Form **990-E7**

Short Form Return of Organization Exempt From Income Tax

2013

OMB No. 1545-1150

Open to Public

Inspection

Form **990-EZ** (2013)

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

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning November 1 , 2013, and ending October 31 , 20 C Name of organization Check if applicable: D Employer identification number Address change **Hampton Historical Society** 02-6013170 Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Initial return PO Box 1601 603-929-0781 City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number ▶ Hampton, NH 03843-1601 Application pending Other (specify) ▶ **G** Accounting Method: ✓ Cash Accrual **H** Check ▶ ☐ if the organization is **not** I Website: ▶ required to attach Schedule B (Form 990, 990-EZ, or 990-PF). ☐ 501(c) (J Tax-exempt status (check only one) — ✓ 501(c)(3)) ◀ (insert no.) ☐ 4947(a)(1) or 527 **K** Form of organization: ✓ Corporation Other Trust Association L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 125302 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I ✓ Check if the organization used Schedule O to respond to any question in this Part I 1 1 98868 2 Program service revenue including government fees and contracts 2 610 3 3 3755 4 4 Investment income 767 5a Gross amount from sale of assets other than inventory 5a h Less: cost or other basis and sales expenses 5b С Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 5c Gaming and fundraising events 6 Gross income from gaming (attach Schedule G if greater than Revenue 6837 Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b 12889 Less: direct expenses from gaming and fundraising events . . . 6с 4043 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 15683 7a Gross sales of inventory, less returns and allowances 7a 7b 372 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c C 1204 8 Other revenue (describe in Schedule O) 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 120887 10 Grants and similar amounts paid (list in Schedule O) 10 28050 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 14 14 16569 15 Printing, publications, postage, and shipping 15 2634 16 16 12584 Total expenses. Add lines 10 through 16 17 17 59837 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 61050 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 240099 20 Other changes in net assets or fund balances (explain in Schedule O) 20 -1405 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 299744 Form 990-EZ (2013) 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 100978 22 22 Cash, savings, and investments 160623 139121 23 23 Land and buildings 139121 24 Other assets (describe in Schedule O) 24 25 Total assets 240099 25 299744 Total liabilities (describe in Schedule O) 26 26 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 240099 27 299744 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 425 students and 900 other visitors.) If this amount includes foreign grants, check here 28a (Grants \$ 6207 Maintain buildings and grounds of Museum, total of 6 buildings in complex. 29a (Grants \$) If this amount includes foreign grants, check here . . . 16569 Programs and newsletters- offered programs to general public in areas of historical interest; provided newsletters to all members and other community groups. (Grants \$) If this amount includes foreign grants, check here 30a 3399 Other program services (describe in Schedule O) (Grants \$ 28050) If this amount includes foreign grants, check here 31a 29075 55250 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

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 Did the organization have unrelated business gross income of \$1,000 or more during the year from business 35a 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 39 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 39a 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, -0-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 **▶** Bennett F. Moore 603-926-2543 Telephone no. ▶ Located at ► 375 Ocean Blvd. Unit 3; Hampton, NH ZIP + 4 ▶ 03842-3703 **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. 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 43 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

