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Form

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income 1ax

Under section 501(c), 527, or ∜947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047 2009 Open to Public Inspection

Α	For the 200	9 cal <u>endar ye</u>	ear, or tax year beginning , and ending			
В	Check if applicat		C Name of organization	D	Emplo	yer Identification number
	Address change	use IRS label or	THE OVERFALLS MARITIME MUSEUM FOUND			
\sqcap	Name change	print or	Doing Business As		<u>51-</u>	0404500
\equiv	•	type.	Number and street (or P O box if mail is not delivered to street address) Room/suite	E		one number
님'	nitial return	See	P O BOX 413		302	-644-4591
\square	Termination	Specific Instruc-	City or town, state or country, and ZIP + 4	G	Gross rece	ipts \$ 536,099
	Amended return		LEWES DE 19958			
$\overline{\Box}$	Application pend	fing F Name	and address of principal officer	Н	(a) Is this	a group return for
' ليبيا	*	JA	CK LESHER	١	affiliate	
		P	O BOX 413	"	(b) Are all include	affiliates Yes No
			WES DE 19958		If "No,	attach a list (see instructions)
<u></u>	Tax-exempt:	status X	501(c) (3) ◄ (insert no) 4947(a)(1) or 527			
	Website: 🕨		OVERFALLS . ORG	<u> </u>	(c) Group	exemption number
K	Type of organiz	zation X Coi	poration Trust Association Other ► L Year of formation			M State of legal domicile DE
<u>P</u>	art I	Summa	y			
		•	ne organization's mission or most significant activities			
Φ	SI	ee schei	DULE O			
auc						
Activities & Governance						
Š	2 Chec	ck this box 🕨	\cdot \bigsqcup if the organization discontinued its operations or disposed of more than 25% of its net as	sets		
್ರ ≕≪ಶ	3 Num	ber of voting	members of the governing body (Part VI, line 1a)		3	
	4 Num	ber of indep	endent voting members of the governing body (Part VI, line 1b)		4	0
ا <u>چ</u> تر <u>ج</u> ر	5 Total	I number of e	employees (Part V, line 2a)		5	0
್ಕಾಶ್ಡ_	6 Total	I number of v	olunteers (estimate if necessary)		_6	75
	7a Total	l g <u>ross u</u> nrel	ated business revenue from Part VIII, column (C), line 12		7a	
7	b Netu	unrelated bu	siness taxable income from Form 990-T, line 34		7b	0
=				Year	F03	Current Year
<u></u>	8 Cont	ributions and			583	531,897
ᄩ	1	() ·	revenue (Rart VIII, line, 2g)		790	4 000
爲		h á	ne (Part VIII, column (A), lines 3, 4, and 7d)		,232	4,202
₹		1	art.VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		031	F2C 000
SCANNED			and lines 8-through-11-(must equal Part VIII, column (A), line 12) ar amounts paid (Part IX, column (A), lines 1–3)	164,	, 636	536,099
00						
			or for members (Part IX, column (A), line 4)			
98			ompensation, employee benefits (Part IX, column (A), lines 5–10)			
penses			Iraising fees (Part IX, column (A), line 11e)			
Exp	!	•	expenses (Part IX, column (D), line 25) 19,471	122	E 20	310,421
_	1	•			539	
		-			539	310,421
F 85	19 Reve	nue less ex	penses Subtract line 18 from line 12 Beginning o		097 t Year	225,678 End of Year
ets c	20 Total	l assets (Par			094	1,382,301
Ass	21 Total		art X, line 26)		000	70,000
Net Assets or Fund Balances	22 Net a	•			094	1,312,301
P	art II	Signatu				<u> </u>
			····	and to t	the best o	f my knowledge
		and belief, it	ues of perjury, I declare that I have examined this return, including accompanying schedules and statements, is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which	prepar	er has an	knowledge
Sig	ın İ	\ /	With to the		106	-11-10
Hei	· I	Signatu	re of officer		Date	
			JACK R LESHER TREASURETR			
		Type or	print name and title			
		Dranessia	Date Ch	eck if		Preparer's identifying number
Pai	l l	Preparer's signature	See Maria See See See See See See See See See Se			(see instructions) P00893160
	parer's		RAYMOND F BOOK & ASSOCIATES PA	picyed		51-0345018
Us	e Only	Firm's name	(or yours	\dashv	EIN	21 0343010
		if self-employ address, and	,,		Phone	302-734-5826
May	the IRS dis		turn with the preparer shown above? (see instructions)		no P	Yes No
			(occinionational)			165 NO

