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# 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

OMB No. 1545-1150

2009

Open to Public

Internal Revenue Service			► The organization may have to use a copy of this return to satisfy state reporting requirements						
A For the 2009 calend		ar year,	or tax year beginning , 2009, and	ending		, 20			
В	Check if a	applicable:				mployer id	oyer identification number		
	Addressa (	change	I ma				06-1529225		
	Names ch		print or	Number and street (or P O. box, if mail is not delivered to street address) Roo	m/suite E T	e E Telephone number			
	Initial retu		type. See	97 Main Street	1	202-387-8030			
님	Termi nat		Specific	City or town, state or country, and ZIP + 4	E G	F Group Exemption			
님	Amended	a return ion pending	Instruc- tions.	Winsted, CT 06098	li i	Number ►			
므									
	• 5 <del>-e</del> c	tion 501(c)(3)		ations and 4947(a)(1) nonexempt charitable trusts must attach inpleted Schedule A (Form 990 or 990-EZ).			Method: Cash Accrual		
_			- a coi	ipieted Scriedule A (i Griff 550 Gr 550-LL).	Other (spe				
			_				organization is not		
	Websi				· ·	d to attach Schedule B (Form 990,			
<u>1</u>	Tax-ex	empt status (	check o	nly one) — ✓ 501(c) ( 3 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	990-EZ, or	990-PF).			
	Chec K		•	ration is not a section 509(a)(3) supporting organization and its gross rec	•	•			
	Form 9	990-EZ or Forn	1990 re	urn is not required, but if the organization chooses to file a return, be s	ure to file a co	mplete re	turn.		
<u>L</u>	Add line			9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of		<b>▶</b> \$	23,781		
Ŀ	art I	Revenu	ө, Ехр	enses, and Changes in Net Assets or Fund Balances (	See the ins	truction	s for Part I.)		
	1	Contributio	ons, gift	s, grants, and similar amounts received		. 1	2,500		
	2			evenue including government fees and contracts		. 2	0		
	3	-		and assessments		. 3	0		
	4	investmen				. 4	21,245		
	5a			m sale of assets other than inventory		36			
	b			r basis and sales expenses		0			
	C			sale of assets other than inventory (Subtract line 5b from line 5	ial	.   5c	36		
Ф				existing complete applicable parts of Schedule G). If any amount is from gaming, or		·			
Revenue	6	•			I CONTINUE L	<b>,</b>			
Š	a a			ot including \$ of contributions					
ď		reported o		· · · · · · · · · · · · · · · · · · ·		<u> </u>			
	þ		•	nses other than fundraising expenses 6b		الأند 🏳			
	C	Net incom	e or (lo:	s) from special events and activities (Subtract line 6b from line	6a)⁻	. 6c-	0		
	7a	Gross sale	s of inv	entory, less returns and allowances		ᆜᇕ			
	b					_0  3			
	C	Gross prof	it or (lo	ss) from sales of inventory (Subtract line 7b from line 7a)		. 7c	0		
	8	Other reve		) 8	0				
	9	Total reve	nue. A	dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<u></u>	▶ 9	23,781		
	10	Grants and	d simila	ramounts paid (attach schedule)	.	. 10	0		
	111	Benefits pa	. 11	0					
()	12	Salaries, o	. 12	0					
Se	13	Profession		. 13	0				
ē	14	Occupanc		. 14	0				
Expenses	15	-	-	ons, postage, and shipping	. 15	394			
	16		16	25					
	17	•	•	describe ► Filing fees Add lines 10 through 16	<del></del> ,	, <del></del>	419		
_	140			for the year (Subtract line 17 from line 9)			23,362		
Net Assets	18 19			d balances at beginning of year (from line 27, column (A)) (mu			20,002		
SS	19			reported on prior year's return)			1 071 612		
Š		-	_				1,971,613		
ē	20			net assets or fund balances (attach explanation)			26,052		
	21	Net assets	or fund	balances at end of year. Combine lines 18 through 20	<u> </u>	<u>21</u>	2,021,027		
L	Part II	Balance	Shee	ts. If Total assets on line 25, column (B) are \$1,250,000 or more					
				(See the instructions for Part II.)	(A) Beginnin	<del></del>	(B) End of year		
2	2 C	ash, savings	, and ir	vestments	1	,228,824	22 1,285,155		
2						0	23 0		
2		ther assets (	743,710	24 735,872					
2		otal assets			1	,972,534	25 2,021,027		
		otal liabilitie				921			
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 1,971,613 27									
				, , , , , , , , , , , , , , , , , , ,					

SCANNED DEC 0 7 2010

Form **990-EZ** (2009)

