Form **990-EZ**

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 black lung benefit trust or private foundation)

► For organizations with gross receipts less than $100,000 and total assets less than $250,000 at the end of the year.

► *The organization may have to use a copy of this return to satisfy state reporting requirements.*

OMB No. 1545-1150

2001

Open to Public Inspection

A **For the 2001 calendar year, or tax year beginning** 9/1 , 2001, **and ending** 8/31 , 2002

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: THE GUILD OF NH WOODWORKERS

Number and street (or P.O. box, if mail is not delivered to street address): 124 PONDVIEW DR. Room/suite:

City or town, state or country, and ZIP + 4: AUBURN NH 03032

D **Employer identification number**: 02-0520184

E Telephone number: (603) 587 0045

F Enter 4-digit (GEN) ►

• ***Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

G Accounting method: ☒ Cash ☐ Accrual
Other (specify) ►

I **Web site:** ► GNHW.ORG

J **Organization type** (check only one)— ☒ 501(c) (4) ◄(insert no.) ☐ 4947(a)(1) or ☐ 527

H Check ► ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check ►☒ if the organization's gross receipts are normally not more than $25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $100,000 or more, file Form 990 instead of Form 990-EZ. . ► $ 16611

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Specific Instructions on page 35.)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	1730
	2	Program service revenue including government fees and contracts		2	–
	3	Membership dues and assessments		3	7795
	4	Investment income		4	142
	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 (line 5a less line 5b) (attach schedule)		5c	–
	6	Special events and activities (attach schedule):			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a 2692		
	b	Less: direct expenses other than fundraising expenses	6b 0		
	c	Net income or (loss) from special events and activities (line 6a less line 6b)		6c	2692
	7a	Gross sales of inventory, less returns and allowances	7a 3815		
	b	Less: cost of goods sold	7b 38060		
	c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)		7c	(-91)
	8	Other revenue (describe ► _____)		8	437
	9	**Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ►		9	12705
Expenses	10	Grants and similar amounts paid (attach schedule)		10	4145
	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	280
	14	Occupancy, rent, utilities, and maintenance		14	–
	15	Printing, publications, postage, and shipping		15	4235
	16	Other expenses (describe ► _____)		16	1992
	17	**Total expenses** (add lines 10 through 16) ►		17	10652
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)		18	2053
	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	13186
	20	Other changes in net assets or fund balances (attach explanation)		20	(-108)
	21	Net assets or fund balances at end of year (combine lines 18 through 20) ►		21	15131

Part II **Balance Sheets**—If Total assets on line 25, column (B) are $250,000 or more, file Form 990 instead of Form 990-EZ.

(See Specific Instructions on page 39.)		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	13186	22	15131
23	Land and buildings	–	23	–
24	Other assets (describe ► _____)	–	24	–
25	**Total assets**	13186	25	15131
26	**Total liabilities** (describe ► _____)	–	26	–
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	13186	27	15131

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Part III Statement of Program Service Accomplishments (See Specific Instructions on page 40.)

What is the organization's primary exempt purpose? SHARING OF WOODWORKING KNOWLEDGE

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses (Required for 501(c)(and (4) organizations and 4947(a)(1) trusts optional for others.)

28 GUILD OF NH WOODWORKERS 5 MEETINGS 250
" " EXHIBIT 300
(Grants $ —) 28a

29 SUNAPEE CRAFT FAIR DEMONSTRATION 9 DAYS 2000 +
SHAKER WOOD DAYS " 2 " 500
(Grants $ —) 29a

30 GRANITH STATE WOODTURNERS 6 MEETINGS 250
OLD SAW " NEWSLETTER 350
(Grants $ —) 30a

31 Other program services (attach schedule) (Grants $) 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 Specific Instructions on page

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowance
JACK GRUBE 6 SUNDY LANE LONDONDERRY NH	PRES 8	0	0	0
PETER BREW 301 WHITFORD ST MANCHESTER NH	V.P. 4	0	0	0
STEVE BELAIR 124 POND VIEW DR AUBURN NH	TREASURER 4	0	0	0

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.) Yes

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity

34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.

35 *If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T*

a Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?

b If "Yes," has it filed a tax return on **Form 990-T** for this year?

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)

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?

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 unpaid at the start of the period covered by this return?

b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. 38b

39 *501(c)(7) organizations.* Enter: a Initiation fees and capital contributions included on line 9 39a

b Gross receipts, included on line 9, for public use of club facilities 39b

40a *501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶

b *501(c)(3) and (4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.

c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶ 0

d Enter: Amount of tax on line 40c, above, reimbursed by the organization ▶ 0

41 List the states with which a copy of this return is filed. ▶

42 The books are in care of ▶ STEVE BELAIR Telephone no. ▶ (603) 587 0049
Located at ▶ 124 POND VIEW DR AUBURN NH ZIP + 4 ▶ 03032

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 ▶ 43 142

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled 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

Signature of officer — Date 2/10/03

Type or print name and title JACK A GRUBE, PRESIDENT 9/2000 - 9/2002

Paid Preparer's Use Only

Preparer's signature — Date — Check if self-employed ▶ ☐ — Preparer's SSN or PTIN (See Gen. In

Firm's name (or yours if self-employed), address, and ZIP + 4 — EIN ▶ — Phone no. ▶

Form **990-EZ**