



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form
Return of Organization Exempt From Income TaxUnder 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
InspectionA For the 2009 calendar year, or tax year beginning **, 2009, and ending** **. 20**

B Check if applicable.	C Name of organization Ocean Point Colony Trust	D Employer identification number 23-7185846
<input type="checkbox"/> Address change	Number and street (or P.O. box, if mail is not delivered to street address)	E Telephone number (207) 633-7879
<input type="checkbox"/> Name change	Room/suite	
<input type="checkbox"/> Initial return	City or town, state or country, and ZIP + 4	F Group Exemption Number ► N/A
<input type="checkbox"/> Terminated		
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

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

I Website: ► www.oceanpointcolonytrust.orgJ Tax-exempt status (check only one) — 501(c) (3) ▲ (insert no.) 4947(a)(1) or 527K 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 ► **\$ 41,176****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 39,138
	2 Program service revenue including government fees and contracts	2 5,663
	3 Membership dues and assessments	3 0
	4 Investment income	4 593
	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 ► <input type="checkbox"/>	
	a Gross revenue (not including \$ -0- of contributions reported on line 1)	6a 5,783
	b Less: direct expenses other than fundraising expenses	6b 928
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c 4,854
	7a Gross sales of inventory, less returns and allowances	7a 0
	b Less: cost of goods sold	7b 0
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 0
	8 Other revenue (describe ►)	8 0
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ► 40,248	9 40,248
Expenses	10 Grants and similar amounts paid (attach schedule)	10 2,900
	11 Benefits paid to or for members	11 0
	12 Salaries, other compensation, and employee benefits	12 5,050
	13 Professional fees and other payments to independent contractors	13 742
	14 Occupancy, rent, utilities, and maintenance	14 22,347
	15 Printing, publications, postage, and shipping	15 957
	16 Other expenses (describe ► DEPRECIATION (\$2,904), ANNUAL REPORT FEE (\$50))	16 2,954
	17 Total expenses. Add lines 10 through 16 ► 34,250	17 34,250
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 5,998
	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 87,707
	20 Other changes in net assets or fund balances (attach explanation)	20 0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ► 93,705	21 93,705

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	22 54,274	
23 Land and buildings	23 33,433	
24 Other assets (describe ►)	24 0	
25 Total assets	25 87,707	
26 Total liabilities (describe ►)	26 0	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	27 87,707	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 106421

Form 990-EZ (2008)

6-7

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

What is the organization's primary exempt purpose? **Stewardship of property for public**

What is the organization's primary exempt purpose? _____
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 Provided educational and recreational programs for area youth and their families. (500 participants)

(Grants \$) If this amount includes foreign grants, check here □

28a 28 715

29 Donated money to 8 IRC Section 501(c)(3) charitable organizations that provide benefits to the Boothbay Region populace.

(Grants \$ 2,200) If this amount includes foreign grants, check here

29a 2,200

30 Preserved and maintained over 14 acres of land (including 1000 feet of ocean frontage) for the use and enjoyment of the general public.

(Grants \$) If this amount includes foreign grants, check here

30a 1,900

31 Other program services (attach schedule)

If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

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

Instructions for Part IV.)

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

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

	Yes	No
33		X
34		X
35		
a		
b		
36		
37a	37a	-0-
b		
38a		
b	38b	N/A
39	39a	N/A
a	39b	N/A
40a		
b		
c		
d		
e		
41		
42a		
b		
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 and Financial Accounts.		
c		
43		
44		
45		

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

Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes

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?

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

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

Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a -0-

Did the organization file **Form 1120-POL** for this year?

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?

b If "Yes," complete Schedule L, Part II and enter the total amount involved

Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9

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

Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____

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

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

Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization

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.

List the states with which a copy of this return is filed. ► **NONE**

The organization's books are in care of ► **Denise Griffin, Treasurer** Telephone no. ► **(207) 633-7879**
Located at ► **P.O. Box 694, Boothbay Harbor, Maine** ZIP + 4 ► **04538-0694**

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: ► **N/A**

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts**.