Cat No 10642I

romn s	990-62 (2009)					Page 2
Par	Statement of Program Service Accom	plishments (See the instru	ections for Part III	l.)		Expenses
What	t is the organization's primary exempt purpose?	Educational				ired for section
	ribe what was achieved in carrying out the org					)(3) and 501(c)(4) sizations and section
manr	ner, describe the services provided, the number of	f persons benefited, and o	ther relevant info	rmation for		a)(1) trusts; optional
each	program title.				for ot	
28	Through educational and interpretive programs, the	America Museum of Tort Lav	seeks to increase			
	understanding of tort law and the role it plays in the	protection of personal freedo	om and safety.			
		<del></del>				
	(Grants \$ ) if this amount	includes foreign grants, che	ack here	. ▶ □	28a	394
29		· · · · · · · · · · · · · · · · · · ·				
	(Grants \$ ) If this amount	includes foreign grants, che	ock here	▶ [7]	29a	
30					234	<del>- · · · ·</del>
00						
		***************************************		• • • • • • • • • • • • • • • • • • • •		•
	(Grants \$) If this amount				30a	
24	Other program services (attach schedule)				Jua	
J1		includes foreign grants, che			31a	
30	Total program service expenses (add lines 28a t				31a	394
	List of Officers, Directors, Trustees, and Key					
ı aı	Elst of Officers, Birottors, Trustees, and Re-	(b) Title and average	(c) Compensation	(d) Contribution		(e) Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred compe	plans &	account and other allowances
DAL	PH NADER	devoted to position	611.61 -07	deterred compe	11540011	Other allowances
	lain Street/Winsted, CT 06098	President/Treasurer	0.00	į	0.00	0.00
	EPH A. PAGE		0.00	· · · · · · · · · · · · · · · · · · ·	0.00	0.00
	ain Street/Winsted, CT 06098	Vice President	0.00		0.00	0.00
	I MAYER		0.00	0.00		0.00
	ain Street/Winsted, CT 06098	Secretary	0.00	0.00		0.00
37 W	an Sheeb Whisted, CT 00050		0.00	<del></del>	0.00	0.00
				}		
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Form 990-EZ (2009)

Form 9	90-EZ (2009)		P	age 3
Part	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.		·	12.74 12.42 13.43 14.43
а	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>✓</b>
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N	/A
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 NONE	7	:	ST EN
b	Did the organization file Form 1120-POL for this year?	37b		1
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>/</b>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b n/a	21	ŧ,	7
39	Section 501(c)(7) organizations. Enter:		, "	
a	Initiation fees and capital contributions included on line 9	. ,	.	. 3
b	Gross receipts, included on line 9, for public use of club facilities		`.	
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	ŀ	' '	1
	person in a prior year, and that the transaction has not been reported on any of the organization's prior	ŀ		1
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		•
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	100		3
_	organization managers or disqualified persons during the year under sections 4912,		:	
	4955, and 4958	1	11.14	1
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
	reimbursed by the organization			
0	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	<del></del>	<b>≠</b>
41	List the states with which a copy of this return is filed. ▶ NONE			
42a		02-38	7-8030	)
	Located at ► 1530 P Street, NW / Washington, DC ZIP + 4 ►	200	005	
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)?		Yes	No_
	**************************************	42b		<del></del> -
	If "Yes," enter the name of the foreign country: ▶ n/a See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		4	1. 3.
	and Financial Accounts.			-
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		·
ŭ	If "Yes," enter the name of the foreign country:   n/a	720	<u> </u>	
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	- •		n/a
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			"बु
	Form 990-EZ	44		<b>√</b>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	٠.		1
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		✓_

Form 990-EZ (2009)

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May the IRS discuss this return with the preparer shown above? See instructions