		I'HE OVERFALLS MAN		104500	Page 2
1		be the organization's mission	ice Accomplishments		
3	the pnor Form If "Yes," descr Did the organi services? If "Yes," descr Describe the e Section 501(c	n 990 or 990-EZ? The these new services on Sched Ization cease conducting, or make The these changes on Schedule Ce Exempt purpose achievements for Exempt 501(c)(4) organizations a	e significant changes in how it conducts, any program	n rvices by expenses	Yes X No
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$	
4h	(Code) (Expenses \$	including grants of \$) (Revenue \$	
	, (0000) (Expenses •) (Nevenue p	
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$	•
4d	Other program	n services (Describe in Schedule	0)		

285,945 including grants of \$

spenses ▶ 285,945 (Expenses \$

4e Total program service expenses ▶

) (Revenue \$

	m 990 (2009) THE OVERFALLS MARITIME MUSEUM FOUND 51-0404500			Р	age
<u> </u>	art IV Checklist of Required Schedules		1		Г
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	Г		Yes	No
•	complete Schedule A		1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	-	2		x
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	<u> </u>			
•	candidates for public office? If "Yes," complete Schedule C, Part I		3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete		-		
•	Schedule C. Part II		4		x
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	<u> </u>	-		
-	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	Ì	5		İ
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have		Ť		
-	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"				
	complete Schedule D, Part I		6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>	•		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<u> </u>	•		
	complete Schedule D, Part III		8		x
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part		Ť		
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"				
	complete Schedule D, Part IV		9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or				
	quasi-endowments? If "Yes," complete Schedule D, Part V		10		х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,				
	VII, VIII, IX, or X as applicable		11	х	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete				
	Schedule D, Part VI				
•	Did the organization report an amount for investments—other secunties in Part X, line 12 that is 5% or more				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		1		
•	▶ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	İ			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			İ	
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		ĺ		
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	İ			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses				
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			İ	
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				
	Schedule D, Parts XI, XII, and XIII	. 🗔	12		X

12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional

- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
 - b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I
- Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 organization or entity located outside the United States? If "Yes," complete Schedule F, Part II
- Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 to individuals located outside the United States? If "Yes," complete Schedule F, Part III
- Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I
- Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H

_		
Form	990	(2009)

X

Yes

12A

No

X

13

14a

14b

15

16

17

18

19

20

X

X

X

X

Form 990 (2009) THE OVERFALLS MARITIME MUSEUM FOUND 51-0404500

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 19 if "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			ı
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		<u> </u>
р	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			77
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization 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			37
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			v
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?	27		x
20	If "Yes," complete Schedule L, Part III	21		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	20a		
U	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	200		
Ŭ	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	i	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	1	1	
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		}	
	Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38		<u> </u>

Form 990 (2009) THE OVERFALLS MARITIME MUSEUM FOUND 51-0404500 Statements Regarding Other IRS Filings and Tax Compliance Yes No Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 1a 0 U.S. Information Returns Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 0 Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? X За If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3ь 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 X account)? 4a 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 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с 7d | If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part V[II, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter 11 а Gross income from members or shareholders 11a

Gross income from other sources (Do not net amounts due or paid to other sources against

If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

12a

11b

amounts due or received from them)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 1b 0	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customanly performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body? .	7a		X
þ	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
a	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	Ì		
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
	ction B. Policies (This Section B requests information about policies not required by the Internal			
Rev	venue Code.)			
40-	Does the commentary have been been been been been for a CCL to O		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		<u> </u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
11	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		—
••	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	۱.,	x	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990	11		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	124		
-	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	-125		
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by	<u> </u>		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		-	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
40	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
20	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
T.F	organization > JACK LESHER THE OVERFALLS MUSEUM EWES DE 19958			
	EWES DE 19958			

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Form 990 (2009)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization (A)	(B)			(0	C)	hat a	(D)	(E)	(F)
Name and Title	Average hours per week	6 Individual trustee		Officer		Highest compensated employee	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
DAVE BERNHEISEL PRESIDENT							0	0	0
TRACY MULVENY		+-	-	┢	-		 	<u> </u>	
V. PRESIDENT							o	0.	0
MARY ANN MALEWSKI		T							
SECRETARY							0	0	0
JACK LESHER									
TREASURER			<u> </u>			<u> </u>	 0	0	0
BOB HUMES		1							
BD/PAST PRES.		├-	_	<u> </u>		\vdash	 0	0	0
MADELINE LEWIS BOARD		Į					o	0	0
JOE STORMER		\vdash				\vdash			
BOARD				İ			o	0	0
JOHN KYRITSIS									
BOARD		<u> </u>					 0	0	0
JOAN READER BOARD							0	0	0
BOB GIBSON BOARD							0	0	0
PRES LEE		}	ļ						
BOARD_	•	-					0	0	0
	·	-							
								,	

