

# Federal Diagnostics

## Critical Messages

None

## Electronic Filing

None

## Informational Messages

Preparer 'Richard A. Leroux, CPA'

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**East Providence, RI 02914-1499**  
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November 13, 2014

**CONFIDENTIAL**

Gaspee Days Committee, Inc.  
P.O. Box 1772, Pilgrim Station  
Warwick, RI 02888

Dear Erin:

We have prepared the following returns from information provided by you without verification or audit.

Short Form of Organization Exempt From Income Tax (Form 990-EZ)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

**Federal Filing Instructions**

None is required. Your Form 990-EZ for the year ended 8/31/14 shows no balance due.

You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

LEROUX & GARCEAU LLP  
680 Warren Avenue  
East Providence, RI 02914-1499

Initial and date the copies of the IRS e-file Signature Authorization and the Form 990-EZ. Retain them for your records. If previously signed and returned no further action is required for Form 8879-EO.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Richard A. Leroux, CPA

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Form 8879-EO

For calendar year 2013, or fiscal year beginning 9/01, 2013, and ending 8/31, 2014

2013

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of exempt organization

GASPEE DAYS COMMITTEE, INC.

Employer identification number

05-6059740

Name and title of officer

STEVE MILLER TREASURER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

Table with 5 rows (1a-5a) and 5 columns (Form type, box, description, label, amount). Row 2a is filled with 'X' and '83,166'.

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize LEROUX & GARCEAU LLP to enter my PIN 59740 as my signature. Enter five numbers, but do not enter all zeros.

on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date } 11/13/14

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

05066102916 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature }

Date } 11/13/14

ERO Must Retain This Form—See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2013)

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 private foundations)

OMB No. 1545-1150

## 2013

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

} 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](http://www.irs.gov/form990).

**A For the 2013 calendar year, or tax year beginning 09/01/13, and ending 08/31/14**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <p style="text-align: center;"><b>GASPEE DAYS COMMITTEE, INC.</b></p> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <p style="text-align: center;"><b>P.O. BOX 1772, PILGRIM STATION</b></p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;"><b>WARWICK RI 02888</b></p>	<b>D</b> Employer identification number <p style="text-align: center;"><b>05-6059740</b></p> <b>E</b> Telephone number <p style="text-align: center;"><b>401-369-1078</b></p> <b>F</b> Group Exemption Number <b>u</b>
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**G** Accounting Method:  Cash  Accrual Other (specify) **u** \_\_\_\_\_

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

**I Website:** **u N/A**

**J Tax-exempt status** (check only one) —  501(c)(3)  501(c) ( ) | (insert no.)  4947(a)(1) or  527

**K Form of organization:**  Corporation  Trust  Association  Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **u \$ 104,532**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	<b>11,757</b>	
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	<b>35,256</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	<b>520</b>	
	<b>4</b> Investment income	<b>4</b>	<b>89</b>	
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>		
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>		
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>		
	<b>6</b> Gaming and fundraising events			
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>		
	<b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>	<b>35,753</b>	
<b>c</b> Less: direct expenses from gaming and fundraising events	<b>6c</b>	<b>12,066</b>		
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	<b>23,687</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>	<b>21,157</b>		
<b>b</b> Less: cost of goods sold	<b>7b</b>	<b>9,300</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	<b>11,857</b>		
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>			
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	<b>83,166</b>		
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>		
	<b>11</b> Benefits paid to or for members	<b>11</b>		
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>		
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	<b>1,700</b>	
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>		
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>		
	<b>16</b> Other expenses (describe in Schedule O)	<b>16</b>	<b>80,283</b>	
<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>	<b>81,983</b>		
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	<b>1,183</b>	
	<b>19</b> 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)	<b>19</b>	<b>94,843</b>	
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>		
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	<b>96,026</b>	

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2013)

**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
22 Cash, savings, and investments	76,433	22	78,313
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	18,410	24	17,713
25 Total assets	94,843	25	96,026
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	94,843	27	96,026

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

ANNUAL GASPEE DAY PARADE

Describe the organization's program service accomplishments for each of its three largest program services, 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.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 ANNUAL PARADE WHICH RELIEVES THE HISTORIC EVENT OF THE BURNING OF THE GASPEE ON JUNE 9, 1772			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	u	28a	39,295
29 FOOT RACES DURING GASPEE CELEBRATION			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	u	29a	21,421
30			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	u	30a	
31 Other program services (describe in Schedule O)			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	u	31a	697
32 Total program service expenses (add lines 28a through 31a)	u	32	61,413

**Part IV 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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
ERIN FLYNN PRESIDENT	12.00	0	0	0
JERRY PESHKA 1ST VP	4.00	0	0	0
ANN MARIE RICHARDS DIRECTOR	2.00	0	0	0
KARLEEN WRATH REC. SEC.	2.00	0	0	0
TINA BINGHAM DIRECTOR	2.00	0	0	0
ERIC PELOSO DIRECTOR	2.00	0	0	0
KRISTINE HUFF DIRECTOR	2.00	0	0	0
STEVE MILLER TREASURER	3.00	0	0	0

