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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form

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

Department of the Treasury
Internal Revenue Service

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning JANUARY 1, , 2009, and ending DECEMBER 31, 2009

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

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

C Name of organization: OLD TOWN MUSEUM

Number and street (or P O box, if mail is not delivered to street address): P.O. BOX 375 — Room/suite:

City or town, state or country, and ZIP + 4: OLD TOWN, ME. 04468-0375

D Employer Identification number: 01-0381906

E Telephone number: 207-827-7254

F Group Exemption Number ▶

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

G Accounting Method: ☒ Cash ☐ Accrual
Other (specify) ▶

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

I Website: ▶ WWW.OLDTOWNMUSEUM.ORG

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

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $

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

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	8641.25
	2	Program service revenue including government fees and contracts		2	0
	3	Membership dues and assessments		3	1295.00
	4	Investment income		4	579.20
	5a	Gross amount from sale of assets other than inventory	5a 0		
	b	Less: cost or other basis and sales expenses	5b 0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a 0		
	b	Less: direct expenses other than fundraising expenses	6b 0		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	0
	7a	Gross sales of inventory, less returns and allowances	7a 450.32		
	b	Less: cost of goods sold	7b 293.00		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	157.32
	8	Other revenue (describe ▶ _____)		8	18,833.96
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	29,506.73
Expenses	10	Grants and similar amounts paid (attach schedule)		10	0
	11	Benefits paid to or for members		11	0
	12	Salaries, other compensation, and employee benefits		12	5080.05
	13	Professional fees and other payments to independent contractors		13	410.00
	14	Occupancy, rent, utilities, and maintenance		14	19,210.98
	15	Printing, publications, postage, and shipping		15	424.00
	16	Other expenses (describe ▶ _____)		16	5516.16
	17	**Total expenses.** Add lines 10 through 16 ▶		17	30641.19
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	(1134.46)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	243,978.35
	20	Other changes in net assets or fund balances (attach explanation) RESALE REVENUES		20	6815.46
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	249823.81

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Part II **Balance Sheets.** If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	43564.19	22	44,323.81
23	Land and buildings	140,000.00	23	140,000.00
24	Other assets (describe ▶ COLLECTION)	75,000.00	24	75,000.00
25	**Total assets**	258,564.19	25	259,323.81
26	**Total liabilities** (describe ▶ BANK LOAN)	14587.84	26	8,500.00
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	243,978.35	27	250823.81

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? TO PRESERVE AND DISPLAY HISTORICAL ITEMS.

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, 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 THE DISPLAY OF HISTORICAL ITEMS FROM THE COLECTION. APPX. 1500 VISITORS. OPEN 20 HR. PER WEEK.

(Grants $ 0) If this amount includes foreign grants, check here ▶ ☐ 28a 19916.77

29 EDUCATIONAL ACTIVITIES WITH AREA SCHOOLS.

(Grants $ 0) If this amount includes foreign grants, check here ▶ ☐ 29a 4594.18

30 PROGRAMS OF SPECIAL HISTORICAL INTEREST.

(Grants $ 0) If this amount includes foreign grants, check here ▶ ☐ 30a 6,128.24

31 Other program services (attach schedule)

(Grants $ 0) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 30,641.19

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE ATTACHED LIST.				
NO DIRECTORS ARE COMPENSATED FOR THEIR SERVICES.	2 TO 10	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
c	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 ▶ 0			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
e	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.	40e		✓
41	List the states with which a copy of this return is filed. ▶ MAINE			
42a	The organization's books are in care of ▶ Wm. A. Osborne Telephone no. ▶ 207-947-2303			
	Located at ▶ 142 Essex St., Bangor, Me. ZIP + 4 ▶ 04401			
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)?	42b		✓
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		✓
	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		✓

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

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 address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE		Ø	Ø	Ø

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 address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
NONE		Ø

d Total number of other independent contractors each receiving over $100,000 . . ▶

Sign Here

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

William A. Osborne — Signature of officer

TREASURER 5/10/10 — Date

WILLIAM A. OSBORNE, TREASURER — Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's identifying number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4		EIN ▶	
		Phone no ▶	

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization OLD TOWN MUSEUM

Employer identification number 01 0381906

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 33⅓ % 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 33⅓ % 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–Other

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?

