

Office of the New Hampshire Attorney General Charitable Trusts Unit  
33 Capitol Street, Concord, NH 03301-6397

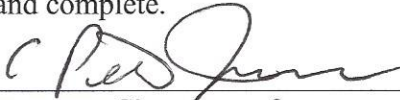
ANNUAL FILING FEE: \$75.00

Make check payable to:  
State of New Hampshire

ANNUAL REPORT CERTIFICATE

<u>Abbot-Downing Historical Society</u>	<u>12/31/2013</u>
Organization Name	Fiscal Year End
<u>C. Peter James</u>	<u>2267</u>
In Care of	State Registration #
<u>PO Box 627</u> <u>Grantham</u>	<u>NH</u> <u>03753</u>
Address	City                      State                      Zip

Under the penalties of perjury set forth in RSA 641:1-3, I declare that I have examined the attached report, including accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct and complete.



Signature of  
PRESIDENT, TREASURER OR TRUSTEE

4/2/2014

Date

C. Peter James

(Print or Type) Name of Officer/Trustee

Treasurer

Title

**THE SIGNATURE OF THE EXECUTIVE DIRECTOR IS NOT ACCEPTABLE.** (If the organization does not have the office of "President" or "Treasurer", please attach an explanation or definition of the authority vested in the signator.)

STATE OF New Hampshire

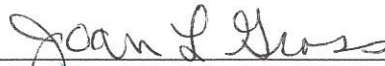
COUNTY OF Sullivan

On this the 2nd day of April, 2014 before me personally appeared the above-named officer or trustee who acknowledged himself/herself to be the officer/trustee, President, Treasurer of the above-named organization and took oath or affirmed that the attached report including accompanying schedules and statements is to the best of his/her knowledge and belief true, correct and complete.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission Expires:

JOAN L. GROSS, Notary Public  
My Commission Expires May 11, 2016

  
Notary Public



**OFFICE OF THE NEW HAMPSHIRE ATTORNEY GENERAL  
CHARITABLE TRUSTS UNIT  
33 Capitol Street  
Concord, NH 03301-6397**

*Register of Charitable Trusts*

*Form NHCT-2A*

**ANNUAL REPORT**

For the calendar year 2013 or fiscal year beginning \_\_\_\_\_  
and ending \_\_\_\_\_ Registration number \_\_\_\_\_

NAME OF ORGANIZATION: Abbot-Downing Historical Society

ADDRESS: \_\_\_\_\_

*Please make name/address corrections here:*

A) Employer or Federal ID Number: 02-0333474  
D) Tax exempt under section 501 (c) ( 3 ): check here if application for exemption is pending ( )  
G) Group return filed for affiliates? Yes \_\_\_\_\_ No \_\_\_\_\_  
Separate return filed by group affiliate? Yes \_\_\_\_\_ No \_\_\_\_\_

***PART I STATEMENT OF SUPPORT, REVENUE, AND EXPENSES AND CHANGES IN FUND BALANCES:***

**Support and Revenue**

1) Contributions, gifts, grants .....	\$ <u>4,417.67</u>
2) Program service revenue (see part V).....	_____
3) Membership dues and assessments.....	<u>825.00</u>
4) Interest on savings and cash investments.....	_____
5) Dividends and interest from securities.....	_____
9) Special fundraising events and activities (Attach schedule, see instructions #6)	
a) Gross revenue.....	\$ <u>4,551.42</u>
b) Minus: direct expenses.....	<u>927.19</u>
c) Net income (line 9a minus line 9b).....	<u>3,624.23</u>
11) Other revenue (see part V).....	<u>107.97</u>
12) Total revenue (add lines 1,2,3,4,5,9(c) and 11.....	<u>8,974.87</u>

**Expenses**

13) Program services (program service charities only) (see Part III).....	_____
14) Management and general (see line 44).....	<u>6,878.51</u>
17) Total expenses (add lines 13 and 14).....	<u>6,878.51</u>

