Form 990-EZ

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 organization may have to use a copy of this return to satisfy state reporting require

2002

OMB No 1545 1150

Department of the Treasury

Open to Public

anter	nal revenue service - The organization may have to use a copy of unit return to satisfy state reporting requirement	:1112	mspecaon
Α	For the 2002 calendar year, or tax year beginning , 2002, and ending		<u> </u>
В		ployer	identification number
	Address change Use IRS DRESDEN ROWING CLUB INC 0.	2-05	508228
	Alamantana liabel or financia de la companya de la	_	number
Ц	Initial return type PO BOX 419	•	469-3332
	Specific City or town, state or country and ZIP + 4	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	+03-3332
H	Amended return Institute		4 - 4 /OCTAN -
	Application pending HANOVER NH 03755-0419 F En		
	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts G Accounting metho	d X	Cash Accrual
	must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) ►		
			ganization is not
	- 1/2	-301 18)	dule B (Form 990,
	Organization type (check only one) — X 501(c) (3) ◀ (insert no) 4947(aX1) or 527 590-EZ, or 590-EZ	<u></u>	at we will the IDC
	but if the organization received a Form 990 Package in the mail, it should file a return without financial data Som		
	complete return	e Stat	es require a
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	<u>►\$</u>	43,583
Pa	,		
	Contributions, gifts, grants, and similar amounts received	1	21,920
	Program service revenue including government fees and contracts	2	21,575
	3 Membership dues and assessments	3	
	4 Investment income	4	18
	5a Gross amount from sale of assets other than inventory 5a		•
	b Less cost or other basis and sales expenses 5b		
2 F	c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5 c	
CD 1 1	6 Special events and activities (attach schedule)		• • • • • • • • • • • • • • • • • • • •
_	a Gross revenue (not including \$ of contributions		
~ U ~ E	reported on line 1)		
	b Less direct expenses other than fundraising expenses 6b		
,	c Net income or (loss) from special events and activities (line 6a less line 6b)	6 c	
$\overline{}$	7a Gross sales of inventory, less returns and allowances 7a 70		
7	b Less cost of goods sold 7b 59		
7	c Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7 c	11
=	8 Other revenue (describe >	8	
SCANNED STATE			42.534
ತ	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	43,524
S	10 Grants and similar amounts paid (attach schedule)	10	
E	11 Benefits paid to or for members	11	
P	12 Salaries, other compensation, and employee benefits	12	
EXPERS	13 Professional fees and other payments to independent contractors	_13	8,617
	14 Occupancy, rent, utilities, and maintenance	14	6,269
E S	15 Printing, publications, postage, and shipping	15	<u>642</u>
	16 Other expenses (describe See Cither Expenses Statement)	16	3,350
_	17 Total expenses (abd lines 10 through 16)	17	18,878
	18 Excess or (deficit) for the year (line 9 (85) line 17)	18	24,646
⊾ A S	19 Net asset for full phages all edinning of year (from line 27, column (A)) (must agree with end of year figure reported on prior year's return);		
N S E E T T	figure reported off prior year's return); 💯	19	57 <u>,</u> 174
Ţ	20 Other changes in net assets-or-fund-balarices (attach explanation)	20	0
	21 Net assets or fund transces at end of year (combine lines 18 through 20)	21	81,820
Pa	rt II Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead	of Fo	rm 990 EZ
	(See Instructions) (A) Beginning of year		(B) End of year
22	Cash, savings, and investments 2,029		10,276
23			70,743
24		24	801
25		_	81,820
26	Total liabilities (describe >)		0
	Net assets or fund balances (line 27 of column (B) must agree with line 21) 57, 174	27	81,820

BAA For Paperwork Reduction Act Notice, see the separate instructions

Form 990-EZ (2002)

