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Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

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.

► 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 11/01/12, and ending 10/31/13

B Check if applicable

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

C Name of organization

N.H. ANTIQUE DEALERS ASSOC.  
C/O PETER SAWYER

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

17 COURT STREET

D Employer identification number

02-0324779

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

EXETER NH 03833

Room/suite

E Telephone number

603-648-2179

F Group Exemption  
Number ►G Accounting Method  Cash  Accrual Other (specify) ►I Website: ► [www.nhada.org](http://www.nhada.org)J Tax-exempt status (check only one) —  501(c)(3)  501(c)( 6 ) (insert no)  4947(a)(1) or  527H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)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

► \$ 158,379

## 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 

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

## See Statement

5a

5b

5c

6a

of contributions

6b

6c

6d

7a

7b

7c

10

11

12

13

14

15

16

17

18

19

20

21

135,298

23,010

71

158,379

540

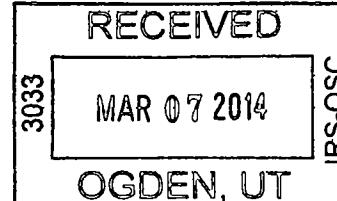
166,118

166,658

-8,279

63,611

55,332



SCANNED

REVENUE

MARCH 2014

EXPENSES

NET ASSETS

**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	63,679	22	55,400
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	63,679	25	55,400
26 Total liabilities (describe in Schedule O)	68	26	68
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	63,611	27	55,332

**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 TO INCREASE PUBLIC AWARENESS, EDUCATION AND APPRECIATION OF ANTIQUES

(Grants \$

) If this amount includes foreign grants, check here ▶ 

28a

29

(Grants \$

) If this amount includes foreign grants, check here ▶ 

29a

30

(Grants \$

) If this amount includes foreign grants, check here ▶ 

30a

31 Other program services (describe in Schedule O)

(Grants \$

) If this amount includes foreign grants, check here ▶ 

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
RICH BOJKO PRESIDENT	0.00	0	0	0
KATHY SCHOEMER	0.00	0	0	0
IMM. PAST PRE	0.00	0	0	0
SHARON PLATT	0.00	0	0	0
VICE PRES, COMMUNICA	0.00	0	0	0
PETER SAWYER	0.00	0	0	0
TREASURER	0.00	0	0	0
THOMAS M THOMPSON VP, SHOW CO-CHAIR	0.00	0	0	0
BEVERLY LONGACRE DIREC. SHOW CO-CHAIR	0.00	0	0	0
GAIL PIATT DIRECTOR	0.00	0	0	0
MELISSA ALDEN SECRETARY	0.00	0	0	0
KEN PIKE VP, MEMBERSHIP	0.00	0	0	0
CHERYL SCOTT AUDITOR	0.00	0	0	0

**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 Schedule O to respond to any question in this Part V

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

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

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

39 Section 501(c)(7) organizations Enter 39a

a Initiation fees and capital contributions included on line 9 39b

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 ► \_\_\_\_\_, section 4912 ► \_\_\_\_\_, section 4955 ► \_\_\_\_\_ 40b

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 40c

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 40d

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40e

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 40f  X

41 List the states with which a copy of this return is filed ► None

42a The organization's books are in care of ► **PETER AUSTIN**

Telephone no ► **603-648-2179**

114 DOVER ROAD

Located at ► **CHICHESTER**

NH ZIP + 4 ► **03234**

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)? 42b  X

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.? 42c  X

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 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  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

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 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

	Yes	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 Schedule C, Part II

	Yes	No
47		

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

	Yes	No
48		

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

	Yes	No
49a		

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

	Yes	No
49b		

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	(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

f 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"

(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 ►  Yes  No

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

Sign Here		Treasurer	FEB 25, 2014
	Signature of officer PETER SAWYER	Date TREASURER	
	Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name Firm's name ► Smith Hennessey Associates, PLLC/CPA Firm's address ► 261 Sheep Davis Rd Ste 7 Concord, NH 03301-5750	Preparer's signature Kimberly Hennessey	Date 02/13/14	Check <input type="checkbox"/> if self-employed	PTIN 02-0501276
			Firm's EIN ►	Phone no	603-225-0941

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

**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

**2012**Open to Public  
Inspection

Name of the organization

**N. H. ANTIQUE DEALERS ASSOC.**  
 C/O PETER SAWYER

 Employer identification number  
**02-0324779**
**Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
<b>Expenses</b>	
ADVERTISING-SHOW	\$ 60,862
ANNUAL MEETING	\$ 1,159
DIRECTORS & OFFICERS INSURANC	\$ 1,150
GENERAL LIABILITY INSURANCE	\$ 503
SHOW EXPENSE	\$ 75,563
BANK FEES	\$ 66
MEMBERSHIP EXPENSE	\$ 11,740
SUPPLIES	\$ 1,327
OFFICE SUPPLIES	\$ 4,339
BOOTH RENT REFUND	\$ 600
CHARITABLE CONTRIBUTION	\$ 3,000
CONTRACT LABOR	\$ 5,309
GIFT	\$ 500
<b>Total</b>	<b>\$ 166,118</b>

**Form 990-EZ, Part II, Line 26 - Other Liabilities**

Description	Beg. of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 68	\$ 68

**Form 990-EZ, Part III - Primary Exempt Purpose**

TO ELEVATE AND MAINTAIN THE STANDARDS OF THE ANTIQUE BUSINESS IN NEW  
 HAMPSHIRE, TO INCREASE GENERAL PUBLIC AWARENESS AND APPRECIATION OF

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

Page 2

Name of the organization

**N.H. ANTIQUE DEALERS ASSOC.**

Employer identification number

**02-0324779**

**ARTICLES OF ANTIQUE VALUE, TO PROMOTE THE BEST INTERESTS OF ALL PHASES OF  
ANTIQUE DEALING.**