**Fund Balances Lines 18 Through 21 Must Be Completed**

18) Excess (deficit) for the year (line 12 minus line 17).....	_____ <u>2,096.36</u>
19) Fund balances or net worth at the <u>beginning</u> of the year..(see line 75).....	<u>32,285.21</u>
20) Other changes in net assets or fund balance.....	_____

(ATTACH EXPLANATION)

21) Fund balances or net worth at <u>end</u> of year (add lines 18 and 19)(see also line 75).....	_____ <u>34,381.60</u>
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Organization Name: Abbot-Downing Historical Society

**PART II STATEMENT OF FUNCTIONAL EXPENSES**

22) Grants and allocations (ATTACH SCHEDULE).....	_____
23) Specific assistance to individuals.....	_____
24) Benefits paid to or for members.....	_____
25) Compensation of officers, directors, etc.....	_____
26) Other salaries and wages.....	_____
27) Pension plan contributions.....	_____
28) Other employee benefits.....	_____
29) Payroll taxes.....	_____
30) Professional fundraising fees.....	_____
31) Accounting fees.....	_____
32) Legal fees.....	_____
33) Supplies.....	_____
34) Telephone.....	_____
35) Postage and shipping.....	<u>334.88</u>
36) Occupancy.....	_____
37) Equipment rental and maintenance.....	<u>1,555.44</u>
38) Printing and publications.....	<u>532.21</u>
39) Travel.....	_____
40) Conferences, conventions, meetings.....	_____
41) Interest.....	_____
42) Depreciation (attach schedule).....	<u>820.00</u>
43) Other expenses (itemized):	
a) <u>New Hampshire Filing Fee</u> .....	<u>75.00</u>
b) <u>Dues</u> .....	<u>60.00</u>
c) <u>Insurance</u> .....	<u>917.00</u>
d) <u>PO Box Rent</u> .....	<u>78.00</u>
e) <u>Coach Display Expenses</u> .....	<u>2,455.98</u>
f) <u>Misc</u> .....	<u>50.00</u>
44) Total functional expenses (enter on line 14).....	<u>6,878.51</u>

Organization Name: Abbot-Downing Historical Society

**PART III STATEMENT OF PROGRAM SERVICES RENDERED** (program service charities only)

DESCRIPTION	EXPENSES
a) _____ _____ _____	\$ _____
b) _____ _____ _____	\$ _____
c) _____ _____ _____	\$ _____
<b>TOTAL - MUST EQUAL LINE 13</b>	\$ _____

Organization Name: Abbot-Downing Historical Society

***PART IV OFFICERS AND DIRECTORS***

**List ALL Officers, Directors and Trustees. Boards of Directors of voluntary corporations MUST have at least five (5) members who are not related by blood or marriage.**

Name See Attached List  
Home Address \_\_\_\_\_  
\_\_\_\_\_  
Position Held \_\_\_\_\_  
Daytime Phone \_\_\_\_\_

Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
\_\_\_\_\_  
Position Held \_\_\_\_\_  
Daytime Phone \_\_\_\_\_

Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
\_\_\_\_\_  
Position Held \_\_\_\_\_  
Daytime Phone \_\_\_\_\_

Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
\_\_\_\_\_  
Position Held \_\_\_\_\_  
Daytime Phone \_\_\_\_\_

Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
\_\_\_\_\_  
Position Held \_\_\_\_\_  
Daytime Phone \_\_\_\_\_

**Attach sheet if additional space is required.**

Organization Name: Abbot-Downing Historical Society

**PART V PROGRAM SERVICE REVENUE AND OTHER REVENUE (State nature)**  
*(Program service charities only)*

	<u>Program Service</u>	<u>Other</u>
a) _____	_____	_____
b) _____	_____	_____
c) _____	_____	_____
d) _____	_____	_____