TEEA0812 01/24/03

orn	n 990 E	Z _r (2002) DRESDEN ROWING	CL <u>UB INC</u>		02	<u>-</u> 050	8228	F	age 2
Par	t III 🗀	Statement of Program Serv	vice Accomplishments	(See Instructions)			Expense	_	
Vhat	is the ore	ganization's primary exempt purpose? St	imulate and foster	the sport of ama	teur rowing	(Req	uired for 501)
Desc	cribe wi	hat was achieved in carrying out the services provided, the number of	e organization's exempt purpo	ses In a clear and con-	cise manner,	and ((4) organizai	ions a	and
desc	cribe the Iram titl	e services provided, the number of	persons benefited, or other re	levant information for e	ach	4947	(a)(1) trusts	optic	nal
			* - -	£ hardah and abase	1	101 01	thers)		
28		<u>lclze and promote the spor</u>							
		<u>Competitive regattas pro</u>							
	_2_R <u>e</u>	<pre>gattas, 15 Scrimmages, 45</pre>	<u>team training lesson</u>	<u> </u>	<u>lent rowers</u>				
				(Grants \$	0)	28 a		17,5	88
29									
				(Grants \$		29 a			
30				(Grants \$					
50									
									
									
				(Grants \$)_	30 a			
		program services (attach schedule		(Grants \$)	31 a			
		program service expenses (add lin			•	32		17,5	
Par	t IV	List of Officers, Directors,	Trustees, and Key Emp	loyees (List each one	even if not comp	ensate	ed See Instr	uction	15)
			(B) Title and average hours	(C) Compensation (If	(D) Contributions	to	(E) Expens	e acc	ount
		(A) Name and address	per week devoted	not paid, enter -0-)	employee benefit plai		and other a		
		• • • • • • • • • • • • • • • • • • • •	to position		deferred compensa	tuon			
		<u>illespie/603-469-3332</u>	Coach/VP/Prog Dir						
		n Street							
Mei	raden	, NH 03770	4	2,350		0			182
See	List of	Officers Etc Statement							
			1	0		0			0
Dar	tV	Other Information (Note the	nitaebmeet resuurement in the		<u> </u>				
		ne organization engage in any activi				4		Yes	No
33	of eac	th activity	ity flot previously reported to t	me iks, ii Tes, attacii	a detailed descrip	uori			Ιx
34		ny changes made to the organizing or govern	una documents but not reported to th	a IPS7 If 'Vas ' attach a confor	rmed copy of the chance	100			Î
		rganization had income from business activiti	•	•	• • • • • • • • • • • • • • • • • • • •				├ ~
33	statem	ent explaining your reason for not reporting th	nes, such as those reported on lines 2, he income on Form 990 T	o, and r (annoing others), but n	OT reported on Form:	ו טפו	illach a		i
		organization have unrelated business gross		notice reporting and prove to	av reguremente?				x
		s,' has it filed a tax return on Form			an requirements			N/	
		ere a liquidation, dissolution, termination, or	-	ar7 / If 'Vec attach a statemer	nt \			117.	 X
		amount of political expenditures, d			1 1		0		├─
				in the maddedons	► 37 a				١.,
		ne organization file Form 1120-POL	•						<u>X</u>
30 (a Diu in made	ne organization borrow from, or maker in a prior year and still unpaid at the	ke any loans to, any οπicer, di he start of the period covered	irector, trustee, or key e	mployee or were	any su	uch loans		Ιx
		attach the schedule specified in the line 38			38Ь				^
	-						N/A		l
)(7) organizations Enter a Initiatio	· ·	is included on line 9	39 a		N/A		l
	o Gross	receipts, included on line 9, for pu	iblic use of club facilities		[39 b]		<u> </u>		l
40	a 501(c	<i>)(3) organization</i> s Enter Amount o	of tax imposed on the organiza	ation during the year und	der				l
	sectio	on 4911 ►0), section 4912 ►	0, section	n 4955 ►		0		Į.
	b 501(c)((3) and (4) organizations Did the organization	n engage in any section 4958 excess b	penefit transaction during the	year or did it become a	ware o	f an excess		l
	benefit	transaction from a prior year? If 'Yes,' attac	h an explanatioπ	• ,	,				X_
(c Amoun	t of tax imposed on organization managers o	r disqualified persons during the year	r under 4912, 4955, and 4958		•		_	0
	d Enter	Amount of tax on line 40c, above,	reimbursed by the organization	on		-			
41	List the	states with which a copy of this return is fil	led ► NEW HAMPSHIRE						
		oks are in care of - LAURA GILLE			Telephone no	► (6	03) 469	- 333	12
		at ► 102 MAIN ST , MERI		·	ZIP + 4				
43		on 4947(a)(1) nonexempt charitable		lieu of Form 1041 - Cha			≓ íĭ		
		nter the amount of tax exempt inter	_			43			N/A
	and 6	mer are amount or tax exempt litter	COLICCEIVED OF ACCIDED DUILI	ig the tax year		7			117/1

by accompanying schedules and statements and to the best of my knowledge and belief it is sed on all information of which preparer has any knowledge

| 5/15/03 | PHILIP D HARRISON, PRES
| Type or print name and title

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Chantable Trust

Supplementary Information — (See separate instructions)