**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
<b>33</b>	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<b>X</b>
<b>34</b>	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 change on Schedule O (see instructions)		<b>X</b>
<b>35a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		<b>X</b>
<b>b</b>	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
<b>c</b>	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		<b>X</b>
<b>36</b>	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		<b>X</b>
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions <b>u</b> <b>37a</b>		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year?		<b>X</b>
<b>38a</b>	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?		<b>X</b>
<b>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b>		
<b>39</b>	Section 501(c)(7) organizations. Enter:		
<b>a</b>	Initiation fees and capital contributions included on line 9 <b>39a</b>		
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities <b>39b</b>		
<b>40a</b>	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <b>u</b> _____; section 4912 <b>u</b> _____; section 4955 <b>u</b> _____		
<b>b</b>	Section 501(c)(3) and 501(c)(4) 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		<b>X</b>
<b>c</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>u</b> _____ <b>0</b>		
<b>d</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <b>u</b> _____ <b>0</b>		
<b>e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		<b>X</b>
<b>41</b>	List the states with which a copy of this return is filed <b>u</b> <b>NONE</b>		
<b>42a</b>	The organization's books are in care of <b>u</b> <b>STEVE MILLER</b> Telephone no. <b>u</b> <b>401-256-3629</b> <b>153 BENBRIDGE AVENUE</b> Located at <b>u</b> <b>WARWICK</b> <b>RI</b> ZIP + 4 <b>u</b> <b>02888</b>		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: <b>u</b> _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>	<b>42b</b>	<b>X</b>
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: <b>u</b> _____	<b>42c</b>	<b>X</b>
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> — Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <b>u</b> <b>43</b>		
<b>44a</b>	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<b>44a</b>	<b>X</b>
<b>b</b>	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<b>44b</b>	<b>X</b>
<b>c</b>	Did the organization receive any payments for indoor tanning services during the year?	<b>44c</b>	<b>X</b>
<b>d</b>	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>44d</b>	
<b>45a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>45a</b>	<b>X</b>
<b>45b</b>	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 Form 990-EZ (see instructions)	<b>45b</b>	<b>X</b>

**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Yes  No

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

**47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Yes  No

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Yes  No

**49a** Did the organization make any transfers to an exempt non-charitable related organization? Yes  No

**b** If "Yes," was the related organization a section 527 organization? Yes  No

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

**f** Total number of other employees paid over \$100,000 ▶ \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

**d** Total number of other independent contractors each receiving over \$100,000 ▶ \_\_\_\_\_

**52** Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶  Yes  No

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

**Sign Here** Signature of officer: **STEVE MILLER** Date: **TREASURER**  
Type or print name and title

**Paid Preparer Use Only**  
 Print/Type preparer's name: **RICHARD A. LEROUX, CPA** Preparer's signature: \_\_\_\_\_ Date: **11/13/14** Check  if self-employed PTIN: **P00065538**  
 Firm's name } **LEROUX & GARCEAU LLP** Firm's EIN } **05-0467113**  
 Firm's address } **680 WARREN AVENUE EAST PROVIDENCE, RI 02914-1499** Phone no. **401-438-4860**

May the IRS discuss this return with the preparer shown above? See instructions ▶  Yes  No



**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

u Attach to Form 990 or Form 990-EZ.

u Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**GASPEE DAYS COMMITTEE, INC.**

Employer identification number

**05-6059740**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
 a  Type I    b  Type II    c  Type III—Functionally integrated    d  Type III—Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....
- (ii) A family member of a person described in (i) above? .....
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,663	18,234	15,361	29,380	11,757	82,395
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	7,663	18,234	15,361	29,380	11,757	82,395
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6</b> Public support. Subtract line 5 from line 4.						82,395

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4	7,663	18,234	15,361	29,380	11,757	82,395
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	28	19	14	7	89	157
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						82,552

**12** Gross receipts from related activities, etc. (see instructions) 12 256,291

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	99.81%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14	<b>15</b>	99.82%

**16a 33 1/3% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



**SCHEDULE G  
(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**2013**

Department of the Treasury  
Internal Revenue Service

⚡ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

⚡ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**GASPEE DAYS COMMITTEE, INC.**

Employer identification number

**05-6059740**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b> .....							

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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.....

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>ARTS &amp; CRAFTS</u> (event type)	<u>BEER GARDEN</u> (event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	19,385	8,138	27,523
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	19,385	8,138	27,523
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	5,889	3,303	9,192
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				18,331

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
 a Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_



**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

u Attach to Form 990 or 990-EZ.

u Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013****Open to Public  
Inspection**

