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Return of Organization Exempt From Income Tax

2013

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

► 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.Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2013 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

D Employer identification number

04-2610915

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

Room/suite

PO BOX 705

E Telephone number

603-357-4882

City or town, state or province, country, and ZIP or foreign postal code

KEENE, NH 03431

F Group Exemption

Number ►

G Accounting Method Cash Accrual Other (specify) ►I Website: ► NECACBS.ORGJ Tax-exempt status (check only one) — 501(c)(3) 501(c)(7) (insert no) 4947(a)(1) or 527K Form of organization Corporation Trust Association Other

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

RECEIVED

\$ 39,716.00

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

1	Contributions, gifts, grants, and similar amounts received		1	
2	Program service revenue including government fees and contracts		2	
3	Membership dues and assessments		3	4,950.00
4	Investment income		4	
5a	Gross amount from sale of assets other than inventory		5a	
b	Less cost or other basis and sales expenses		5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
6	Gaming and fundraising events			
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		
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)	6b	20,926.00	
c	Less direct expenses from gaming and fundraising events	6c	21,282.00	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	<356.00>	
7a	Gross sales of inventory, less returns and allowances	7a	13,840.00	
b	Less cost of goods sold	7b	7,623.00	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	6,217.00	
8	Other revenue (describe in Schedule O)		8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	10,811.00
10	Grants and similar amounts paid (list in Schedule O)	SEE SCHEDULE O	10	1,900.00
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	Occupancy, rent, utilities, and maintenance		14	
15	Printing, publications, postage, and shipping		15	8,816.00
16	Other expenses (describe in Schedule O)	SEE SCHEDULE O	16	1,248.00
17	Total expenses. Add lines 10 through 16		17	11,964.00
18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	<1,153.00>
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	95,633.00
20	Other changes in net assets or fund balances (explain in Schedule O)		20	0.00
21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	94,480.00

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form 990-EZ (2013)

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	46,521.00	22 39,522.00
23	Land and buildings		23
24	Other assets (describe in Schedule O)	49,957.00	24 55,718.00
25	Total assets	96,478.00	25 95,240.00
26	Total liabilities (describe in Schedule O)	845.00	26 760.00
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	95,633.00	27 94,480.00

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 WOLFEBORO NH 03894 PRESIDENT 603-651	0.00	0.00	0.00	0.00
GARY MICHAEL 293 ROUTE #13 BROOKLINE NH 03033 VICE PRES 603-672	0.00	0.00	0.00	0.00
JOHN BURK JR PO BOX 705 KEENE NH 03431 TREASURER 603-357	0.00	0.00	0.00	0.00
CAROL CLOUTIER 4 JIMINY DR WOLFEBORO NH 03894 SECRETARY 603-569	0.00	0.00	0.00	0.00
BILL MARCUSSEN PO BOX 9 MELVIN VILLAGE NH 03850 DIRECTOR 603-54	0.00	0.00	0.00	0.00
BO MULLER 45 ROUTE 103 SUNAPEE NH 03782 DIRECTOR 603-863-	0.00	0.00	0.00	0.00
WOODIE LAVERACK HOLDERNESS NH 03245 DIRECTOR 603-536-	0.00	0.00	0.00	0.00
LINWOOD GALECIA 1 SMITHFIELD LN BEDFORD NH 03110 DIRECTOR 603-	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

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 37b X

b Did the organization file Form 1120-POL for this year? 38a 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? 38b N/A

b If "Yes," complete Schedule L, Part II and enter the total amount involved 39a 0.00

39 Section 501(c)(7) organizations Enter 39b 0.00

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 41 N/A

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 42 N/A

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 43 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 44 N/A

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 Telephone no ► 603-357-4882 Located at ► 56 COURT STREET, KEENE, NH ZIP + 4 ► 03431 42b N/A

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)? 42c N/A

If "Yes," enter the name of the foreign country ► 43 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 of the U.S.? 44 N/A

If "Yes," enter the name of the foreign country ► 45 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 ► 45a N/A 45b 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 45a N/A

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 45b N/A

c Did the organization receive any payments for indoor tanning services during the year? 45c N/A

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 45d N/A

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a N/A

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 N/A

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 Sch C, Part II

	Yes	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 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

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" N/A

(a) Name and business address of each independent contractor	(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

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

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

Sign Here

► Signature of officer

Date

2/14/13

► 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
<input type="checkbox"/>	<input type="checkbox"/>

Form 990-EZ (2013)

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.

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

OMB No 1545-0047

2013Open 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	13,840.
2. RETURNS AND ALLOWANCES	0.
3. LINE 1 LESS LINE 2	13,840.
4. COST OF GOODS SOLD (LINE 13)	7,623.
5. GROSS PROFIT (LINE 3 LESS LINE 4)	6,217.

COST OF GOODS SOLD:

6. INVENTORY AT BEGINNING OF YEAR	44,232.
7. MERCHANDISE PURCHASED	8,445.
8. COST OF LABOR	0.
9. MATERIALS AND SUPPLIES	0.
10. OTHER COSTS	3,064.
11. ADD LINES 6 THROUGH 10	55,741.
12. INVENTORY AT END OF YEAR	48,118.
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)	7,623.

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

DESCRIPTION OF OTHER COSTS:	AMOUNT:
COSTS AND EXPENSES OF POSTERS	3,064.

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.
332211
09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

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.

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OMB No 1545-0047

2013Open 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 16, OTHER EXPENSES:**

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
INTERNET EXP, STATE FILING FEES, ETC	1,248.

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

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS REC AND INVENTORY	49,957.	55,718.

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

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	845.	760.

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.