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

Page 3

Form 99	0-EZ (2	013)								Pa	ige 4
46	Did th	ne organization engage, directly or in	ndirectly, in political c	ampaign activities	on behalf	of or i	n opposi	tion	Y	es	No
		ndidates for public office? If "Yes," of		, Part I				. 4	6		✓
Part \		Section 501(c)(3) organizations All section 501(c)(3) organizations 50 and 51. Check if the organization used Sch	s must answer que				nplete th	e table	s for	line	s
				a to any quiodition.					Y	es	No
47		he organization engage in lobbying If "Yes," complete Schedule C, Part		section 501(h) elec		fect du	uring the		.7		√
48 49a b	Did th	e organization a school as described in the organization make any transfers to the s," was the related organization a se	o an exempt non-cha	ritable related orga				. 49	8 9a 9b		√ √
50	Com	plete this table for the organization's oyees) who each received more than	five highest compen	sated employees (other thar	n office	ers, direct	ors, tru	stees		key
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contrib	(d) Health benefits, contributions to employee benefit plans, and deferred compensation		(e) Estimated amount of other compensation			
None					-0-		-0-				-0-
f 51	Com	number of other employees paid over plete this table for the organization' ,000 of compensation from the orga	s five highest compe	ensated independe	ent contra	 ctors	who each	n receiv	ed m	ore	thar
	(a) Name and business address of each independent contractor			(b) Type of service			(c) Compensation				
none				-							-0-
				_							
				-							
				_							
				_							
d 52	Did th	number of other independent contra ne organization complete Schedule A xempt charitable trusts must attach a	A? Note . All section 5	01(c)(3) organization	. ► ons and 49 	947(a)(one ► ✓ Y	 es [lo
		of perjury, I declare that I have examined this r d complete. Declaration of preparer (other than						nowledge	and be	lief, it	is
Sign Here		Signature of officer	Date								
	Bennett F. Moore, Treasurer										
		Type or print name and title	Preparer's signature		Date			PTI	N		
Paid Prepa	arer	Print/Type preparer's name	Toparor 5 signature		Duito		Check self-emplo	it	·		
Use (Only	Firm's name	Firm's EIN ►								
May th	ne IRS	Firm's address ► discuss this return with the preparer	shown above? See	instructions		Phone	e no.	► <u></u> Y	es [N	o

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.

2013

OMB No. 1545-0047

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

Name of the organization		Employer identification number
Hampton Historical Society		02-6013170
Page 1, part 1, line 10- Grants and similar amounts paid:		
	20050	
Donation to Town of Hampton for restoration of Town Clock	28050	
Total, line 10	28050	
Page 1, part 1, line 16- Other expenses		
Museum preservation, archival and exhibit expenses	5230	
Public program expenses	840	
Publicity expenses	183	
Building expansion design expenses	2600	
Special exhibit expenses	1942	
Endowment fund transfer	545	
General and administrative expenses	1184	
Technology	60	
Total other expenses, line 16	12584	
Page 1, part 1, line 20- Other changes in net assets		
Unrealized loss on investments	-1405	
Total	-1405	
Page 2, part III, line 31- Other program services		
Donations to Town Clock project	28050	
Collection acquisitions	1025	
Total	29075	

Schedule O (Form 990 or 990-EZ) (2013)		Page 2
Name of the organization	Employer identification number	
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Schedule O (Form 990 or 990-EZ), such as legislation enacted after the schedule and its instructions were published, go to www.irs.gov/form990.

Purpose of Schedule

An organization should use Schedule O (Form 990 or 990-EZ), rather than separate attachments, to provide the IRS with narrative information required for responses to specific questions on Form 990 or 990-EZ, and to explain the organization's operations or responses to various questions. It allows organizations to supplement information reported on Form 990 or 990-EZ.

Do not use Schedule O to supplement responses to questions in other schedules of the Form 990 or 990-EZ. Each of the other schedules includes a separate part for supplemental information.

Who Must File

All organizations that file Form 990 and certain organizations that file Form 990-EZ must file Schedule O (Form 990 or 990-EZ). At a minimum, the schedule must be used to answer Form 990, Part VI, lines 11b and 19. If an organization is not required to file Form 990 or 990-EZ but chooses to do so, it must file a complete return and provide all of the information requested, including the required schedules.

Specific Instructions

Use as many continuation sheets of Schedule O (Form 990 or 990-EZ) as needed.

Complete the required information on the appropriate line of Form 990 or 990-EZ prior to using Schedule O (Form 990 or 990-EZ).

Identify clearly the specific part and line(s) of Form 990 or 990-EZ to which each response relates. Follow the part and line sequence of Form 990 or 990-EZ.

Late return. If the return is not filed by the due date (including any extension granted), attach a separate statement giving the reasons for not filing on time. Do not use this schedule to provide the latefiling statement.