2002

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

DRESDEN ROWING CLUB INC 02-0508228 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See instructions. List each one. If there are none, enter 'None.') (d) Contributions to employee benefit plans and deferred (a) Name and address of each (b) Title and average (c) Compensation (e) Expense account and other employee paid more than \$50,000 hours per week devoted to position allowances compensation Total number of other employees paid NONE over \$50,000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions. List each one (whether individuals or firms). If there are none, enter 'None') (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services

Sche	dule	A (Form 990 or 990 EZ) 2002 DRESDEN RUWING CLUB INC 02-05	08228	F	age 2
Par	t III	Statements About Activities (See instructions)		Yes	No
1	to i	ring the year, has the organization attempted to influence national, state, or local legislation, including any attemption of a legislative matter or referendum? If 'Yes,' enter the total expenses paid	pt		
		incurred in connection with the lobbying activities \$ ust equal amounts on line 38, Part VI-A, or line i of Part VI B)	١,		J
	•	• • • • • • • • • • • • • • • • • • • •	1	 	X
	org	ganizations that made an election under section 501(h) by filing Form 5768 must complete Part VI.A. Other parizations checking 'Yes,' must complete Part VI.B. AND attach a statement giving a detailed description of the obying activities.			
2	sut tax	ring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any ostantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with a lable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or princineficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)	any Ipal		
a	Sal	le, exchange, or leasing of property?	2a	<u> </u>	Х
t	Ler	nding of money or other extension of credit?	26		х
c	Fur	rnishing of goods, services, or facilities?	2 c		х
c	l Pa	See Part IV, Form 990-EZ yment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	_2d	х_	
e	Tra	ansfer of any part of its income or assets?	2e		X
3	Do	es the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)	3		х
4	Do	you have a section 403(b) annuity plan for your employees?	4		X
		tach a statement to explain how the organization determines that individuals or organizations receiving r loans from it in furtherance of its charitable programs 'qualify' to receive payments			
Par	t IV	Reason for Non-Private Foundation Status (See instructions)			-
The	orga	inization is not a private foundation because it is (Please check only ONE applicable box.)			
5		A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)			
6		A school Section 170(b)(1)(A)(ii) (Also complete Part V)			
7		A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)			
8		A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)			
9		A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hos and state >	pital's name	city,	
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Se (Also complete the Support Schedule in Part IV A.)	ection 170(b)	(1)(A)	(IV)
11 a		An organization that normally receives a substantial part of its support from a governmental unit or from the ger Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)	neral public		
11 t	· 🗌	A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV A)			
12	X	An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fee from activities related to its charitable, etc, functions — subject to certain exceptions, and (2) no more than 33-1 from gross investment income and unrelated business taxable income (less section 511 tax) from businesses ac organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV.A.)	/3% of its su	oport [*]	ots
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and support described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 50 section 509(a)(3))	s organizatio 9(a)(2) (See	ns e	
		Provide the following information about the supported organizations (See instructions	5)		
		(a) Name(s) of supported organization(s)		ne nui m abo	
14		An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)	<u> </u>		
		Tran organization organized and operated to test for public safety. Section 303(a)(4). (See instructions.)			