	Yes	No
(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? 11g(i)		
(ii) A family member of a person described in (i) above? 11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? 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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
Total									

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	44806.50	10443.73	9273.34	39,024.02	9936.25	113,483.84
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	Ø	Ø	Ø	Ø	Ø	Ø
3 The value of services or facilities furnished by a governmental unit to the organization without charge	Ø	Ø	Ø	Ø	Ø	Ø
4 **Total.** Add lines 1 through 3	44806.50	10443.73	9273.34	39,024.02	9936.25	113483.84
5 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)						
6 **Public support.** Subtract line 5 from line 4.						113483.84

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	44806.50	10,443.73	9,273.34	39,024.02	9936.25	113483.84
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	Ø	511.22	511.22	511.44	579.20	2112.88
9 Net income from unrelated business activities, whether or not the business is regularly carried on	Ø	Ø	Ø	Ø	Ø	Ø
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	31,740.16	25,882.31	25,562.74	25,302.19	18833.96	127,321.38
11 **Total support.** Add lines 7 through 10						242,918.10
12 Gross receipts from related activities, etc. (see instructions)					12	Ø

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

14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	46.70 %
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	44.90 %

16a **33⅓% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33⅓% support test—2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2009.** 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—2008.** 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 ▶ ☐

Old Town Museum Board
FY 2009

Updated: May 8, 2009

Joe Ayotte
PO Box 85
Stillwater, ME 04489
207-827-5667
Term ends: Feb. 2012

Beverly Clarke
84 Sargent Drive
Old Town ME 04468
207-827-2650
bevcl@myfairpoint.net
Term ends: Feb. 2010

Barbara Conners
267 Center Street
Old Town ME 04468
207-827-3654
connersoldtown@myfairpoint.net
Term ends: Feb. 2011

Barbara Csavinszky
15 Sewell Drive
Old Town ME 04468-1222
207-827-6785
Bvinszky@aol.com
Term ends: Feb. 2012

Phillip Dunn
191 Fourth St
Old Town, ME 04468
207-827-7660
Philip.dunn@umit.maine.edu
Term ends: Feb. 2011

Richard Eustis
35 Pride Street
Old Town ME 04468-1925
Executive Directorship
207-827-2238
eustis@infionline.net
Term ends: Feb. 2010

Virginia Fortier
59 Carrol St
Old Town ME 04468
Executive Directorship
207-827-3472
Term ends: Feb. 2012

Margaret Manzer
1171 Bennoch Road
Old Town ME 04468
President
207-827-3847
Manzer1@roadrunner.com
Term ends: Feb. 2012

Carol May
7 Oak St
Old Town ME 04468
Vice President
207-827-8739
mannyuntd@aol.com
Term ends: Feb. 2012

Howard Merrill
302 Woodland Ave
Old Town ME 04468
207-827-2649
buckymerrill@aol.com
Term ends: Feb. 2011

William Osborne
1242 Essex St
Bangor, ME 04401
Treasurer
207-947-2303
ozmaine@roadrunner.com
Term ends: Feb. 2010

Kenneth Sirois
39 Hillard St
Old Town ME 04468
Executive Directorship
207-827-4833
Term ends: Feb. 2010

Troy Turner
2 Bryer Heights
Milford, ME 04461
207-827-3058
kiva93@yahoo.com
Term ends: Feb. 2010

Betsy Paradis
407 Fourth St
Old Town ME 04468
207-827-3045
bparadis@belfastlibrary.org
Term ends: Feb. 2011

Carolyn Smith
651 College Ave.
Old Town, ME 04468-6002
Secretary
207-827-~~6242~~ 5735
Caris651@yahoo.com
Term ends: Feb. 2011

Honorary Director

Charles Buck
191 Bennoch Rd
Orono ME 04473
207-866-4393

Operations Manager
Paul Cartolano
190 Brunswick St
Old Town, Maine 04468
207-827-6597
Email: Cartolano@myfairpoint.net