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

Open to Public Inspection

Form **990-EZ** (2012)

OMB No. 1545-1150

2012

Department of the Treasury Internal Revenue Service at the end of the year may use this form.

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

A For the 2012 calend		2012 calenda	ar year, or tax year beginning November 1 , 2012, and ending		Oct	ober 31	, 20	13	
B Check if applicable:		pplicable:	C Name of organization		D Employer identification			er	
Address change			Hampton Historical Society			02-6013170			
Name change			Number and street (or P.O. box, if mail is not delivered to street address)	E Telephone number					
H	Initial retu		PO Box 1601		603-929-0781				
H	Terminated Amended return		City or town, state or country, and ZIP + 4		F Grou	Group Exemption			
H		on pending	Hampton, NH 03843-1601			ber ▶			
G		ting Method:		н	Check >	if the	organization	n is not	
		te: ► www.	required to attach Schedule B						
		npt status (che			or 990-PF).				
_	Check ▶		eck only one) $ \boxed{\checkmark}$ 501(c)(3) $\boxed{}$ 501(c) () \blacktriangleleft (insert no.) $\boxed{}$ 4947(a) organization is not a section 509(a)(3) supporting organization or a sec		on and its	aross rece	eints are nor	mally	
		e than \$50,00		-					
			ses to file a return, be sure to file a complete return.	()	,	(,		
			b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or	more, or if total asset	s (Part II,				
- 1	ine 25, c	olumn (B) belo	w) are \$500,000 or more, file Form 990 instead of Form 990-EZ			▶ \$		49216	
_	art I		e, Expenses, and Changes in Net Assets or Fund Ba			tions for	Part I)	10210	
			the organization used Schedule O to respond to any ques	•			,	. 🗸	
	1		ons, gifts, grants, and similar amounts received			1		22067	
	2		ervice revenue including government fees and contracts			2		804	
	3	_	ip dues and assessments			3		3885	
	4	Investment				4		153	
	5a		bunt from sale of assets other than inventory	5a					
	b		or other basis and sales expenses	5b					
	C		ss) from sale of assets other than inventory (Subtract line 5b			5c			
	6								
Revenue	а	Gross inc	ome from gaming (attach Schedule G if greater than	1 - 1					
		,		6a	5660				
	b		me from fundraising events (not including \$	of contribution	าร				
æ			aising events reported on line 1) (attach Schedule G if the	1 1					
			th gross income and contributions exceeds \$15,000)	6b	12750				
	C		t expenses from gaming and fundraising events	6c	4066				
	d		e or (loss) from gaming and fundraising events (add lines 6	sa and 60 and su	otract				
	l _	line 6c) .				6d		14344	
	7a		s of inventory, less returns and allowances	7a	3897				
	b		of goods sold	7b	1101	_			
	C		it or (loss) from sales of inventory (Subtract line 7b from line 7			7c		2796	
	8		nue (describe in Schedule O)			8			
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9		44049	
Expenses	10		I similar amounts paid (list in Schedule O)			10			
	11		aid to or for members			11 12			
	12	Salaries, other compensation, and employee benefits							
	13	Professional fees and other payments to independent contractors				13			
	14	Occupancy, rent, utilities, and maintenance				14		16918	
	.0	Printing, publications, postage, and shipping				15		1071	
	16		enses (describe in Schedule O)			16		18490	
	17		enses. Add lines 10 through 16			17		36479	
şt	18		(deficit) for the year (Subtract line 17 from line 9)			18		7570	
SSe	19		or fund balances at beginning of year (from line 27, columns figure reported on prior year's return)			10			
Net Assets			r figure reported on prior year's return)		- H	19		<u>232529</u>	
	20		nges in net assets or fund balances (explain in Schedule O).		-	20			
_	21	Net assets	or fund balances at end of year. Combine lines 18 through 2	U		21		240099	