Name of the organization

**GASPEE DAYS COMMITTEE, INC.**

Employer identification number

**05-6059740****FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES****DESCRIPTION****AMOUNT****EXPENSES****INSURANCE** \$ 5,566**BANK CHARGES** \$ 82**MISCELLANEOUS** \$ 1,069**PUBLICITY** \$ 6,155**SUNDAY IN THE PARK** \$ 504**PARADE** \$ 39,295**ROAD RACE** \$ 21,421**TELEPHONE** \$ 1,090**SUPPLIES** \$ 1,530**OTHER TAXES** \$ 608**ADVERTISING** \$ 1,168**WEB SITE** \$ 1,098**NON-INVESTMENT DEPRECIATION** \$ 697**TOTAL** \$ 80,283**FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS****DESCRIPTION****BEG. OF YEAR****END OF YEAR****BOATHOUSE, FURNITURE & EQUIPMENT** \$ 82,312 \$ 82,312**LESS ACCUMULATED DEPRECIATION** \$ 63,902 \$ 64,599**TOTAL** \$ 18,410 \$ 17,713**FORM 990-EZ, PART III, LINE 31 - ALL OTHER ACCOMPLISHMENT**



Name of the organization

**GASPEE DAYS COMMITTEE, INC.**

Employer identification number

**05-6059740**

**DEPRECIATION**

Dotted lines for data entry.

Form **4562**

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

OMB No. 1545-0172

**2013**

Department of the Treasury  
Internal Revenue Service (99)

**u See separate instructions.**

**u Attach to your tax return.**

Attachment Sequence No. **179**

Name(s) shown on return

**GASPEE DAYS COMMITTEE, INC.**

Identifying number

**05-6059740**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>500,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,000,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	<b>500,000</b>
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	<b>0</b>
10	Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	<b>1,216</b>
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	<b>0</b>
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	<b>0</b>
13	Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12	13	<b>1,216</b>

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2013	17	<b>697</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/>		

**Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System**

(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) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>697</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**For Paperwork Reduction Act Notice, see separate instructions.**

## Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Prior MACRS:</b>									
3	FURNITURE	10/01/92	911			911	10 HY S/L	911	0
5	TRAILER	3/15/95	375			375	5 HY S/L	375	0
6	SIGN	5/01/96	1,086			1,086	5 HY S/L	1,086	0
7	GOLF CART	8/01/97	900			900	5 HY S/L	900	0
8	SILHOUETTE-NEW GASPEE BOAT	6/17/98	936			936	10 HY S/L	936	0
9	GASPEE NEW BOAT SILHOUETTE	6/18/98	1,928			1,928	10 HY S/L	1,928	0
10	GASPEE BOAT	5/01/89	3,000			3,000	10 HY S/L	3,000	0
11	BOAT HOUSE	1/01/93	10,807			10,807	31 MMS/L	5,573	270
12	BOAT HOUSE	1/01/94	7,390			7,390	39 MMS/L	3,618	185
13	BOAT HOUSE	1/01/96	1,825			1,825	7 HY S/L	1,825	0
14	FENCE	5/01/97	3,400			3,400	7 HY S/L	3,400	0
15	HOME DEPOT-KITCHEN	3/23/98	2,193			2,193	7 HY S/L	2,193	0
16	FLAG POLE	5/01/93	1,100			1,100	10 HY S/L	1,100	0
17	LANDSCAPING	6/01/94	200			200	10 HY S/L	200	0
18	LUMBER	3/01/96	2,245			2,245	10 HY S/L	2,245	0
19	IMPROVEMENTS	5/15/97	2,800			2,800	10 HY S/L	2,800	0
20	TENT	4/01/94	706			706	10 HY S/L	706	0
21	KITCHEN	3/12/99	4,760			4,760	7 HY S/L	4,760	0
22	CHAIRS AND TABLES	3/07/99	4,400			4,400	7 HY S/L	4,400	0
23	NEW LOCKS	4/15/99	2,715			2,715	7 HY S/L	2,715	0
24	MICROWAVE	3/22/99	300			300	5 HY S/L	300	0
31	POPCORN KETTLE	1/29/02	519			519	5 HY S/L	519	0
32	POPCORN MACHINE	5/04/07	1,200			1,200	5 HY S/L	1,200	0
33	BOATHOUSE REHAB	7/25/13	9,434			9,434	39 MMS/L	30	242
34	IPAD	2/28/13	1,216	X	X	0	5 HY 200DB	1,216	0
			<u>66,346</u>			<u>65,130</u>		<u>47,936</u>	<u>697</u>
<b>Other Depreciation:</b>									
25	BOAT HOUSE REHAB	6/15/00	6,138			6,138	7 HY S/L	6,138	0
26	BOAT HOUSE REHAB	4/20/00	900			900	7 HY S/L	900	0
27	BOAT HOUSE REHAB	5/09/00	6,015			6,015	7 HY S/L	6,015	0
28	BOAT HOUSE REHAB	5/15/00	647			647	7 HY S/L	647	0
29	BOAT HOUSE REHAB	6/01/00	466			466	7 HY S/L	466	0
30	BOAT HOUSE PATIO	2/10/02	1,800			1,800	7 HY S/L	1,800	0
	<b>Total Other Depreciation</b>		<u>15,966</u>			<u>15,966</u>		<u>15,966</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>15,966</u>			<u>15,966</u>		<u>15,966</u>	<u>0</u>
	<b>Grand Totals</b>		82,312			81,096		63,902	697
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>82,312</u>			<u>81,096</u>		<u>63,902</u>	<u>697</u>

