts, check here .	🕨 🗌	28a	5698
29	Maintain buildings and grounds of Museum, total of	6 buildings in comple	ex.			
	(Grants \$) If this amount	includes foreign gra	nts, check here .	🕨 🗌	29a	11764
30	Programs and newsletters- offered programs to gene newsletter to all members and other community grou		f historical interest;	provided		
		includes foreign gra	nts, check here .	► 🗆	30a	1153
31	Other program services (describe in Schedule O) (Grants \$) If this amount	includes foreign gra		· · · · · · · · ▶ □	31a	
32	Total program service expenses (add lines 28a t	hrough 31a)		🕨	32	18615
Par	t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule				nstruc	tions for Part IV.)
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	0	Estimated amount of ther compensation
see	attached schedule 1	-	-0-	-()_	-0-
			-0-			
		-				

 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," attach a conformed copy of the annerded documents if they reflect a charge to the organization's name. Otherwise, explain the charge on Schedule () Gee instructions) 34 Were any significant charges made to the organization of since of \$1.000 or more during the year from business activities (such as those reported on lines, 26, and 72, annong others)? 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, 26, and 72, annong others)? 35b If "Yes," to line 35a, has the organization discution Site (16(5)) or 501(16(5)) organization and businets to solito(14). Solito(5), or 501(16(5)) organization and businets of the solito or significant disposition of net assets during the year? If "Yes," complete Schedule C, Part III	Form 99	00-EZ (2011)		Pa	age 3
 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," the second activity is Obtained a Common State of State of	Part			V	
34 Were any significant changes made to the organization is name. Otherwise, explain the 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 55a, has the organization field a Form 900-T for the year? If "No," provide an explanation is Schedule O (see instructions) 35b 57a O (Stol(6), or splitation subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . 35c 37b The Enter among of the organization action of the organization of the o	33		33	Yes	No
activities (such as those reported on lines 2, 6a, and 7a, among others)? 35b b H*ves, "to line 35a, has the organization is dependent on the year? If *Nes," provide an explanation in Schedule 0 Vas 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 0, Part III 35c 37 The term anound of political expenditures, direct or indirect, as described in the instructions. ► [37a] -0 37a Enter amount of political expenditures, direct or indirect, as described in the tax year covered by this return? 38a 38a Did the organization barrow from, or make any bans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a 39a Section 501(c)(3) organizations. Enter amount of tax imposed on line 9, or public use of olub facilities 39b 40a Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on onry of tay for Form 390 or 930-E27 if ***, complete Schedule L, Part I -0. 41 List the states with which a copy of this return is filed. ► Kew tampshire 40c 42 The organization managers or disqualified persons during the year of the organization a party to a prohibited tax sheller transaction file roganization. Enter amount of tax imposed on organization managers or disqualified persons during the yea	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			<u> </u>
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(c)(e) not section 603(c) not sect	35a		35a		✓
during the year? If "Yes," complete applicable parts of Schedule N 37a		Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
b Did the organization blorow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 37b 38a Were the state of the tax year covered by this return? 38a b M'Yes," complete Schedule L, Part II and enter the total amount involved 38a 39 Section 501(c)(7) organizations. Enter: 38a a Initiation fees and capital contributions included on line 9 39a b Gross receipts, included on line 9, for public use of club facilities 39a b Gross receipts, included on line 9, for public use of club facilities 39a b Section 501(c)(3) and 501(c)(4) organizations. Did the organization 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) and 501(c)(4) organizations. Enter amount of tax imposed on organizations. Any time during the tax year, was the organization in a prior year that has not been reported on any time during the tax year, was the organization a party to a prohibited tax shelter c All organizations. Shocks are in care of beneft. Howre Telephone no. 603-926-2543 20 Teo reganization shocks are in care of beneft. Howre Telephone no. 603-926-2543 21 <	36		36		\checkmark
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 39 Section 501(c)(7) organizations. Enter: 39a 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4955 ▶ 0. 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4955 ▶ 0. b Section 501(c)(3) and 501(c)(4) organizations. Did the organization angage in any section 4956 × .ocses banefit transaction during the year, or did it engage in a excess banefit transaction during the year, or did it engage in an excess banefit transaction for 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0. 0. c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c 0. 0. ereinbursed by the organization Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c 0. 0. ereinbursed by the organization should be organization a party to a prohibited tax shelter 1. 1. 1. 1. 0. 41 List the states with which a copy of this return is filed. New Hampshire Telephone no. 603-926-2543 0. 0.	b	Did the organization file Form 1120-POL for this year?			√
b Gross receipts, included on line 9, for public use of club facilities 39b 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0-; section 4912 ▶ 0- b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-627 if "Yes," complete Schedule L, Part 1. 40b c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 -0- d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c -0- reimbursed by the organization -0- -0- d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c -0- e Alor granizations. At any time during the tax year, was the organization a party to a prohibited tax shelter 40e d List the states with which a copy of this return is filed. ▶ New Hampshire 2P + 4 ▶ 03842-3834 d 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: ▶ See the instructions to exceptions and filing requirement	39	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations. Enter:	38a		✓
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I 40b c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. -0- d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	b	Gross receipts, included on line 9, for public use of club facilities	-		
organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	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	40b		√
 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. List the states with which a copy of this return is filed. ▶ New Hampshire 42a The organization's books are in care of ▶ Bennett F. Moore Telephone no. ▶ 603-926-2543 Located at ▶ 375 Ocean Blvd., Unit 3, Hampton, NH ZIP + 4 ▶ 03842-3634 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside the U.S.? d At any time during the calendar year, did the organization maintain an office outside the U.S.? d At any time during the calendar year, did the organization maintain an office outside the U.S.? d At any time during the calendar year, did the organization maintain an office outside the U.S.? d At any time during the calendar year, did the organization maintain an office outside the U.S.? d At any time during the calendar year, did the organization maintain an office outside the U.S.? d At any time during the calendar year, did the organization maintain an office outside the U.S.? d At any time during the calendar year, did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization neceive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 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<		organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
 42a The organization's books are in care of ▶ Bennett F. Moore Telephone no. ▶ 603-926-2543 Located at ▶ 375 Ocean Blvd., Unit 3, Hampton, NH ZIP + 4 ▶ 03842-3634 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside the U.S.?	е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40e		✓
Located at ▶ 375 Ocean Blvd., Unit 3, Hampton, NH ZIP + 4 ▶ 03842-3634 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Yes If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 42c c At any time during the calendar year, did the organization maintain an office outside the U.S.? 42c 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041–Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a b Did the organization receive any payments for indoor tanning services during the year? If "No," provide an explanation in Schedule O 44c 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a b Did the organization neceive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 44d				6-2543	
 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside the U.S.?		ZID 4 N			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 42c c At any time during the calendar year, did the organization maintain an office outside the U.S.? 42c If "Yes," enter the name of the foreign country: ▶ 43 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 44a Ves 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Yes 44a Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a b Did the organization receive any payments for indoor tanning services during the year? If "No," provide an explanation in Schedule O 44c 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a 45b Did the organization neceive 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	b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	42b	Yes	No √
If "Yes," enter the name of the foreign country: ▶ 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ 43 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
 and enter the amount of tax-exempt interest received or accrued during the tax year		If "Yes," enter the name of the foreign country: ►	42c		✓
 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 45a Did the organization neceive 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 	43		•••	. •	► []
 b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 45a 	44a			Tes	No √
 c Did the organization receive any payments for indoor tanning services during the year?	b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			✓
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>			✓
Form 990-EZ (see instructions)		Did the organization receive any payment from or engage in any transaction with a controlled entity within the			✓ ✓