<u>Pa</u>	rt VII _ Section A. Officers,	Directors, Trus	tees	, Ke	y Em	рю	ees,	anc	Highest Compensated E	mployees (continued)				
	(A) Name and Title	(B) Average hours per		_	chec		hat ap		(D) Reportable compensation	(E) Reportable compensation		(F) stima moun		
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	com f org an	othe	r ation he ition ited	
			-											
		.		ļ 		<u> </u>								
		-												
						<u> </u>								
			1										-	
				_										
									·			_	•	
_1b	Total							>						
2	Total number of individuals (inc	duding but not fim	nted	to th	ose	liste	d abo	ve)	who received more than \$1	00,000 ın				
	reportable compensation from	the organization I	<u> </u>	0										
											_	_	Yes	No
3	Did the organization list any for employee on line 1a? If "Yes," of For any individual listed on line	complete Schedu	le J	for si	uch i	ndıvı	dual	_	-	_	_	3		x
4	the organization and related organization	ganizations great	er th	an \$	150,0	000?	If "Y	es,"	complete Schedule J for su	ich	_	4		x
5	Did any person listed on line 1a services rendered to the organi tion B. Independent Contractor	zation? If "Yes," o										5		X
1	Complete this table for your five compensation from the organiz	e highest comper	sate	d inc	lepe	nder	nt cor	ntrac	tors that received more that	n \$100,000 of				
	Name and	(A) business address							Descrip	(B) tion of services		Cor	(C) npensat	ion
	·													
		<u> </u>	-					_						
		·			-			<u> </u>						
		<u> </u>												
2	Total number of independent comore than \$100,000 in compen						to th	ose	listed above) who received					
<u></u>	a.a wroo,ood in compen	nom uic v	- <u>9</u> ui								———		000	

Part VIII Statement of Revenue (A) (B) Related or (D) Revenue excluded from tax (C) Total revenue Unrelated exempt business under sections 512, 513, or 514 function revenue revenue 1a Federated campaigns 1a 15,530 b Membership dues 1b c Fundraising events 1c 19,088 d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 497,279 **4**f g Noncash contributions included in lines 1a-1f 531,897 h Total. Add lines 1a-1f Program Service Revenue Busn. Code 2a b C d f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 4,202 other similar amounts) 4,202 Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6a Gross Rents **b** Less rental exps c Rental inc or (loss) Net rental income or (loss) Gross amount from (i) Securities (II) Other sales of assets other than inventor **b** Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events \blacktriangleright 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities \triangleright 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a b All other revenue Total. Add lines 11a-11d ▶ 536,099 4,202 Total Revenue. See instructions 0 0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
_7b	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	 -		 	
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal Accounting	3,250	3,250		
d	·	3,230	3,230		
u 8	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	16,899	11,894	5,005	
12	Advertising and promotion	6,266	6,266		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	3,848	3,848		
17	Travel	55	55		<u> </u>
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	0.247	0.247		
22	Depreciation, depletion, and amortization	9,347	9,347		
23	Insurance	4,825	4,825		
24	Other expenses Itemize expenses not				
-7	covered above (Expenses grouped together		1		
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	OUTSIDE CONTRACTORS	224,166	224,166		
b	MATERIALS AND SUPPLIES	23,355	3,884		19,471
С	PAINTING AND OTHER	11,155	11,155		
d	PRINTING AND COPYING	2,813	2,813		
0	POSTAGE	1,556	1,556		
f	All other expenses	2,886	2,886		
25	Total functional expenses. Add lines 1 through 24f	310,421	285,945	5,005	19,471
26	Joint costs. Check here ▶ if following SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
DAA	fundraising solicitation				Form 990 (2009)
					1 01(11 2 2 2 (2003)