At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If "Yes," enter the name of the foreign country: ► **N/A**

Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here **N/A** and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ

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

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		X
47		X
48		X
49a		X
b		
50		N/A

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

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

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
<i>NONE</i>				

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
<i>NONE</i>		

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			
	► <i>Denise Griffin, Treasurer</i>	Date <i>5/6/10</i>		
	Signature of officer			
	► <i>DENISE GRIFFIN, TREASURER</i>			
	Type or print name and title			
Paid Preparer's Use Only	Preparer's signature ► <i>Henry J. Hurford, Jr.</i>	Date <i>5/6/10</i>	Check if self-employed ► <input checked="" type="checkbox"/> P00967116	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► <i>Henry J. Hurford, Jr., CPA</i>		EIN ►	
			Phone no ►	<i>(207) 633-4040</i>
May the IRS discuss this return with the preparer shown above? See instructions ► <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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

OCEAN POINT COLONY TRUST

Employer identification number

23 7185846

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-8 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 support
			Yes	No	Yes	No	Yes	No	
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.")	<u>22,929</u>	<u>34,113</u>	<u>24,188</u>	<u>23,161</u>	<u>29,138</u>	<u>133,529</u>
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	<u>22,929</u>	<u>34,113</u>	<u>24,188</u>	<u>23,161</u>	<u>29,138</u>	<u>133,529</u>
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)						<u>6,079</u>
6 Public support. Subtract line 5 from line 4.						<u>127,450</u>

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	<u>22,929</u>	<u>34,113</u>	<u>24,188</u>	<u>23,161</u>	<u>29,138</u>	<u>133,529</u>
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	<u>937</u>	<u>949</u>	<u>868</u>	<u>893</u>	<u>563</u>	<u>4,200</u>
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						<u>137,729</u>
12 Gross receipts from related activities, etc (see instructions)					<u>12</u>	<u>67,731</u>
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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<u>14</u>	<u>92.54</u> %
15 Public support percentage from 2008 Schedule A, Part II, line 14	<u>15</u>	<u>95.98</u> %
16a 33½ % support test—2009. If the organization did not check the box on line 13, and line 14 is 33½ % or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33½ % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33½ % or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		

OCEAN POINT COLONY TRUST
23-7185846
FORM 990-EZ
12/31/09

LIST OF ATTACHMENTS

GRANTS AND SIMILAR AMOUNTS PAID

ADDITIONAL COMMENTS ON PROGRAM SERVICE ACCOMPLISHMENTS

COMMENTS RE: NON FILING OF FORM 990-T

SCHEDULE A (2 PAGES)

SCHEDULE B (2 PAGES)***

*** - "NOT OPEN TO PUBLIC INSPECTION"

OCEAN POINT COLONY TRUST
23-7185846
FORM 990-EZ
12/31/09

GRANTS AND SIMILAR AMOUNTS PAID
PART I, LINE 10

<u>Name of Organization</u>	<u>Amount</u>
Boothbay Harbor Memorial Library	\$ 250
Boothbay Region Food Pantry	500
Boothbay Region Ambulance Service	250
Boothbay Region Land Trust	250
Boothbay Region YMCA	250
East Boothbay Fire Department	500
Burnt Island Lighthouse	100
Boothbay Region Public Access TV	<u>100</u>
Total	\$2,200
	<u> </u>

OCEAN POINT COLONY TRUST
23-7185846
FORM 990-EZ
12/31/09

ADDITIONAL COMMENTS ON PROGRAM SERVICE ACCOMPLISHMENTS
PART III

The Ocean Point Colony Trust ("OPCT") is dedicated to responsible stewardship of properties and resources and to creating programs and activities at Ocean Point, Maine for the enjoyment of all.

During the year ended December 31, 2009 the OPCT allowed public access to all of its properties. Presently, the OPCT preserves and maintains over 14 acres of land, the majority of which is in a "forever wild" state.

Included in its holdings are woodlands, a newly renovated playground, ballfields, tennis courts, a casino building, a beach and parking area, and 1000 feet of ocean frontage which the OPCT has protected from development. Countless thousands of visitors to the Boothbay Region as well as local citizenry enjoy these properties at no charge.

During the year the OPCT continued its woodlot management program and development of a planned trail system for hikers of all ages and abilities.

In addition to fulfilling its primary mission of responsible property stewardship, the OPCT provided:

- (A) athletic activities for young children through teens including soccer, softball, volleyball, tennis, capture the flag and kickball;
- (B) tennis lessons from the beginner level to the intermediate level, tennis clinics and fielded a teen tennis team;
- (C) arts and crafts workshops for children;
- (D) reading programs, including an afternoon story hour for children, and a lending library;
- (E) social and dining activities for people of all ages including a chicken barbecue, various dinners, pancake breakfasts and a dance;
- (F) encouragement and opportunities to young people to participate in activities that develop a sense of camaraderie and volunteerism such as fund raising events for other non profit organizations and maintaining the OPCT's properties.

OCEAN POINT COLONY TRUST
23-7185846
FORM 990-EZ
12/31/09

COMMENTS RE: NON FILING OF FORM 990-T
PART V. LINE 35

Program fees charged for tennis court usage help subsidize the cost of providing and maintaining adequate facilities and qualified instruction for clean sport and physical well-being for area youth and their families. This is one of the organization's stated missions and it is not an activity unrelated to its exempt purpose.