Form	990-EZ	(2011)
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Form 990)-EZ (2	011)									age 4
46	Did tl	ne organization engage, directly or ir	ndirectly, in political c	ampaign activities	on l	oehalf of or	in opposit	ion		Yes	No
	to ca	andidates for public office? If "Yes,"	complete Schedule C	C, Part I					46		\checkmark
Part V		Section 501(c)(3) organizations 501(c)(3) organizations and secti and 52, and complete the tables Check if the organization used Sc	on 4947(a)(1) none: for lines 50 and 51	xempt charitable	trus	sts must a					, ,
		oncontratic organization used oo				151 411 11				Yes	No
	year?	he organization engage in lobbying If "Yes," complete Schedule C, Par	tll				during the	tax	47		
49a b 50	Did tł If "Ye Comj	organization a school as described in the organization make any transfers t res," was the related organization a se olete this table for the organization's oyees) who each received more than	o an exempt non-cha action 527 organizations five highest compen	ritable related orga on? isated employees (aniza (othe	ation? er than offic	 cers, direct	ors, t			
	(a) Na	ame and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	h	(d) Health contributions benefit plans, compen	to employee and deferred			d amou pensat	
None					-0-		-0-				-0-
51	Com	number of other employees paid ov olete this table for the organization ,000 of compensation from the orga	's five highest compe	ensated independe	one ent d	contractors	who each	rece	eived	more	than
(a) Ւ	lame a	nd address of each independent contractor pa	id more than \$100,000	(b) Type of	servio	ce	(c)	Comp	ensati	on	
none				-							-0-
				-							
				-							
52	Did th	number of other independent contra ne organization complete Schedule / xempt charitable trusts must attach	A? Note: All section 5	01(c)(3) organizatio)(1)	one ► ✓	Yes	1	No
		of perjury, I declare that I have examined this d complete. Declaration of preparer (other that						owled	ge and	d belief,	it is
Sign Here						Date	9				
Paid Prepa	arer	Print/Type preparer's name	Preparer's signature		Date	Э	Check Check Self-employ	it	PTIN		
Use C		Firm's name				Firm	's EIN ►				
	-	Firm's address	k about about 0.0	inoty of and		Pho	ne no.		1 3 4		
May th	e IRS	discuss this return with the prepare	r snown above? See	instructions					Yes		No

Form **990-EZ** (2011)