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Short Form

Return of Organization Exempt From Income Tax

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

(except black lung benefit trust or private foundation)

OMB No 1545-1150

2012

Open to Public
Inspection

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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

A For the 2012 calendar year, or tax year beginning _____ and ending _____

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization

N.E. CHAP ANTIQUE AND CLASSIC BOAT SOC

Number and street (or P O box, if mail is not delivered to street address)

PO BOX 705

Room/suite

City or town, state or country, and ZIP + 4

KEENE, NH 03431

D Employer identification number

04-2610915

E Telephone number

603-357-4882

F Group Exemption Number ►

G Accounting Method Cash Accrual Other (specify) ►

I Website: ► **NECACBS.ORG**

J Tax-exempt status (check only one) — 501(c)(3) 501(c)(7) (insert no) 4947(a)(1) or 527

K Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

L Add lines 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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$ **43,549.00**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ _____ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	1 2 3 6,675.00 4 5a 5b 5c 6a of contributions 6b 20,862.00 6c 21,143.00 6d <281.00> 7a 16,012.00 7b 7,780.00 7c 8,232.00 8 9 14,626.00 10 1,900.00 11 12 13 14 15 10,678.00 16 2,235.00 17 14,813.00 18 <187.00> 19 95,820.00 20 0.00 21 95,633.00
	SEE SCHEDULE O

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form **990-EZ** (2012)

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01-11-13

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14340321 758872 00123

2012.03011 N.E. CHAP ANTIQUE AND CLASS 00123_1

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
22	Cash, savings, and investments	57,782.00	22 46,521.00
23	Land and buildings		23
24	Other assets (describe in Schedule O)	40,860.00	24 49,957.00
25	Total assets	98,642.00	25 96,478.00
26	Total liabilities (describe in Schedule O)	2,822.00	26 845.00
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	95,820.00	27 95,633.00

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28				
	(Grants \$) If this amount includes foreign grants, check here		► <input type="checkbox"/>	28a
29				
	(Grants \$) If this amount includes foreign grants, check here		► <input type="checkbox"/>	29a
30				
	(Grants \$) If this amount includes foreign grants, check here		► <input type="checkbox"/>	30a
31	Other program services (describe in Schedule O)			
	(Grants \$) If this amount includes foreign grants, check here		► <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a)			► 32

Part IV 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

	(a) Name and title	(b) 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 employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DENNIS	SCHAUER PO BOX 416				
WOLFBORO NH 03894	PRESIDENT	0.00	0.00	0.00	0.00
GARY MICHAEL	293 ROUTE #13	0.00	0.00	0.00	0.00
BROOKLINE NH 03033	VICE PRESIDENT	0.00	0.00	0.00	0.00
JOHN BURK JR	PO BOX 705	0.00	0.00	0.00	0.00
KEENE NH 03431	TREASURER	0.00	0.00	0.00	0.00
CAROL CLOUTIER	4 JIMINY DR	0.00	0.00	0.00	0.00
WOLFBORO NH 03894	SECRETARY	0.00	0.00	0.00	0.00
BILL MARCUSSEN	PO BOX 9	0.00	0.00	0.00	0.00
MELVIN	VILLAGE NH 03850	0.00	0.00	0.00	0.00
BO MILLER	45 ROUTE 103	0.00	0.00	0.00	0.00
SUNAPEE NH 03782	DIRECTOR	0.00	0.00	0.00	0.00
WOODIE	LAVERACK	0.00	0.00	0.00	0.00
HOLDERNES NH 03245	DIRECTOR	0.00	0.00	0.00	0.00
LINWOOD GALEUCIA	1 SMITHFIELD LN	0.00	0.00	0.00	0.00
BEDFORD NH 03110	DIRECTOR	0.00	0.00	0.00	0.00

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch 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 detailed description of each activity in Schedule O	33	X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
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	N/A
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	X
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	X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.00
b	Did the organization file Form 1120-POL for this year?	37b	X
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	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39	Section 501(c)(7) organizations Enter	39a	0.00
a	Initiation fees and capital contributions included on line 9	39b	0.00
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 ► N/A , section 4912 ► N/A , section 4955 ► N/A	40b	N/A
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		
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		N/A
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		N/A
e	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	X
41	List the states with which a copy of this return is filed ► NH		
42a	The organization's books are in care of ► JOHN G. BURK Located at ► 56 COURT STREET, KEENE, NH	Telephone no	► 603-357-4882
		ZIP + 4	► 03431
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.	42b	X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ►	42c	X
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	N/A
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	X
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	X
c	Did the organization receive any payments for indoor tanning services during the year?	44c	X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
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 Form 990-EZ (see instructions)	45b	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
46		X

Part VI **Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
47		
48		
49a		
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

	(a) Name and title of each employee paid more than \$100,000 N/A	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

1 Total number of other employees paid over \$100,000 ► _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" N/A

	(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ► _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Date **12/1/13** **Yes** **No**

Sign Here **Signature of officer** **TREASURER** **Type or print name and title**

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►			Firm's EIN ►	
	Firm's address ►			Phone no	

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

Form 990-EZ (2012)

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01-11-13

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SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012Open to Public
Inspection

Name of the organization

N.E. CHAP ANTIQUE AND CLASSIC BOAT SOC

Employer identification number
04-2610915**FORM 990-EZ, PART I, LINE 7, GROSS PROFIT FROM SALES OF INVENTORY:****INCOME:**

1. GROSS RECEIPTS	16,012.
2. RETURNS AND ALLOWANCES	0.
3. LINE 1 LESS LINE 2	16,012.
4. COST OF GOODS SOLD (LINE 13)	7,780.
5. GROSS PROFIT (LINE 3 LESS LINE 4)	8,232.

COST OF GOODS SOLD:

6. INVENTORY AT BEGINNING OF YEAR	3,457.
7. MERCHANDISE PURCHASED	43,281.
8. COST OF LABOR	0.
9. MATERIALS AND SUPPLIES	0.
10. OTHER COSTS	5,274.
11. ADD LINES 6 THROUGH 10	52,012.
12. INVENTORY AT END OF YEAR	44,232.
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)	7,780.

FORM 990-EZ, PART I, LINE 7B, OTHER COSTS:

DESCRIPTION OF OTHER COSTS:	AMOUNT:
COSTS AND EXPENSES OF POSTERS	5,274.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:**ACTIVITY CLASSIFICATION:**

GRANTEE NAME: NEW HAMPSHIRE BOAT MUSEUM

AMOUNT GIVEN: 1,900.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
232211
01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012Open to Public
InspectionName of the organization N.E. CHAP ANTIQUE AND CLASSIC BOAT SOC Employer identification number 04-2610915**FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:**

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
<u>INTERNET EXP, STATE FILING FEES, ETC</u>	<u>2,235.</u>

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
<u>ACCOUNTS REC AND INVENTORY</u>	<u>40,860.</u>	<u>49,957.</u>

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
<u>ACCOUNTS PAYABLE</u>	<u>2,822.</u>	<u>845.</u>

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE ORGANIZATION, DID NOT,**DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A****PERSONAL BENEFIT CONTRACT****FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:****THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,****OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.****THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,****OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.**