**RI Asset Report****Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	RI Prior	RI Current	Federal Current	Difference Fed - RI
<b>Prior MACRS:</b>								
3	FURNITURE	10/01/92	911	911	911	0	0	0
5	TRAILER	3/15/95	375	375	375	0	0	0
6	SIGN	5/01/96	1,086	1,086	1,086	0	0	0
7	GOLF CART	8/01/97	900	900	900	0	0	0
8	SILHOUETTE-NEW GASPEE BOAT	6/17/98	936	936	936	0	0	0
9	GASPEE NEW BOAT SILHOUETTE	6/18/98	1,928	1,928	1,928	0	0	0
10	GASPEE BOAT	5/01/89	3,000	3,000	3,000	0	0	0
11	BOAT HOUSE	1/01/93	10,807	10,807	5,573	270	270	0
12	BOAT HOUSE	1/01/94	7,390	7,390	3,618	185	185	0
13	BOAT HOUSE	1/01/96	1,825	1,825	1,825	0	0	0
14	FENCE	5/01/97	3,400	3,400	3,400	0	0	0
15	HOME DEPOT-KITCHEN	3/23/98	2,193	2,193	2,193	0	0	0
16	FLAG POLE	5/01/93	1,100	1,100	1,100	0	0	0
17	LANDSCAPING	6/01/94	200	200	200	0	0	0
18	LUMBER	3/01/96	2,245	2,245	2,245	0	0	0
19	IMPROVEMENTS	5/15/97	2,800	2,800	2,800	0	0	0
20	TENT	4/01/94	706	706	706	0	0	0
21	KITCHEN	3/12/99	4,760	4,760	4,760	0	0	0
22	CHAIRS AND TABLES	3/07/99	4,400	4,400	4,400	0	0	0
23	NEW LOCKS	4/15/99	2,715	2,715	2,715	0	0	0
24	MICROWAVE	3/22/99	300	300	300	0	0	0
31	POPCORN KETTLE	1/29/02	519	519	519	0	0	0
32	POPCORN MACHINE	5/04/07	1,200	1,200	1,200	0	0	0
33	BOATHOUSE REHAB	7/25/13	9,434	9,434	30	242	242	0
34	IPAD	2/28/13	1,216	0	1,216	0	0	0
			<u>66,346</u>	<u>65,130</u>	<u>47,936</u>	<u>697</u>	<u>697</u>	<u>0</u>
<b>Other Depreciation:</b>								
25	BOAT HOUSE REHAB	6/15/00	6,138	6,138	6,138	0	0	0
26	BOAT HOUSE REHAB	4/20/00	900	900	900	0	0	0
27	BOAT HOUSE REHAB	5/09/00	6,015	6,015	6,015	0	0	0
28	BOAT HOUSE REHAB	5/15/00	647	647	647	0	0	0
29	BOAT HOUSE REHAB	6/01/00	466	466	466	0	0	0
30	BOAT HOUSE PATIO	2/10/02	1,800	1,800	1,800	0	0	0
	<b>Total Other Depreciation</b>		<u>15,966</u>	<u>15,966</u>	<u>15,966</u>	<u>0</u>	<u>0</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>15,966</u>	<u>15,966</u>	<u>15,966</u>	<u>0</u>	<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		82,312	81,096	63,902	697	697	0
	<b>Less: Dispositions</b>		0	0	0	0	0	0
	<b>Less: Start-up/Org Expense</b>		0	0	0	0	0	0
	<b>Net Grand Totals</b>		<u>82,312</u>	<u>81,096</u>	<u>63,902</u>	<u>697</u>	<u>697</u>	<u>0</u>