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting

Note	You may use the worksheet in th	e instructions for conv	verting from the accru	al to the ca	sh method	of accounting		
begu	ndar year (or fiscal year nning in)	(a) 2001	(b) 2000	19	99	(d) 1998		(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	51,650	0	1	2,371	2,0	500	66,621
16	Membership fees received	0	0		9,954		050	22,004
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose	_13,895	31,316		0	•	0	45,211
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	198	227		5		0	430
19	Net income from unrelated business activities not included in line 18	0	0		0		0	0
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0		0		0	0
	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.	0	0		0		0	0
22	Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	0	0		0		0	0
23	Total of lines 15 through 22	65,743	31,543	3	2,330	4,6	550	134,266
24	Line 23 minus line 17	51,848	227	3	2,330	4,6	550	89,055
25	Enter 1% of line 23	657	315		323		47	
26	Organizations described on lines		er 2% of amount in co			>	26 a	
6	Prepare a list for your records to show the supported organization) whose total gifts f return. Enter the total of all these excess a	or 1998 through 2001 excee	ibuted by each person (oth ided the amount shown in l	er than a gove ine 26a Do no	rnmental unit it file this list	or publicly with your	26 b	
	Total support for section 509(a)(1					>	26 c	
d	Add Amounts from column (e) fo	r lines 18		19				
_	Public support (line 26c minus lin			26b		— ;	26 d 26 e	
	Public support percentage (line 2		ad by line 26c (denon	nunator\\		_	26 f	%
	Organizations described on line		ed by line zoc (delion	ilitator))			201	
	For amounts included in lines 15, name of, and total amounts received amounts for each year	16, and 17 that were ved in each year from	i, each 'disqualified pe	erson ' D o n	ot file this	list with your r	eturn	Enter the sum of
	(2001)50,000 For any amount included in line 1 show the name of, and amount re \$5,000 (Include in the list organic computing the difference between (the excess amounts) for each ye	7 that was received freeived for each year, zations described in lithe amount received	om each person (other that was more than t nes 5 through 11, as and the larger amour	er than 'disc he larger of well as indi nt described	qualified pe (1) the am viduals) De I in (1) or (2	rsons'), prepar lount on line 25 o not file this li 2), enter the sui	e a list for the st with m of th	for your records to e year or (2) your return After ese differences
	(2001)	(2000)	0_(1999)_		0_	_ (1998)		0 _
С	Add Amounts from column (e) fo	r lines 15	66,621	16	22,	004_	1 1	
لم	(2001) 0_ Add Amounts from column (e) fo 17 Add Line 27a total	45,211 20 <u> </u>	<u>U</u>	21		<u> </u>	27 c	133,836
0	Public support (line 27c total mini	<u>60,779</u> ar	nd line 27b total				270	60,779 73,057
•	Total support for section 509(a)(2	as line za total)		_	_	134,266	∠/e	73,057
	Public support percentage (line 2	•		_	<u>-/ </u>		27 g	54 41 %
_	Investment income percentage (I	•	•		nominator)		27 h	0 32 %
	Unusual Grants For an organizal list for your records to show, for enature of the grant Do not file this	tion described in line each year, the name o	10, 11, or 12 that receif the contributor, the	eived any ui	nusual grar	nts durina 1998	throug	nh 2001, prepare a

Par	Part V Private School Questionnaire (See instructions) (To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A					
			Yes	No		
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29				
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs and scholarships?	30				
31	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31				
	If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement)	- - -	:			
	Does the organization maintain the following	1				
	a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially	32 a				
	nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	32b				
	with student admissions, programs, and scholarships?	32c				
(d Copies of all material used by the organization or on its behalf to solicit contributions?	32 d				
33	If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement)] - -				
;	a Students' rights or privileges?	33 a				
ı	b Admissions policies?	33b				
•	c Employment of faculty or administrative staff?	33с				
•	d Scholarships or other financial assistance?	33 d				
•	Educational policies?	33e				
1	f Use of facilities?	331	_	-		
•	g Athletic programs?	33g				
ı	h Other extracurricular activities?	33 h				
	If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement)	<u>-</u>				
		†				
34	a Does the organization receive any financial aid or assistance from a governmental agency?	34 a				
ı	b Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement	34b				
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation	35				

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions)