**PART VI BALANCE SHEETS**

	<u>Beginning of Year</u>	<u>End of Year</u>
<b>Assets</b>		
45) Cash - non interest bearing	10,435.24	13,351.60
46) Savings and cash investments	_____	_____
47) Accounts receivable	_____	_____
48) Pledges receivable	_____	_____
49) Grants receivable	_____	_____
50) Receivables due from Officers, Directors, etc.	_____	_____
51) Other notes and loans receivable	_____	_____
52) Inventories for sale or use	_____	_____
53) Prepaid	_____	_____
54) Investments - securities	_____	_____
55) Investments - real estate	_____	_____
56) Investments - other	_____	_____
58) Other assets	21,850.00	21,030.00
59) Total assets (add lines 45 through 58)	_____	_____
<b>Liabilities</b>		
60) Accounts payable	_____	_____
61) Grants payable	_____	_____
63) Loans from officers, directors, etc.	_____	_____
64) Mortgages/notes payable	_____	_____
65) Other liabilities	_____	_____
66) Total liabilities (add lines 60 through 65)	_____	_____
Fund Balances or Net Worth <u>Line 75 Must Be Completed</u>		
75) Net worth (assets, line 59, minus liabilities, line 66)	32,285.24	34,381.60

**NOTE: PLEASE BE SURE TO SIGN THE ANNUAL REPORT CERTIFICATE BEFORE  
 A NOTARY PUBLIC AND RETURN THE CERTIFICATE AND REPORT TO:**

Office of the Attorney General, Charitable Trusts Unit, 33 Capitol St., Concord, NH 03301-6397

**FAILURE TO FILE ANNUAL FINANCIAL REPORTS WITH THE DEPARTMENT OF JUSTICE IN A  
 TIMELY MANNER MAY RESULT IN COURT ACTION AND THE IMPOSITION OF CIVIL PENALTIES  
 OF UP TO \$10,000.00 FOR EACH VIOLATION (RSA 7:28-f II (d))**

**OFFICE OF THE NEW HAMPSHIRE ATTORNEY GENERAL  
CHARITABLE TRUSTS UNIT  
33 Capitol Street, Concord, NH 03301-6397**

**MUST BE COMPLETED  
AND ATTACHED TO FILING**

**APPENDIX TO ANNUAL REPORT**

Name of Organization: Abbot-Downing Historical Society

1. Is there currently a conflict of interest policy in effect? Yes X No \_\_\_\_\_  
**A Conflict of Interest Policy is required by law. (see RSA 7:19, II)**

**If No**, please provide explanation for not adopting a Conflict of Interest Policy (attach extra pages if necessary): \_\_\_\_\_

2. Did any officer, Director, Trustee, or member of his/her immediate family obtain a pecuniary benefit from the organization in the last year other than reasonable compensation for services of an executive director, or expenses incurred in connection with his/her official duties? (see RSA 7:19-a) Yes \_\_\_\_\_  
No X

**If Yes**, complete the following:

A. Was any real estate transaction involved? Yes \_\_\_\_\_ No \_\_\_\_\_

B. Was a loan made to any director, officer or trustee? Yes \_\_\_\_\_ No \_\_\_\_\_

C. Was a pecuniary benefit paid in excess of \$500? Yes \_\_\_\_\_ No \_\_\_\_\_  
**If Yes**, attach copy of Meeting Minutes.

D. Was a pecuniary benefit paid in excess of \$5,000? Yes \_\_\_\_\_ No \_\_\_\_\_  
**If Yes**, attach a copy of each of the following:  
\* Public Notice made pursuant to RSA 7:19-a, II (d)  
\* Meeting Minutes  
\* Employment Contract

E. Provide a **list** of each pecuniary benefit transaction involving a director, officer, trustee or member of their immediate family. Include name(s) of recipient(s) and amount(s) of benefit(s) as required under RSA 7:19-a, II (c) and RSA 7:28 (attach extra pages if necessary).