**AMT Asset Report****Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Prior MACRS:</b>									
3	FURNITURE	10/01/92	911			911	10 HY S/L	911	0
5	TRAILER	3/15/95	375			375	5 HY S/L	375	0
6	SIGN	5/01/96	1,086			1,086	5 HY S/L	1,086	0
7	GOLF CART	8/01/97	900			900	5 HY S/L	900	0
8	SILHOUETTE-NEW GASPEE BOAT	6/17/98	936			936	10 HY S/L	936	0
9	GASPEE NEW BOAT SILHOUETTE	6/18/98	1,928			1,928	10 HY S/L	1,928	0
10	GASPEE BOAT	5/01/89	3,000			3,000	10 HY S/L	3,000	0
11	BOAT HOUSE	1/01/93	10,807			10,807	31 MMS/L	5,573	270
12	BOAT HOUSE	1/01/94	7,390			7,390	39 MMS/L	3,618	185
13	BOAT HOUSE	1/01/96	1,825			1,825	7 HY S/L	1,825	0
14	FENCE	5/01/97	3,400			3,400	7 HY S/L	3,400	0
15	HOME DEPOT-KITCHEN	3/23/98	2,193			2,193	7 HY S/L	2,193	0
16	FLAG POLE	5/01/93	1,100			1,100	10 HY S/L	1,100	0
17	LANDSCAPING	6/01/94	200			200	10 HY S/L	200	0
18	LUMBER	3/01/96	2,245			2,245	10 HY S/L	2,245	0
19	IMPROVEMENTS	5/15/97	2,800			2,800	10 HY S/L	2,800	0
20	TENT	4/01/94	706			706	10 HY S/L	706	0
21	KITCHEN	3/12/99	4,760			4,760	7 HY S/L	4,760	0
22	CHAIRS AND TABLES	3/07/99	4,400			4,400	7 HY S/L	4,400	0
23	NEW LOCKS	4/15/99	2,715			2,715	7 HY S/L	2,715	0
24	MICROWAVE	3/22/99	300			300	5 HY S/L	300	0
31	POPCORN KETTLE	1/29/02	519			519	5 HY S/L	519	0
33	BOATHOUSE REHAB	7/25/13	9,434			9,434	39 MMS/L	30	242
34	IPAD	2/28/13	1,216	X	X	0	5 HY 200DB	1,216	0
			<u>65,146</u>			<u>63,930</u>		<u>46,736</u>	<u>697</u>
<b>Other Depreciation:</b>									
25	BOAT HOUSE REHAB	6/15/00	6,138			6,138	7 HY S/L	6,138	0
26	BOAT HOUSE REHAB	4/20/00	900			900	7 HY S/L	900	0
27	BOAT HOUSE REHAB	5/09/00	6,015			6,015	7 HY S/L	6,015	0
28	BOAT HOUSE REHAB	5/15/00	647			647	7 HY S/L	647	0
29	BOAT HOUSE REHAB	6/01/00	466			466	7 HY S/L	466	0
30	BOAT HOUSE PATIO	2/10/02	1,800			1,800	7 HY S/L	1,800	0
32	POPCORN MACHINE	5/04/07	0			0	0 HY	0	0
	<b>Total Other Depreciation</b>		<u>15,966</u>			<u>15,966</u>		<u>15,966</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>15,966</u>			<u>15,966</u>		<u>15,966</u>	<u>0</u>
	<b>Grand Totals</b>		81,112			79,896		62,702	697
	<b>Less: Dispositions and Transfers</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>81,112</u>			<u>79,896</u>		<u>62,702</u>	<u>697</u>

## Bonus Depreciation Report

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
<b>Activity: Form 990, Page 1</b>								
34	IPAD	2/28/13	1,216		1,216	0	0	0
		<b>Form 990, Page 1</b>	<u>1,216</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
		<b>Grand Total</b>	<u>1,216</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

**Depreciation Adjustment Report****All Business Activities**

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<b><u>MACRS Adjustments:</u></b>						
Page 1	1	3	FURNITURE	0	0	0
Page 1	1	5	TRAILER	0	0	0
Page 1	1	6	SIGN	0	0	0
Page 1	1	7	GOLF CART	0	0	0
Page 1	1	8	SILHOUETTE-NEW GASPEE BOAT	0	0	0
Page 1	1	9	GASPEE NEW BOAT SILHOUETTE	0	0	0
Page 1	1	10	GASPEE BOAT	0	0	0
Page 1	1	11	BOAT HOUSE	270	270	0
Page 1	1	12	BOAT HOUSE	185	185	0
Page 1	1	13	BOAT HOUSE	0	0	0
Page 1	1	14	FENCE	0	0	0
Page 1	1	15	HOME DEPOT-KITCHEN	0	0	0
Page 1	1	16	FLAG POLE	0	0	0
Page 1	1	17	LANDSCAPING	0	0	0
Page 1	1	18	LUMBER	0	0	0
Page 1	1	19	IMPROVEMENTS	0	0	0
Page 1	1	20	TENT	0	0	0
Page 1	1	21	KITCHEN	0	0	0
Page 1	1	22	CHAIRS AND TABLES	0	0	0
Page 1	1	23	NEW LOCKS	0	0	0
Page 1	1	24	MICROWAVE	0	0	0
Page 1	1	31	POPCORN KETTLE	0	0	0
Page 1	1	33	BOATHOUSE REHAB	242	242	0
Page 1	1	34	IPAD	0	0	0
				<u>697</u>	<u>697</u>	<u>0</u>