	(To be complete	ed ONLY by an eligible	organization the	at filed Form 57	68)	130 00	110113)	•			N/A	
Chec	k ► a If the organia	zation belongs to an affi	liated group	Check ► b	П	ıf you	check	ed 'a' and 'l	ımıted	contr	ol' provisions ap	ply
	(The term	.imits on Lobbying	amounts paid o	r incurred)				() Affiliate	a)		(b) To be complete for ALL electric organization	leted ting
36	Total lobbying expenditu						36					
37	Total lobbying expenditu	-	•	ect (obbying)			37					
38	Total lobbying expenditu		(7)				38					_
39	Other exempt purpose of	•	19 and 30)				39					
40 41	Total exempt purpose e Lobbying nontaxable an	•	•	una tabla			40					
41	If the amount on line 40		lobbying nonta	•	ıc _							
	Not over \$500,000		of the amount		' <u>'</u> –	٦						
	Over \$500,000 but not over \$1		000 plus 15% of th	-	000							
	Over \$1,000,000 but not over \$		000 plus 10% of th			,	41	•				
	Over \$1,500,000 but not over \$		000 plus 5% of the	•	-				_			
	Over \$17,000,000	\$1,0	000,000		_	J						
42	Grassroots nontaxable a	amount (enter 25% of lir	ne 41)				42					
43	Subtract line 42 from lin	ie 36 Enter -0- if line 42	2 is more than l	line 36			43					
44	Subtract line 41 from lin						44					
	Caution If there is an a	imount on either line 43	or line 44, you	must file Form	472	0						
	4 -Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50)											
	Lobbying Expenditures During 4 -Year Averaging Period											
	Calendar year (or fiscal year beginning in) ►	(a) 2002	(b) 2001		_	c))00			(d) 999		(e) Total	
45	45 Lobbying nontaxable amount											
46	Lobbying ceiling amount (150% of line 45(e))											
47	Total lobbying expenditures											
48	Grassroots non taxable amount											<u>.</u>
49	Grassroots ceiling amount (150% of line 48(e))											
	50 Grassroots lobbying expenditures											
	(For reporting o	ctivity by Nonelect	at did not comp	lete Part VI A)	_						N/A	
atter	ng the year, did the orgar npt to influence public op	nization attempt to influe ninion on a legislative m	ance national, s atter or referen	dum, through th	gisiai ne us	ion, ir se of	ncluair	ng any	Yes	No	Amoun	t
	a Volunteers											
	b Paid staff or management (Include compensation in expenses reported on lines c through h)											
	c Media advertisements d Mailings to members, legislators, or the public											
	Publications, or published	• •	ents									
	Grants to other organiza										<u> </u>	
	Direct contact with legis			s, or a legislativ	re bo	dy					-	
	Rallies, demonstrations	_		-		_	S .					
	Total lobbying expenditi		•	•								
	If Yes' to any of the abo	ove, also attach a stater	ment giving a d	etailed descript	ion c	f the I	If Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities					

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c)

of the	Code (other than section	501(c)(3) o	rganizations) or in section 527, rela	ting to political organizations?			
a Trans	ifers from the reporting or	ganization to	o a noncharitable exempt organizati	on of		Yes	No
(ന) C	ash				51 a (i)		Χ
(ii) O	ther assets				a (iı)		Χ
b Other	transactions						
(n)S	ales or exchanges of asse	ets with a no	ncharitable exempt organization		bη		X
(ii)P	urchases of assets from a	a noncharital	ble exempt organization		b (ii)		X
	tental of facilities equipm		· •		b (in)	_	X
	leimbursement arrangeme	-	2550.5		b (iv)		X
	oans or loan guarantees	21163					x
	-		6 d		b (v)		
			p or fundraising solicitations		b (vi)		X
			ts, other assets, or paid employees	home (h) abayıld alıngın abayı iba fayr ma	C C		<u> </u>
the go	oods, other assets, or sen ransaction or sharing arra	vices given t ingement, sh	by the reporting organization. If the low in column (d) the value of the g	lumn (b) should always show the fair ma organization received less than fair mark oods, other assets, or services received	ket value ii	າ່ ——-	
(a) Line no	(b) Amount involved	Name of	(c) noncharitable exempt organization	(d) Description of transfers, transactions, and	sharing arra	ngemen	ts
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	··· <u>-</u> -	 					
•			· - · · · · · · · · · · · · · · · · · ·	-			
•			.				
	e organization directly or in tibed in section 501(c) of the s,' complete the following		liated with, or related to, one or mo her than section 501(c)(3)) or in sec	re tax exempt organizations ction 527?	► ☐ Ye	s 🛚	No
<u> </u>	(a)	301100010	(b)	(c)			
	Name of organization		Type of organization	(c) Description of relation	nship		
		· · · · · · · · · · · · · · · · · · ·			····		
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Form **4562**