Form 990-EZ (2012) Page 2 Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year 93408 22 22 Cash, savings, and investments 100978 139121 23 23 Land and buildings 139121 24 Other assets (describe in Schedule O) 24 25 Total assets 232529 25 240099 26 Total liabilities (describe in Schedule O) 26 Net assets or fund balances (line 27 of column (B) must agree with line 21) 232529 27 27 240099 Part III Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? Maintain a Museum and educate on history of Hampton 501(c)(3) and 501(c)(4) organizations and section Describe the organization's program service accomplishments for each of its three largest program services, 4947(a)(1) trusts; optional as measured by expenses. In a clear and concise manner, describe the services provided, the number of for others.) persons benefited, and other relevant information for each program title. Operate the Tuck Museum at 40 Park Ave., Hampton, NH. Museum is open to public at no charge. Preserve items in collection, assist visitors with tours and research. Education programs for local schools. Served 875 students and 1200 other visitors. 28a (Grants \$) If this amount includes foreign grants, check here 3332 Maintain buildings and grounds of Museum, total of 6 buildings in complex. 29a (Grants \$) If this amount includes foreign grants, check here . . . 16918 Programs and newsletters- offered programs to general public in areas of historical interest; provided newsletter to all members and other community groups.) If this amount includes foreign grants, check here 30a 2886 Other program services (describe in Schedule O)) If this amount includes foreign grants, check here 31a 11700 34836 List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable (d) Health benefits. (b) Average compensation contributions to employee (e) Estimated amount of (a) Name and title hours per week (Forms W-2/1099-MISC) benefit plans, and other compensation devoted to position (if not paid, enter -0-) deferred compensation see attached schedule 1 -0--0--0-

Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V Yes No 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 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 34 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business 35a 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 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 Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37a 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter: 39 Initiation fees and capital contributions included on line 9 39a **b** Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ -0- ; section 4912 ► -0- ; section 4955 ► 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 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, -0d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter List the states with which a copy of this return is filed ▶ New Hampshire 41 **42a** The organization's books are in care of ▶ Ben Moore 603-926-2543 Telephone no. ▶ 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 Yes No a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b 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.? . . . If "Yes," enter the name of the foreign country: ▶ 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 44a Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 44b Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d 45a 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 45b

Page 3

Form 990	D-EZ (2	012)							F	age 4	
46	Did th	ne organization engage, directly or ir	ndirectly, in political o	ampaign activities	on b	ehalf of or	in opposi	tion	Yes	No	
		ndidates for public office? If "Yes," of		, Part I		<u> </u>		. 46	<u> </u>	✓	
Part \		Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51 Check if the organization used Scl	s must answer que				nplete th	e tables	for lin	es . \Box	
				a to any quiodison.					Yes	No	
		he organization engage in lobbying ⁹ If "Yes," complete Schedule C, Par		section 501(h) elec			uring the	tax . 47	,	1	
48	Is the	he organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E								\	
49a	Did th	oid the organization make any transfers to an exempt non-charitable related organization?								√	
		f "Yes," was the related organization a section 527 organization?									
		plete this table for the organization's									
	empl	oyees) who each received more than	1 \$100,000 of comper	nsation from the or	ganız			e, enter "	None.		
	(a)	Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	lh.	(d) Health be contributions to enefit plans, a compens	o employee and deferred				
None											
					-0-		-0-			-0-	
f	Total	number of other employees paid ov	er \$100,000	. ▶nc	one						
		plete this table for the organization' ,000 of compensation from the orga			ent c	ontractors	who each	ı receive	d more	thar	
(a) N	Name a	nd address of each independent contractor pa	(b) Type of service			(c) Compensation					
none									-0		
				-							
				_							
				-							
d	Total	number of other independent contra	actors each receiving	over \$100,000 .	. ▶		ne	one			
		ne organization complete Schedule Axempt charitable trusts must attach			ons a	nd 4947(a)	(1)	► ✓ Ye	s □ i	No	
		of perjury, I declare that I have examined this is d complete. Declaration of preparer (other than						nowledge ar	nd belief,	, it is	
	JOI, AII	L Complete. Declaration of preparer (other than	. omocij is basea on all lille	mation of willon prepa	ioi iide	, any knowied					
Sign		Signature of officer	Signature of officer Date								
Here		Bennett F. Moore, Treasurer									
		Type or print name and title									
Paid		Print/Type preparer's name	Preparer's signature		Date		Check] if PTIN			
Prepa	arer						self-emplo				
Use C		Firm's name ▶				Firm'	s EIN ▶				
Moviti	<u> </u>	Firm's address >	r chown chave Oc-	inatruations		Phon	e no.				
iviay th	e iKS	discuss this return with the preparer	SHOWH ADOVE? See	mstructions				► Ye	.s ∟ ∣	No	