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Prior MACRS:</b>					
3	FURNITURE	10/01/92	911	0	0
5	TRAILER	3/15/95	375	0	0
6	SIGN	5/01/96	1,086	0	0
7	GOLF CART	8/01/97	900	0	0
8	SILHOUETTE-NEW GASPEE BOAT	6/17/98	936	0	0
9	GASPEE NEW BOAT SILHOUETTE	6/18/98	1,928	0	0
10	GASPEE BOAT	5/01/89	3,000	0	0
11	BOAT HOUSE	1/01/93	10,807	270	270
12	BOAT HOUSE	1/01/94	7,390	185	185
13	BOAT HOUSE	1/01/96	1,825	0	0
14	FENCE	5/01/97	3,400	0	0
15	HOME DEPOT-KITCHEN	3/23/98	2,193	0	0
16	FLAG POLE	5/01/93	1,100	0	0
17	LANDSCAPING	6/01/94	200	0	0
18	LUMBER	3/01/96	2,245	0	0
19	IMPROVEMENTS	5/15/97	2,800	0	0
20	TENT	4/01/94	706	0	0
21	KITCHEN	3/12/99	4,760	0	0
22	CHAIRS AND TABLES	3/07/99	4,400	0	0
23	NEW LOCKS	4/15/99	2,715	0	0
24	MICROWAVE	3/22/99	300	0	0
31	POPCORN KETTLE	1/29/02	519	0	0
32	POPCORN MACHINE	5/04/07	1,200	0	0
33	BOATHOUSE REHAB	7/25/13	9,434	242	242
34	IPAD	2/28/13	1,216	0	0
			<u>66,346</u>	<u>697</u>	<u>697</u>
<b>Other Depreciation:</b>					
25	BOAT HOUSE REHAB	6/15/00	6,138	0	0
26	BOAT HOUSE REHAB	4/20/00	900	0	0
27	BOAT HOUSE REHAB	5/09/00	6,015	0	0
28	BOAT HOUSE REHAB	5/15/00	647	0	0
29	BOAT HOUSE REHAB	6/01/00	466	0	0
30	BOAT HOUSE PATIO	2/10/02	1,800	0	0
	<b>Total Other Depreciation</b>		<u>15,966</u>	<u>0</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>15,966</u>	<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		<u>82,312</u>	<u>697</u>	<u>697</u>



Asset	Description	Date In Service	Cost	RI
<b>Prior MACRS:</b>				
3	FURNITURE	10/01/92	911	0
5	TRAILER	3/15/95	375	0
6	SIGN	5/01/96	1,086	0
7	GOLF CART	8/01/97	900	0
8	SILHOUETTE-NEW GASPEE BOAT	6/17/98	936	0
9	GASPEE NEW BOAT SILHOUETTE	6/18/98	1,928	0
10	GASPEE BOAT	5/01/89	3,000	0
11	BOAT HOUSE	1/01/93	10,807	270
12	BOAT HOUSE	1/01/94	7,390	185
13	BOAT HOUSE	1/01/96	1,825	0
14	FENCE	5/01/97	3,400	0
15	HOME DEPOT-KITCHEN	3/23/98	2,193	0
16	FLAG POLE	5/01/93	1,100	0
17	LANDSCAPING	6/01/94	200	0
18	LUMBER	3/01/96	2,245	0
19	IMPROVEMENTS	5/15/97	2,800	0
20	TENT	4/01/94	706	0
21	KITCHEN	3/12/99	4,760	0
22	CHAIRS AND TABLES	3/07/99	4,400	0
23	NEW LOCKS	4/15/99	2,715	0
24	MICROWAVE	3/22/99	300	0
31	POPCORN KETTLE	1/29/02	519	0
32	POPCORN MACHINE	5/04/07	1,200	0
33	BOATHOUSE REHAB	7/25/13	9,434	242
34	IPAD	2/28/13	1,216	0
			<u>66,346</u>	<u>697</u>

**Other Depreciation:**

25	BOAT HOUSE REHAB	6/15/00	6,138	0
26	BOAT HOUSE REHAB	4/20/00	900	0
27	BOAT HOUSE REHAB	5/09/00	6,015	0
28	BOAT HOUSE REHAB	5/15/00	647	0
29	BOAT HOUSE REHAB	6/01/00	466	0
30	BOAT HOUSE PATIO	2/10/02	1,800	0
	<b>Total Other Depreciation</b>		<u>15,966</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>15,966</u>	<u>0</u>
	<b>Grand Totals</b>		<u>82,312</u>	<u>697</u>

