

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

ANNUAL REPORT CERTIFICATE

**DON'T FORGET TO ATTACH:**

NH APPENDIX (conflicts of interest)  FILING FEE (\$75)  DIRECTOR LIST (name, street address, telephone)

One of the following:  NHCT-2A  IRS Form 990  990-EZ or  990-PF.  
 probate account (for testamentary trusts)

Are your revenues over \$500,000? If yes, include GAAP financial statement plus 990 (not for 990-PFs)  
Are your revenues over \$1,000,000? If yes, include audited financial statement plus 990 (not for 990-PFs)

ANNUAL FILING FEE: \$75.00 Make check payable to: State of New Hampshire

<u>Abbot-Downing Historical Society</u>	<u>31 December 2019</u>
Organization Name	Fiscal Year End
<u>C. Peter James</u>	<u>2267</u>
In Care of	NH Registration #
<u>P. O. Box 627</u> <u>Grantham</u>	<u>NH</u> <u>03753</u>
Address                                      City	State                      Zip

Under the penalties of perjury (RSA 641:1-3), I declare that I have examined this annual report, including all attachments, and to the best of my knowledge and belief, it is true, correct and complete.

*C. Peter James*  
Signature of  
PRESIDENT, TREASURER OR TRUSTEE

1/3/2020  
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", attach an explanation of the signer's authority)

STATE OF New Hampshire  
COUNTY OF Sullivan

Signed and sworn to (or affirmed) before me on the 3 day of January, 2020 by the above-named officer or trustee.

My Commission Expires: 12/21/2021  
[Seal]

*Carolyn Haron*  
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 2019  
and ending \_\_\_\_\_

or fiscal year beginning \_\_\_\_\_  
Registration number \_\_\_\_\_

NAME OF ORGANIZATION: Abbot-Downing Historical Society

ADDRESS: P.O. Box 4077, Concord, NH 03302

*Please make name/address corrections here:*

A) Employer or Federal ID Number: 02-333474

D) Tax exempt under section 501 (c) ( ): 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 .....\$ 8,685

2) Program service revenue (see part V).....

3) Membership dues and assessments..... 1,615

4) Interest on savings and cash investments..... 20

5) Dividends and interest from securities.....

9) Special fundraising events and activities

(Attach schedule, see instructions #6)

a) Gross revenue.....\$ 6,505

b) Minus: direct expenses..... 1,572

c) Net income (line 9a minus line 9b)..... 4,933

11) Other revenue (see part V).....

12) Total revenue (add lines 1,2,3,4,5,9(c) and 11)..... 15,253

**Expenses**

13) Program services (program service charities only) (see Part III).....

14) Management and general (see line 44)..... 22,181

17) Total expenses (add lines 13 and 14)..... 22,181

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

18) Excess (deficit) for the year (line 12 minus line 17)..... -6,928

19) Fund balances or net worth at the beginning of the year..(see line 75)..... 39,706

20) Other changes in net assets or fund balance.....

(ATTACH EXPLANATION)

21) Fund balances or net worth at end of year (add lines 18 and 19)(see also line 75) 32,778

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.....	<u>123</u>
34) Telephone.....	_____
35) Postage and shipping.....	<u>33</u>
36) Occupancy.....	_____
37) Equipment rental and maintenance.....	_____
38) Printing and publications.....	_____
39) Travel.....	_____
40) Conferences, conventions, meetings.....	_____
41) Interest.....	_____
42) Depreciation (attach schedule).....	<u>820</u>
43) Other expenses (itemized):	
a) <u>Insurance</u> .....	<u>4,265</u>
b) <u>P.O. Box Rent</u> .....	<u>106</u>
c) <u>Payments on Repro Coach</u> .....	<u>16,667</u>
d) _____.....	_____
e) _____.....	_____
44) Total functional expenses (enter on line 14).....	<u>22,181</u>

Organization Name: Abbot-Downing Historical Society

*Not applicable*

**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

**See Attached List**

***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** \_\_\_\_\_

**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	_____	_____
46) Savings and cash investments	<u>21,956</u>	<u>15,848</u>
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	<u>17,750</u>	<u>16,930</u>
59) Total assets (add lines 45 through 58)	<u>39,706</u>	<u>32,778</u>
<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)	<u>39,706</u>	<u>32,778</u>

**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  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

**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.

Abbot-Downing Historical Society									
Depreciation for the year 2019									
No.	Description	Date Acquired	Date Sold	Cost Basis	Current 179/SDA	Prior 179/SDA	Method	Life	Current Depreciation
1	Coach XIV	1/1/2005		200,000	0	200,000	200DB HY	5	0
2	Barn	8/25/2000		32,000	0	14,250	S/L	39	820
Total				232,000	0	214,250			820

