Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

Open to Public Inspection

▶ 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.

Α	For the	2015 calenda	ar year, or tax year beginning	November 1	, 2015, a	and ending		toper 3	1 , 20	16		
В	B Check if applicable:		C Name of organization				D Empl	D Employer identificati		er		
Ц	Address c	change	Hampton Historical Society					02-6013170				
님	Name cha	-	Number and street (or P.O. box, if mail is	not delivered to street address	s)	Room/suite	E Telep	E Telephone number				
H	Initial retu		PO Box 1601				603-929-0781					
Ħ	Amended	rn/terminated	City or town, state or province, country, a	nd ZIP or foreign postal code			F Group Exemption					
Ī	Applicatio		Hampton, NH 03843-1601				Nun	Number ►				
G	Account	ting Method:	✓ Cash	ecify) ►		ŀ	l Check	Check ► ☑ if the organization is no				
									ch Schedule B			
J 1	Гах-ехеп	npt status (che	ck only one) — 🗸 501(c)(3) 🔲 501(c	e) () ◀ (insert no.) 🗌 4	947(a)(1) or	<u></u>	(Form 9	90, 990-	EZ, or 990-PF).			
_			✓ Corporation ☐ Trust	· · · · · · · · · · · · · · · · · · ·	Other							
			7b to line 9 to determine gross receip	ts. If gross receipts are \$2	00,000 or m	nore, or if to	tal assets					
(Pa	ırt II, col	umn (B) below	v) are \$500,000 or more, file Form 990) instead of Form 990-EZ .				▶ \$		43664		
E	art I	Revenue	e, Expenses, and Changes ir	n Net Assets or Fund	d Balance	es (see th	e instruc	ctions 1	for Part I)			
			the organization used Schedule							. 🗆		
	1		ons, gifts, grants, and similar amo		•			1		11366		
	2		ervice revenue including governm					2		993		
	з	_	ip dues and assessments					3		4780		
	4	Investment	•					4		2139		
	5a	Gross amo	unt from sale of assets other than	n inventory	. 5a							
	b		or other basis and sales expense	•	++							
	C		ss) from sale of assets other than			ne 5a) .		5c				
	6		d fundraising events	, (,						
	a	Gross inco	ome from gaming (attach Sch	edule G if greater th	an							
ne		\$15,000) .			- 6a		9636					
Revenue	b	b Gross income from fundraising events (not including \$ of contributions										
ě		from fundraising events reported on line 1) (attach Schedule G if the										
<u></u>			h gross income and contributions	· ·			12735					
	C	Less: direc	t expenses from gaming and fund	draising events	-		4465					
	d		e or (loss) from gaming and fund	_		l 6b and s						
		line 6c)						6d		17906		
	7a	Gross sales	s of inventory, less returns and all	owances	. 7a		2015			17700		
	b				7b		1214					
	C		t or (loss) from sales of inventory					7c		801		
	8	-			•			8				
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7				>	9		37985		
Expenses	10		similar amounts paid (list in Sche					10		2.700		
	11		aid to or for members	•				11				
	1	•	ther compensation, and employee					12				
	13		al fees and other payments to ind					13				
	14		/, rent, utilities, and maintenance	•				14		25575		
	15		ublications, postage, and shipping					15		887		
	16		nses (describe in Schedule O)					16		5612		
	17		nses. Add lines 10 through 16					17		32074		
Net Assets	18		deficit) for the year (Subtract line				<u> </u>	18		5911		
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree								5711		
			r figure reported on prior year's re					19		371168		
	20		ges in net assets or fund balance					20	`	,,,,,,,,		
	21		or fund balances at end of year.		-			21	•	377079		
Fo			ion Act Notice, see the separate ins			No. 10642I	<u> </u>		Form 990-EZ			

Form 990-EZ (2015) 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 134514 **22** 22 Cash, savings, and investments 145649 236654 23 Land and buildings 23 231430 24 Other assets (describe in Schedule O) 24 25 25 371168 377079 26 Total liabilities (describe in Schedule O) 26 371168 27 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 377079 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, educate&promote history of Hampton 501(c)(3) and 501(c)(4) Describe the organization's program service accomplishments for each of its three largest program services, organizations; optional for others.) 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. Operate the Tuck Museum at 40 Park Ave., Hampton, NH. Museum is open to the public at no charge. Preserve items in the collection, assist visitors with tours and research. Education programs for local schools. Served 725 students and 1300 other visitors.) If this amount includes foreign grants, check here 28a (Grants \$ 3260 Maintain buildings and grounds of Museum, total of 7 buildings on two sites. 29a (Grants \$) If this amount includes foreign grants, check here 25575 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 2238 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here 31a 32 31073 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

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 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 38b 0 39 Section 501(c)(7) organizations. Enter: 39a 0 0 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ o ; section 4912 ► o ; section 4955 ► 0 Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 1 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 0 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 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 The organization's books are in care of ► Ben Moore Telephone no. ▶ 603-926-2543 Located at ► 375 Ocean Blvd Unit 3, Hampton, NH ZIP + 4 ▶ 03842-3703 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? 42c 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 43 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? 44c 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 have a controlled entity within the meaning of section 512(b)(13)? 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

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Form 99	90-EZ (2	015)								Р	age 4
46	Did tl	ne organization engage, directly or in	ndirectly, in political c	ampaign activities	on behalf	of or i	n oppo	sition		Yes	No
Part	VI	ndidates for public office? If "Yes," c Section 501(c)(3) organizations	only						46		~
		All section 501(c)(3) organization: 50 and 51.					plete 1	he tal	bles f	or line	es
		Check if the organization used Sch	nedule O to respond	I to any question i	in this Par	t VI					$-\Box$
47		he organization engage in lobbying If "Yes," complete Schedule C, Part				ect du	uring th	e tax		Yes	No
40	•	•	::					47		V	
48 49a		the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							48 49a		1/
b		"Yes," was the related organization a section 527 organization?									<u> </u>
50		Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and ke									
		oyees) who each received more than									
	(a)	Name and title of each employee	nours per week compensation			(d) Health benefits, contributions to employee benefit plans, and deferred other co					
			devoted to position	(Forms W-2/1099-MI		mpensa					
None											
								-			
		number of other employees paid over			one	_					
51		plete this table for the organization'			ent contrac	ctors v	who ea	ch rec	eived	more	thar
	\$100,000 of compensation from the organization. If there is no (a) Name and business address of each independent contractor			(b) Type of service			(c) Compensation				
None											
				-							
				-							
						\perp					
				-							
						+					
				1							
		number of other independent contra		.▶			None				
52		d the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A									No
Lindor o		of perjury, I declare that I have examined this r	ratura includina accompan	ving echodules and stat	tomonte and	to the b	oet of my	•			
		d complete. Declaration of preparer (other than						KIIOWIE	age and	ı bellel,	11.15
		\									
Sign		Signature of officer				Date					
Here		Bennett F. Moore, Treasurer									
		Type or print name and title	Preparer's signature		Date				PTIN		
Paid		Print/Type preparer's name	Troparor 3 Signature		Date		Check self-emp	if			
Prep		Firm's name ▶			I	Firm's	EIN ►				
Use	Uniy	Firm's address ►				Phone					
May th	ne IRS	discuss this return with the preparer	shown above? See	instructions				▶ [Yes	<u> </u>	No