Form **990T**

**Two Year Comparison Report**

**2012 & 2013**

For calendar year 2013, or tax year beginning **09/01/13**, ending **08/31/14**

Name

Taxpayer Identification Number

**GASPEE DAYS COMMITTEE, INC.**

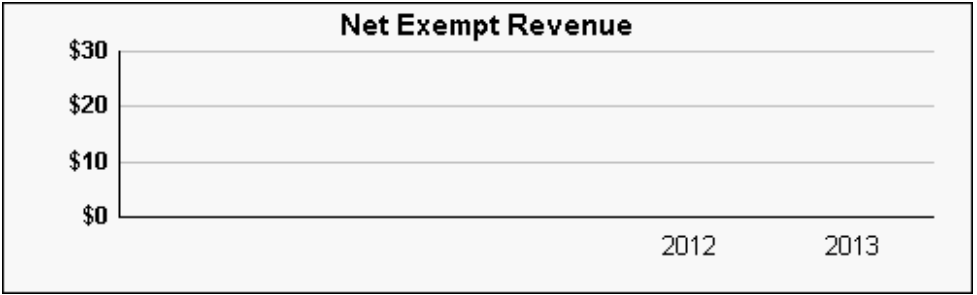
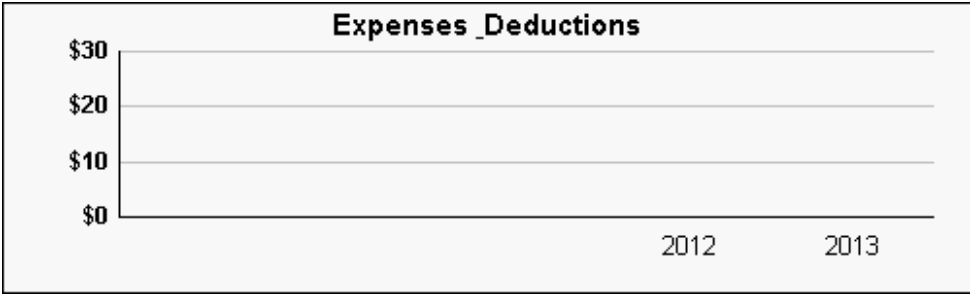
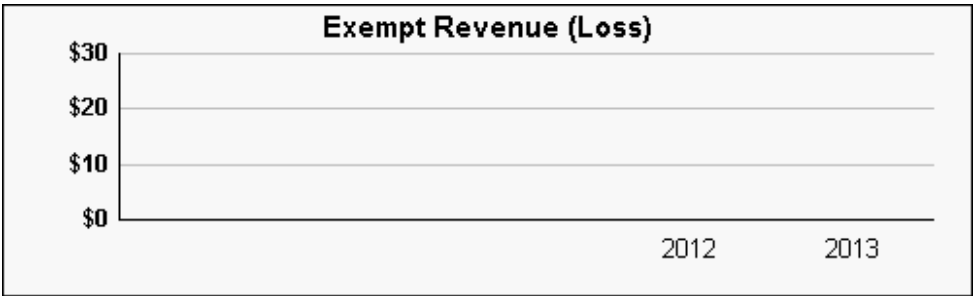
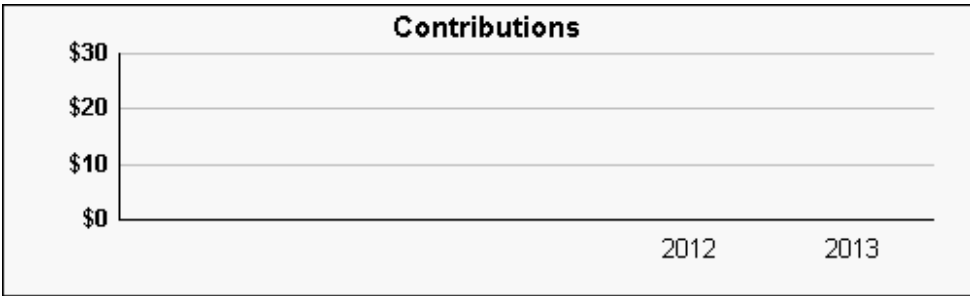
**05-6059740**

		2012	2013	Differences	
<b>Revenue</b>	1. Gross profit/loss on business activities	1.			
	2. Capital gains/losses	2.			
	3. Income/loss from partnerships and S corporations	3.			
	4. Rental income (net of expense)	4.			
	5. Unrelated debt-financed income (net of expense)	5.			
	6. Interest, and other income from controlled organizations (net of expense)	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.			
	10. Other income	10.			
	<b>11. Total trade or business income.</b> Combine lines 1 through 10	<b>11.</b>			
<b>Expenses</b>	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13.			
	14. Repairs and maintenance	14.			
	15. Bad debts	15.			
	16. Interest	16.			
	17. Taxes and licenses	17.			
	18. Charitable contributions	18.			
	19. Depreciation and Depletion	19.			
	20. Contributions to deferred compensation plans	20.			
	21. Employee benefit programs	21.			
	22. Other deductions	22.			
	<b>23. Total deductions.</b> Add lines 12 through 22	<b>23.</b>			
	<b>24. Taxable income before NOL.</b> Subtract line 23 from 11	<b>24.</b>			
	25. Net operating loss deduction	25.			
	26. Specific deduction	26.	1,000	1,000	
	<b>27. Unrelated business taxable income.</b>	<b>27.</b>	-1,000	-1,000	
	<b>Tax &amp; Credits</b>	28. Income tax (corporate or trust)	28.		
29. Proxy tax		29.			
30. Alternative minimum tax		30.			
<b>31. Total taxes</b>		<b>31.</b>			
32. Other credits		32.			
33. General business credit		33.			
34. Credit for prior year minimum tax		34.			
<b>35. Total credits</b>		<b>35.</b>			
<b>36. Net tax after credits</b>		<b>36.</b>			
37. Recapture taxes		37.			
<b>38. Total Taxes</b>	<b>38.</b>				
<b>Due/Refund</b>	39. Prior year overpayment and estimated tax payments	39.			
	40. Payment made with extension	40.			
	41. Backup withholding and foreign withholding	41.			
	42. Other payments	42.			
	<b>43. Total payments</b>	<b>43.</b>			
	<b>44. Balance due/(Overpayment)</b>	<b>44.</b>			
	45. Overpayment applied to next year	45.			
	46. Penalties	46.			
	<b>47. Total due/(Refund)</b>	<b>47.</b>			