	•				(A)		(B)
		·			Beginning of year		End of year
- }	1	Cash—non-interest bearing			316,627	1	70,647
	2	Savings and temporary cash investments				2	456,545
	3	Pledges and grants receivable, net				3	·
	4	Accounts receivable, net				4	
- (5	Receivables from current and former officers, directors, tru		·			
		employees, and highest compensated employees. Comple	ete Par	t li of			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined un	nder se	ection			
- {		4958(f)(1)) and persons described in section 4958(c)(3)(B) Com	plete			
ر س		Part II of Schedule L				6	
Assets	7	Notes and loans receivable, net				7	
\$\$	8	Inventories for sale or use			2,811	8	1,990
~	9	Prepaid expenses and deferred charges	r	1		9	
ı	10a	Land, buildings, and equipment cost or					
		other basis Complete Part VI of Schedule D	10a	834,557			
	þ	Less accumulated depreciation	10b	11,864	517,232		822,693
	11	Investments—publicly traded securities			17,424	11	30,426
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	<u> </u>
]	14	Intangible assets			14		
- 1	15	Other assets See Part IV, line 11			15		
	<u> 16</u>	Total assets. Add lines 1 through 15 (must equal line 34)			854,094	16	1,382,301
	17	Accounts payable and accrued expenses		17			
- 1	18	Grants payable			18		
- 1	19	Deferred revenue			 	19	
- [:	20	Tax-exempt bond liabilities				_20	
es	21	Escrow or custodial account liability Complete Part IV of S	Schedu	le D		21	
Liabilities	22	Payables to current and former officers, directors, trustees	, key				
<u>a</u>		employees, highest compensated employees, and disqual	ıfied				
تَــــــــــــــــــــــــــــــــــــ		persons Complete Part II of Schedule L				22	
:	23	Secured mortgages and notes payable to unrelated third p				23	
- [:	24	Unsecured notes and loans payable to unrelated third part	ies		80,000	24	70,000
	25	Other liabilities Complete Part X of Schedule D				25	
	<u> 26</u>	Total liabilities. Add lines 17 through 25	1		80,000	26	70,000
es		Organizations that follow SFAS 117, check here ▶	and				
2		complete lines 27 through 29, and lines 33 and 34.					
<u>a</u>	27	Unrestricted net assets				27	·
<u> </u>	28	Temporanly restricted net assets				28	
[일	29	Permanently restricted net assets	. 12	=		29	
표		Organizations that do not follow SFAS 117, check here	• • [2	<u>S</u>]			
5		and complete lines 30 through 34.					
ts	30	Capital stock or trust principal, or current funds			10,680		10,787
SSE	31	Paid-in or capital surplus, or land, building, or equipment for			517,232	31	822,691
۲ ع	32	Retained earnings, endowment, accumulated income, or o	ther fu	nds	246,182		478,823
	33	Total net assets or fund balances			774,094		1,312,301
<u> </u>	34	Total liabilities and net assets/fund balances			854,094	34	1,382,301

Form **990** (2009)

the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

orm	990 (2009) THE OVERFALLS MARITIME MUSEUM FOUND 51-0404500		Pa	ge 12
Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other	_		
	If the organization changed its method of accounting from a pnor year or checked "Other," explain in		į	
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			

Form **990** (2009)