Depreciation and Amortization (Including Information on Listed Property) See separate instructions Attach to your tax return

OMB No 1545 0172

2002

67

Department of the Treasury Internal Revenue Service

	SDEN ROWING CLUB							2-0508228
	ess or activity to which this form relate			-				<u> </u>
	m 990 / Form 990E	•		 -				
Par		pense Certain any listed property	Tangible Property v. complete Part V befor	Under Section of the section of the Under Section (Under Section)	on 179 Part I			
1	Maximum amount. See insi	tructions for a high	ner limit for certain busir	nesses			1	\$24,000
2	Total cost of section 179 pr		· ·				2	<u> </u>
3	Threshold cost of section 1						3	\$200,000
4	Reduction in limitation Sub		•				4	.+
5	Dollar limitation for tax yea separately, see instructions	r Subtract line 4 t	from line 1 If zero or tes	ss, enter -0- If n 	narried fili	ng	5	
6	(a)	Description of property		(b) Cost (business	s use only)	(C) Elected co	st	
								4
	Listed property. Enter the a	mount from line 2	<u> </u>	<u> </u>	7			-
8	Total elected cost of section) lines 6 and 7			8	┥
9	Tentative deduction Enter		· ·	y, mics o and y			9	
10	Carryover of disallowed dea			62			10	
11	Business income limitation		•		or line 5	(see instrs)	11	
12						,	12	
13	Carryover of disallowed dec	duction to 2003 A	dd lines 9 and 10, less l	ine 12	► 13	-		
Note	Do not use Part II or Part I							
Par			nce and Other Dep				<u>y)</u>	
14	Special depreciation allowatax year (see instructions)	ince for qualified p	property (other than liste	d property) plac	ed in serv	ice during the	14	
15	Property subject to section	168(f)(1) election	(see instructions)				15	
16	Other depreciation (including	ng ACRS) (see ins	tructions)				16	<u> </u>
Par	t III MACRS Depre	eciation (Do not	include listed property)	(See instruction	ıs)			
	. <u> </u>		Section	n A				
17	MACRS deductions for asset	ets placed in servi	ce in tax years beginnin	g before 2002			17	<u></u>
18	If you are electing under se one or more general asset	ection 168(i)(4) to	group any assets placed	I in service durin	g the tax	year into ►		
			in Service Dunng 2002	Tay Year Using	the Gener	al Depreciation	Syste	
	(a) Classification of property	(b) Month and year placed in service	(C) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convent	(1)		(g) Depreciation deduction
19 a	3 year property							
t	5 year property							
	: 7 year property		935	7 0 yrs	HY	2000)B	134
	110-year property							
	15 year property				ļ			
	20-year property				 			ļ
	25 year property			<u>25_yrs</u>	ļ	<u> </u>		
t	n Residential rental property			27 5 yrs	MM	S/L		
	Nonresidential real			27 5 yrs	MM	S/L		
•	property	 		39 yrs	MM	\$/t \$/t		
	<u> </u>	. Assets Placed in	Service During 2002 T	ay Year Heine th				
20 2	Class life	Assets Flaced II	Service During 2002 1	ax rear Osing ti	le Alterna	S/t		otem.
	12 year	ļ	·	12 yrs	1	S/i		
	: 40 year		-	40 yrs	ММ	5/1		
_	t IV Summary (see	instructions)	·					<u> </u>
	Listed property Enter amo						21	
22	Total Add amounts from line 12, of your return Partnerships and S	lines 14 through 17, lines corporations — see in	nes 19 and 20 in column (g), a nstructions	nd line 21 Enter her	e and on the	appropriate lines	22	134
	For assets shown above ar the portion of the basis attr	nd placed in service	e during the current year		23			