Form <b>990T</b>	<b>Tax Return History</b>	<b>2013</b>
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Name <b>GASPEE DAYS COMMITTEE, INC.</b>	Employer Identification Number <b>05-6059740</b>
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	2009	2010	2011	2012	2013	2014
Business activity profit/loss .....						
Capital gains/losses .....						
Partner and S Corp gain/loss .....						
Rental income* .....						
Debt-financed income* .....						
Controlled organizations income/interest* .....						
Investment income, specific organizations* .....						
Exploited exempt activity income* .....						
Other income .....						
<b>Total trade or business income.</b> .....						
Compensation of officers, ect. ....						
Other salaries and wages .....						
Repairs and maintenance .....						
Bad debts .....						
Interest .....						
Taxes and licenses .....						
Charitable contributions .....						
Depreciation and Depletion .....						
Deferred compensation plans .....						
Employee benefit programs .....						

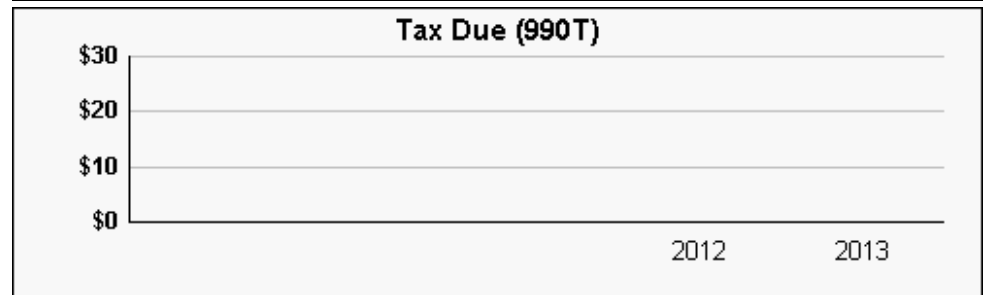
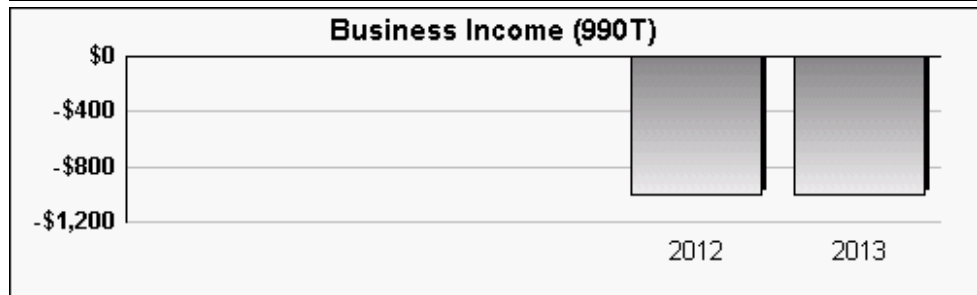
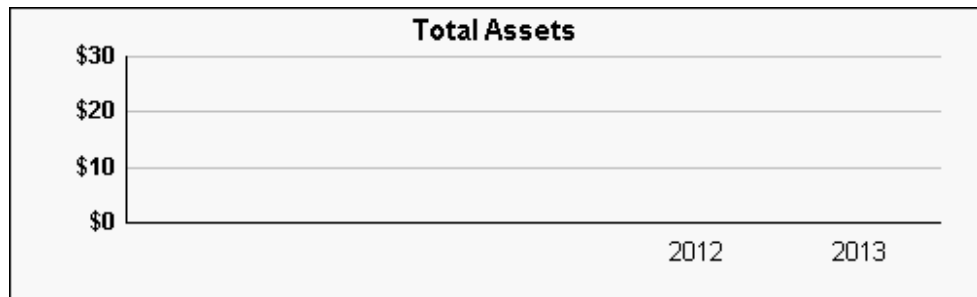


Form <b>990T</b>	<b>Tax Return History</b>	<b>2013</b>
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Name <b>GASPEE DAYS COMMITTEE, INC.</b>	Employer Identification Number <b>05-6059740</b>
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	2009	2010	2011	2012	2013	2014
Other deductions .....						
Net operating loss deduction .....						
Specific deduction .....				1,000	1,000	
Income after expense and deductions .....				-1,000	-1,000	
Income tax (corporate or trust) .....						
Other taxes .....						
<b>Total taxes</b> .....						
General business credit .....						
Other credits .....						
<b>Net tax after credits</b> .....						
Estimated tax payments .....						
Other payments .....						
<b>Balance due/Overpayment</b> .....						

\* Income shown net of expenses



GAS9740 Gaspee Days Committee, Inc.

05-6059740

FYE: 8/31/2014

## Federal Statements

### Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

<u>Description</u>	<u>Amount</u>
MEMBERSHIP DUES	\$ <u>520</u>
TOTAL	\$ <u><u>520</u></u>

GAS9740 Gaspee Days Committee, Inc.

05-6059740

FYE: 8/31/2014

## Federal Statements

### Schedule A, Part II, Line 1(e)

Description	Amount
OTHER	\$ 11,757
TOTAL	\$ 11,757