Amended return. If the organization checked the Amended return box on Form 990, Heading, item B, or Form 990-EZ, Heading, item B, use Schedule O (Form 990 or 990-EZ) to list each part or schedule and line item of the Form 990 or 990-EZ that was amended.

Group return. If the organization answered "Yes" to Form 990, line H(a), but "No" to line H(b), use a separate

attachment to list the name, address, and EIN of each affiliated organization included in the group return. **Do not use** this schedule. See the Instructions for Form 990, *I. Group Return.*

Form 990, Parts III, V, VI, VII, IX, XI, and XII. Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions in the Form 990.

- 1. Part III, Statement of Program Service Accomplishments.
 - a. "Yes" response to line 2.
 - b. "Yes" response to line 3.
 - c. Other program services on line 4d.
- 2. Part V, Statements Regarding Other IRS Filings and Tax Compliance.
 - a. "No" response to line 3b.
 - b. "Yes" or "No" response to line 13a.
 - c. "No" response to line 14b.
- 3. Part VI, Governance, Management, and Disclosure.
- a. Material differences in voting rights among members of the governing body in line 1a.
- b. Delegation of governing board's authority to executive committee.
 - c. "Yes" responses to lines 2 through 7b.
- d. "No" responses to lines 8a, 8b, and 10b.
 - e. "Yes" response to line 9.
- f. Description of process for review of Form 990, if any, in response to line 11b.
 - g. "Yes" response to line 12c.
- h. Description of process for determining **compensation** in response to lines 15a and 15b.
- i. If applicable, in response to line 18, an explanation as to why the organization checked the "Other" box or did not make any of Forms 1023, 1024, 990, or 990-T publicly available.
- j. Description of public disclosure of documents in response to line 19.
- 4. Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors.
- a. Explain if reporting of compensation paid by a related organization is provided only for the period during which the related organization was related, not the entire calendar year ending with or within the tax year, and state the period during which the related organization was related.
- b. Description of reasonable efforts undertaken to obtain information on compensation paid by related organizations, if the organization is unable to obtain such information to report in column (E).
- 5. Explanation for Part IX, Statement of Functional Expenses, line 11g (other fees

for services), including the type and amount of each expense included in line 11g, if the amount in Part IX, line 11g, exceeds 10% of the amount in Part IX, line 25 (total functional expenses).

- 6. Explanation for Part IX, Statement of Functional Expenses, line 24e (all other expenses), including the type and amount of each expense included in line 24e, if the amount on line 24e exceeds 10% of the amount in Part IX, line 25 (total functional expenses).
- 7. Part XI, Reconciliation of Net Assets. Explain any other changes in net assets or fund balances reported on line 9.
- 8. Part XII, Financial Statements and Reporting.
- a. Change in accounting method or description of other accounting method used on line 1.
- b. Change in committee oversight review from prior year on line 2c.
 - c. "No" response to line 3b.

Form 990-EZ, Parts I, II, III, and V. Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions:

- 1. Part I, Revenue, Expenses, and Changes in Net Assets or Fund Balances.
- a. Description of other revenue, in response to line 8.
- b. List of grants and similar amounts paid, in response to line 10.
- c. Description of other expenses, in response to line 16.
- d. Explanation of other changes in net assets or fund balances, in response to line 20.
 - 2. Part II, Balance Sheets.
- a. Description of other assets, in response to line 24.
- b. Description of total liabilities, in response to line 26.
- 3. Description of other program services in response to Part III, Statement of Program Service Accomplishments, line 31.
 - 4. Part V, Other Information.
 - a. "Yes" response to line 33.
 - b. "Yes" response to line 34.
- c. Explanation of why organization did not report unrelated business gross income of \$1,000 or more to the IRS on Form 990-T, in response to line 35b.

Other. Use Schedule O (Form 990 or 990-EZ) to provide narrative explanations and descriptions in response to other specific questions. The narrative provided should refer and relate to a particular line and response on the form.



Do not include on Schedule O (Form 990 or 990-EZ) any social security number(s), because this schedule will be made available