Form 4562 (2002) DRESDEN ROWING CLUB INC 02~0508228 Page 2 Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement) Note For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution See instructions for limits for passenger automobiles Yes No 24b If Yes,' is the evidence written? 24 a Do you have evidence to support the business/investment use claimed? Yes No **(b)** (c) Business (e) (1) (g) (1) Type of property (list vehicles first) Date placed in service Basis for depreciation (business/investment use only) Elected ection 179 cost Cost or other basis Recovery period Method/ Convention Depreciation deduction investment percentage 25 Special depreciation allowance for qualified listed property placed in service during the tax year and 25 used more than 50% in a qualified business use (see instructions) Property used more than 50% in a qualified business use (see instructions) 27 Property used 50% or less in a qualified business use (see instructions) Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles **(b)** (a) (c) (d) (e) (f) 30 Total business/investment miles driven Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 during the year (do not include commuting miles - see instructions) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 No No Yes Yes No Yes Yes No Yes No Yes No Was the vehicle available for personal use during off-duty hours? Was the vehicle used primarily by a more 35 than 5% owner or related person? is another vehicle available for 36 personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) Yes No Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, 37 by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners Do you treat all use of vehicles by employees as personal use? 39 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use? (see instructions) Note If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles Part VI Amortization (a) (b) (c) (d) (e) **(f)** Description of costs Date amortization Amortizable Code Amortization Amortization period or percentage amount Amortization of costs that begins during your 2002 tax year (see instructions) 43 Amortization of costs that began before your 2002 tax year 43 44

Total Add amounts in column (f) See instructions for where to report

Form 990 EZ, Part I, Line 16

		r
Other	Expenses	Statement

Other expenses (describe)	
Depreciation	134
INSURANCEDIRECTORS & OFFICERS	525
INSURANCELIABILITY	369
INSURANCEPPTY CASUALTY	572
INTERNET SERVICE PROVIDER	120
NH FILING FEE	50
PPTY TAXES	865
SPECIAL F-R EVENTSNET EXP	440
US ROWING ASSOC DUES	275
Total	<u>3,</u> 350

Form 990-EZ, Page 2, Part IV List of Officers, Etc. Statement

(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 and deferred compensation	(E) Expense account and other allowances
Charles Davis/603-643-0059 4 W Wheelock St Hanover, NH 03755 John Hawkins/802-765-4040	Pres/Treas 3	0	0_	0
S Strafford, VT 05070 Philip Harrison/603-643-4281	Secretary 2	0	0	0
33 Wolfeboro Rd Etna, NH 03750 Robert Haynes/603-643-8080	Dir/President 3	0_	0	0
534 Rte 132 Norwich, VT 05055 Martha Beattie/603-643-8538	Director 1	0	0	0
13 Buell Street Hanover, NH 03755	Director 1	0	0	0

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Form 990 EZ, Page 1, Part II, Line 24

Other Assets Statement

Line 24 - Other Assets:	Beginning of Year	End of Year
8 ULTRALITE SWEEP OARS	0	935
LESS 1ST YEAR DEPRECIATION	0	-134

Total

0 801

Supporting Statement of:

Form 990-EZ/Line 1

Description	Amount
DISQUALIFIED CONTRIBS RECEIVED DISQUALIFIED CONTRIBS RETURNED SPECIAL F-R CONTRIBUTIONS	25,050 -5,000 1,870
Total	21,920

Supporting Statement of.

Form 990-EZ/Line 13

Description	Amount
ACCOUNTING	337
COACHES	5,300
COXING	1,980
ADMINISTRATIVE SERVICES	1,000
Total	8,617

Supporting Statement of:

Form 990-EZ/Line 14

Amount
150
270
5,500
349

Supporting Statement of.

Form 990-EZ/Line 15

Amount
201
441

Total ______642_

Supporting Statement of:

Form 990-EZ/Line 22, Column (B)

Description	Amount
SAVINGS 286960 CHECKING 31593	1,562 8,714
Total	10,276

Supporting Statement of:

Form 990-EZ/Line 23, Column (B)

Description	Amount
PRIOR_YEAR CARRYOVER (LAND) BLDG PLANNING SERVICES	55,145 15,598
Total	70,743

Supporting Statement of

Form 990-EZ/Part IV, Compensation-1

Description	Amount
PAYMENT FOR COACHING PAYMENT FOR ADMINISTRATIVE SERVICES	1,350 1,000
Total	2,350

Supporting Statement of

Form 990-EZ/Part IV, Column (E)-1

Description	Amount
REIMBURSEMENT FOR SUPPLIES PURCHASED	482
Total	482