Name of Recipient: \_\_\_\_\_ Nature & Amount of Benefit: \_\_\_\_\_

Name of Recipient: \_\_\_\_\_ Nature & Amount of Benefit: \_\_\_\_\_

**NOTE:** The Director of Charitable Trusts may request **copies** of all contracts, payment records, vouchers and financial records or documents involving a director, officer, trustee or member of the immediate family as authorized under RSA 7:24.

**Bot-Dowing Historical Society  
Annual Report for 2013**

Line 9				
Awards from Hopkinton Fair		\$250.00		
Income from Exhibiting Coach		\$550.96		
Fund Raising Activities				
BonTon Coupon Book Sales	\$997.18			
Raffle of donated items	\$333.00			
Mailing Raffle prizes	-\$10.98			
	\$1,319.20	\$1,319.20		
Gift Shop Sales	\$1,802.50			
Gift Shop Inventory	-\$916.21			
Gift Shop Net	\$886.29	\$886.29		
Presentation Honorariums		\$617.78		
		\$3,624.23		



**Abbot-Downing Historical Society**  
**For the Year 2013**

No.	Description	Date Acquired	Date Sold	Cost Basis	Cur 179/SDA	Prior 179/SDA	Method	Life	Current Depr
1	Coach	1/1/2005		200,000	0	200,000	200 DB HY	5	0
2	Barn	8/25/2000		32,000	0	10,150	S/L MM	39	820
	Total Dep			232,000	0	210,150			820

# Abbot-Downing Historical

## Officers and Directors

President            Brian Erickson  
                         1364 Clement Hill Rd.  
                         Contoocook, NH 03229  
                         603 746-3939

Vice President     Alice Pickett-Hale  
                         59 Penacook Street  
                         Concord, NH 03301  
                         603 225-7516

Treasurer           C. Peter James  
                         PO Box 627  
                         Grantham, NH 03753  
                         603 863-7330

Secretary           Robin Briscoe  
                         95 Prescott Rd  
                         Epping, NH 03042  
                         603 679-5680

### Directors

Term Ends 2015    Patrick Maimone  
                         3 Swamp Road  
                         Deerfield, NH 03037  
                         603 463-4151

Term Ends 2015    Esther Crowley  
                         3 Walker Ave.  
                         Concord, NH 03301  
                         603 225-3575

Term Ends 2015    Sheila Knight  
                         11 Wildmere Terrace  
                         Concord, NH 03301  
                         603 228-8029

Term Ends 2014    Marsha Evans  
                         64 Stumpfield Road  
                         Hopkinton, NH 03229  
                         603 746-3884

Term Ends 2014    Vacant

Term Ends 2014 Charles Bourbeau  
7402 School Street  
Loudon, NH 03301  
603 783-4041

Term Ends 2016 Elizabeth Downing  
4 Imelda Ave  
Keene, NH 03431  
603 358-3757

Term Ends 2016 Linda Banfil  
16 Palm Street  
Concord, NH 03301  
603 228-0526

Term Ends 2016 Ginny Green  
131 Oak Hill Road  
Concord, NH 03301

Form **990-N**

Department of the Treasury  
Internal Revenue Service

**Electronic Notice (e-Postcard)**  
for Tax-Exempt Organizations not Required To File Form 990 or 990-E

**A** For the 2013 calendar year, or tax year beginning 1/1/2013, and ending 12/31/2013.

**B** Check if applicable

- Terminated, Out of Business  
 Gross receipts are normally \$50,000 or less

**E** Website: www.concordcoach.org

**C** Name of organization: ABBOT-DOWNING HISTORICAL SOCIETY INC  
d/b/a:

% C Peter James  
PO Box 627  
Grantham, NH, US, 03753

**F** Name of Principal Officer: Brian Erickson

1364 Clement Hill Rd  
Contoocook, NH, US, 03229

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. You ensure that you are complying with these laws.

The organization is not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the section 6104.

The time needed to complete and file this form and related schedules will vary depending on individual circumstances. The estimated average times is 15 min