► ☐ Yes ☐ No

#### SC HEDULE 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 chantable trust.

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

AM	ERIC	CAN MUSEU	M OF TORT LA	N					06		1529225	
Pa	rt I	Reason	for Public Ch	arity Status (All or	ganizati	ons mus	t compl	ete this	part.) Se	e instru	ctions.	
The	orga	anization is n	ot a private foun	dation because it is:	(For lines	s 1 throug	gh 11, ch	eck only	one box	)	· <u>—</u>	
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2	_											
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4												
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 gene						the general	nublic				
-	_			1)(A)(vi). (Complete F				9-1			uno goniorai	public
8		A community	y trust described	in section 170(b)(1)	(A)(vi). (C	Complete	Part II.)					
9				receives: (1) more th				m contrib	outions, m	nembersh	ip fees, and	gross
				ed to its exempt func								
				ent income and unre						1 511 tax	) from busir	esses
	_	acquired by	the organization	after June 30, 1975.	See sec	tion 509	( <b>a)(2).</b> (Co	omplete i	Part III.)			
10		•	•	nd operated exclusive	•	•	-					
11	Ш			nd operated exclusive								
				blicly supported organ								ection
				it describes the type					-			
_		a ☐ Type				oe III-Fun					∫ Type III–O	
е	Ш			ify that the organization managers and othe								
			section 509(a)(2)		r man on	e or more	publicly	supporte	organii	zations de	escribed in s	ection
f						4h. IDO	Alma & : a : a	. T	t T	<b></b>	. (1)	
•			, check this box	a written determinat	ion from		tnat it is	a Type	і, туре іі	, or type	ili supporti	ing ┌
		•	•	the organization acce			ontributi	on from a	· · ·			. ц
g		following pe		and organization acce	spied any	y girt or c		JII 11 OIII 6	any Or the	,		
				r indirectly controls, e	either alo	ne or too	ether wi	th persor	ns descril	bed in (ii)	Yes	No
			below, the governing body of the supported organization?									
		(ii) A family member of a person described in (i) above?									11g(i) 11g(ii)	
		(iii) A 35% controlled entity of a person described in (i) or (ii) above?									11g(iii)	
<u>h</u>		Provide the	following inform	ation about the suppo	orted org	anization	(s).					
(i) I		e of supported	(ii) EIN	(III) Type of organization		organization		ou notify		s the	(vii) Amoun	
	org	ganization		(described on lines 1-9 above or IRC section				organizat (i) organi	support			
				(see instructions))	3		support?			S?		
					Yes	No	Yes	No	Yes	No		
								1				
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Tota	_				7.		, ,	, ,	13.5	, a		

Schedule A (Form 990 or 990-EZ) 2009 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 Gifts, grants, contributions, and membership fees received. (Do not 421,250 303,010 21,740 76,000 18,000 2,500 include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on 0 0 0 0 0 0 its behalf 3 The value of services or facilities furnished by a governmental unit to the 0 0 0 0 0 organization without charge 303,010 21.740 76,000 18,000 421,250 2,500 Total. Add lines 1 through 3 4 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 ٠,٠ 84,386 shown on line 11, column (f) Public support. Subtract line 5 from line 4. 336,864 Section B. Total Support (a) 2005 (c) 2007 Calendar year (or fiscal year beginning in) (b) 2006 (d) 2008 (e) 2009 (f) Total 303.010 21,740 76,000 18,000 2,500 421.250 Amounts from line 4 . Gross income from interest, dividends, Я payments received on securities loans, rents, royalties and income from similar 38,076 56,406 64,199 39,174 21,245 219,100 Net income from unrelated business activities, whether or not the business is 0 0 0 0 0 0 regularly carned on . . . . . . Other income. Do not include gain or 10 loss from the sale of capital assets n 0 0 (Explain in Part IV.) . . . . . . 640,350 M. W. Car 11 Total support. Add lines 7 through 10 . 12 0 12 Gross receipts from related activities, etc. (see instructions) . . . . . . . . . . . . . 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 52.61 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 14 15 15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . . . . . . . . 33%% support test-2009. If the organization did not check the box on line 13, and line 14 is 33%% or more, check this box 331/2 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 331/2 % or more, check this b box and **stop here.** The organization qualifies as a publicly supported organization  $\ldots \ldots \ldots \ldots \ldots \ldots$ 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 . . . . . .

Schedule A (Form 990 or 990-EZ) 2009

Page **3** 

	Support Schedule for Orga (Complete only if you checke				a)(2) No	t Applica	ble
	tion A. Public Support						
Ca	alendar 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						
2	any "unusual grants.")						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		<del> </del>		<del> </del>	<del> </del>	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	· · · · · · · · · · · · · · · · · · ·					
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						
C	Add lines 7a and 7b		<u> </u>	<u> </u>	<u> </u>	<u> </u>	
8	Public support (Subtract line 7c from line 6.)		2 1			10 15 -	
	tion B. Total Support						
Ce	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6			-		-	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	<b>First five years.</b> 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 <b>stop here</b>						
Sec	tion C. Computation of Public Su	<del> </del>		<u>.                                    </u>			
15	Public support percentage for 2009 (lir					15	%_
16	Public support percentage from 2008			<u> </u>	<u> </u>	16	%_
Sec	tion D. Computation of Investmen				· · · · · · · · · · · · · · · · · · ·	1	
17	Investment income percentage for 200					17	
18	investment income percentage non 2000 Schedule A, Fait III, IIIIe 17					%_	
19a	33½% support tests – 2009. If the org 17 is not more than 33½%, check this b	ox and <mark>stop h</mark>	ere. The organ	ızatıon qualifie	s as a publicly	supported orga	ınızation 🕨 📙
b	331/3 % support tests - 2008. If the organ line 18 is not more than 331/3 %, check thi	s box and <b>stop</b>	here. The orga	inization qualifie	es as a publicly	supported orga	nization 🕨 📙
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19t	o, check this b	ox and see inst	ructions ▶ 🔲

SCUEdine A (L	-om aso or aso-ez/ 2009 Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.
Not	Applicable
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