Abbot-Downing Historical Society									
Fy 2018 Annual Report Part 1, line 9									
Line 9	Description			Income	Expense	Net			
	Gift Shop Sales			1183	989	194			
	Coach Display			800	163	637			
	Educational "Trunk" Sales			110	420	-310			
	Presentation Fee			450		450			
	Sale of Excess acquisitions			3875		3875			
	Raffle Ticket Sales			87		87			
				6505	1572	4933			



**ABBOT-DOWNING HISTORICAL SOCIETY  
REVISED BOARD OF DIRECTORS  
2019-2020**

**OFFICERS AND DIRECTORS**

- President Merwyn Bagan (2016)  
173 School St.  
Concord, NH 03301  
603-224-1036 H  
603-340-1321 C  
[mbagan@comcast.net](mailto:mbagan@comcast.net)
- Vice-president Karl Olson (2018)  
65 Hooksett Turnpike  
Concord, NH 03301  
603-361-5533 H  
  
[nhtiger1@aol.com](mailto:nhtiger1@aol.com)
- Treasurer C. Peter James (elected August 2019)  
28 Splitrock Road  
P.O. Box 627  
Grantham, NH 03753  
603-863-7330 H  
603-470-8990 C  
[cpjvkj@gmail.com](mailto:cpjvkj@gmail.com)
- Secretary Sheila Knight (elected August 2019)  
11 Wildmere Terrace  
Concord, NH 03301  
603-228-8029 (H)  
No cell  
No email
- Past-President Brian Erickson  
1364 Clement Hill Road  
Contoocook, NH 03229  
603-746-3939 H  
603-496-6939 C

Date in parentheses is year elected to current position  
H = home phone number  
C= cell phone number

**Terms expire in May 2022**

Robin Briscoe  
95 Prescott Road  
Epping, NH 03042  
603-679-5680 H  
603-502-6627 C  
[robin\\_briscoe@hillspet.com](mailto:robin_briscoe@hillspet.com)

Marcia Evans  
64 Stumpfield Road  
Hopkinton, NH 03229  
603-746-3884 H

[marciadawnmar@tds.net](mailto:marciadawnmar@tds.net)

Virginia Green  
131 Oak Hill Road  
Concord, NH 03301  
603-545-5971 (C)  
No email

**Terms end in 2020**

Thomas Prescott  
122 Airport Road  
Concord, NH 03301  
603-225-5991 H

**Terms expire in 2021**

Patricia A. Andrews  
149 East Side Drive #163  
Concord, NH 03301  
603-715-9074 (H)  
603-252-0631 (C)  
[patriciaandrews@comcast.net](mailto:patriciaandrews@comcast.net)

Sheila Knight  
11 Wildmere Terrace  
Concord, NH 03301  
603-228-8029 (H)  
No cell  
No email

Patrick Maimone  
79 Bay Hill Road  
P.O. Box 1861  
Alton, NH 03809  
603-608-5266 (C)  
[patrickmaimone@gmail.com](mailto:patrickmaimone@gmail.com)

**Terms end in 2020 (elected April 2019 for one year)**

Sandra Sims  
234 Flagg Road  
Loudon, NH 03307  
[angelmeadowsfarm@myfairpoint.net](mailto:angelmeadowsfarm@myfairpoint.net)  
603-783-8983; 603-731-3506

Bruce Crawford  
357 Queen St.  
Boscawen, NH 03303  
603-796-6241  
[atraofnh@gmail.com](mailto:atraofnh@gmail.com)

October 11, 2019

Form 990-N

## Electronic Notice (e-Postcard)

OMB No. 1545-2085

Department of the Treasury  
Internal Revenue Service

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2019

Open to Public Inspection

**A** For the 2019 Calendar year, or tax year beginning 2019-01-01 and ending 2019-12-31**B** Check if available Terminated for Business Gross receipts are normally \$50,000 or less**C** Name of Organization: ABBOT-DOWNING HISTORICAL  
SOCIETY INCPO Box 4077, Concord, NH,  
US, 03302**D** Employee IdentificationNumber 02-0333474**E** Website:concordcoach.org**F** Name of Principal Officer: Merwyn BaganPO Box 4077, Concord, NH,  
US, 03302

**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 are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form 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 confidentiality of the Form 990-N is covered in code section 6104.

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

**Note:** This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.