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

THE OVERFALLS MARITIME MUSEUM FOUND

Employer identification number 51-0404500

P	art I	Reas	on for Public Charity	Status (All organizations	must c	omplete	e this p	oart.) S	See in:	struction	ons.		_
The	orgai	nization is not	a private foundation because	eit is (For lines 1 through 11, che	eck only o	ne box)							
1		A church, co	nvention of churches, or asso	ociation of churches described in	section 1	I70(b)(1)(A)(i).						
2	\Box		cribed in section 170(b)(1)(A										
3				e organization described in secti	on 170(b)(1)(A)(iii)	١.						
4	П			in conjunction with a hospital de)(A)(iii).	Enter t	he hospi	tal's name.		
		city, and state		,				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,		
5	\Box			f a college or university owned or	onerated	l hv a gov	ernment:	al unit de	ecnher	Lin			
-	ш		(b)(1)(A)(iv). (Complete Part	-	ороганов	o, a gov		ar armi at	.3011000				
6		•		overnmental unit described in sec	tion 170	/h)/4\/A\/s	۸						
7	X			ubstantial part of its support from				m tha aa		مباط			
•					i a goveri	iiiieiiiai ui	iit Oi ii Oi	ii ale ge	nerai pi	JUIC			
			section 170(b)(1)(A)(vi). (Cd										
8 9	\vdash			70(b)(1)(A)(vi). (Complete Part II									
9	Ш) more than 33 1/3 % of its suppo				•	-	•			
				pt functions—subject to certain e	•	. ,							
			=	d unrelated business taxable inco	•		11 tax) fi	rom bus	inesses				
			•	, 1975 See section 509(a)(2). (•	,							
10				xclusively to test for public safety		-							
11	Ш			xclusively for the benefit of, to pe									
				d organizations described in sec						tion			
			_	ie type of supporting organization			s 11e thr	ough 11	h				
		a Type	··	c Type III–Functiona			d		e III-Ot	her			
0				inization is not controlled directly									
				and other than one or more public	cly suppor	ted organ	izations	describe	ed in se	ction			
			section 509(a)(2)										
f				mination from the IRS that it is a	Type I, Ty	pe II, or T	Type III s	upportin	g				
		_	check this box										
g				on accepted any gift or contributi	on from a	ny of the							
		following per	rsons?										
			· · · · · · · · · · · · · · · · · · ·	ntrols, either alone or together wi	th persons	s describe	ed in (ii)					Yes	No
		and (III) I	below, the governing body of	the supported organization?							11g(ı)		
		(ii) A family	member of a person describe	ed in (i) above?							11g(ii)	!	
			controlled entity of a person de	** **							11g(ni)		L
<u>h</u>		Provide the f	following information about the	e supported organization(s)									
(i)		of supported	(ii) EIN	(iii) Type of organization		organization		ou notify		ls the	(vii) Am	ount of	
	orga	anization		(described on lines 1–9 above or IRC section	1 ''	sted in your document?		nization in of your	organizat	on in col	supp	ort	
				(see instructions))	governing	document.		port?		S?			
					Yes	No	Yes	No	Yes	No			
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5478	1				,		
_						0404500	Page 2
P	art II Support Schedule for Org)(A)(iv) and 17	'0(b)(1)(A)(vi)	
	(Complete only if you che	cked the box or	1 line 5, 7, or 8	of Part I.)			<u> </u>
	ction 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 any "unusual grants")	95,532	102,278	141,396	141,583	531,897	1,012,686
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	95,532	102,278	141,396	141,583	531,897	1,012,686
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						1,012,686
	ction B. Total Support						
Ca	alendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	95,532	102,278	141,396	141,583	531,897	1,012,686
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	694	1,531	2,341	8,232	4,203	17,001
9	Net income from unrelated business activities, whether or not the business is regularly carried on					0	
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						1,029,687
12	Gross receipts from related activities, etc. (s.	ee instructions)				12	4,202
13	First five years. If the Form 990 is for the or	ganization's first, se	cond. 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	98.35%
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	97.75%
16a	33 1/3 % support test—2009. 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—2008. 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—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

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

Schedule A (Form 990 or 990-EZ) 2009

5478 Schedule A (Form 990 or 990-EZ) 2009 THE OVERFALLS MARITIME MUSEUM FOUND 51-0404500 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 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 include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public support (Subtract line 7c from Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 6 Gross income from interest, dividends, 10a payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on 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) 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 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % Public support percentage from 2008 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 33 1/3 % support tests—2009. 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—2008. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20

Schedule A (Form 990 or 990-EZ) 2009 THE OVERFALLS MARITIME MUSEUM FOUND 51-0404500

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10;

Page 4

Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,

OMB No 1545-0047 Open to Public

Part IV, line 6, 7, 8, 9, 10, 11, or 12. Department of the Treasury Internal Revenue Service ▶ Attach to Form 990. ▶ See separate instructions. Inspection Name of the organization Employer identification number THE OVERFALLS MARITIME MUSEUM FOUND 51-0404500

Pa	Irt I Organizations Maintaining Donor Advised I the organization answered "Yes" to Form 990	Funds or Other Similar Funds or Acc 0, Part IV, line 6.	ounts. Complete if
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing the	hat the assets held in donor advised	
	funds are the organization's property, subject to the organization's ex	clusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors	in writing that grant funds can be	
	used only for chantable purposes and not for the benefit of the donor	r or donor advisor, or for any other	
	purpose conferring impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the o	organization answered "Yes" to Form 9	90, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (chec	ck all that apply)	
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically importa	ant land area
	Protection of natural habitat	Preservation of certified historic struc	cture
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified cons	servation contribution in the form of a conservation	1
	easement on the last day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure in	ncluded in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/1	17/06	2d
3	Number of conservation easements modified, transferred, released,	extinguished, or terminated by the organization du	ning
	the taxable year		
4	Number of states where property subject to conservation easement is	is located	
5	Does the organization have a written policy regarding the periodic mo	onitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enfo	orcing conservation easements during the year	
	>		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing	g conservation easements during the year	
	> \$		
8	Does each conservation easement reported on line 2(d) above satisfy	fy the requirements of section	
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?		Yes No
9	in Part XIV, describe how the organization reports conservation ease		
	balance sheet, and include, if applicable, the text of the footnote to the	ne organization's financial statements that describe	es
	the organization's accounting for conservation easements		
Pa —	rt III Organizations Maintaining Collections of A Complete if the organization answered "Yes"		nilar Assets.
1a	If the organization elected, as permitted under SFAS 116, not to repo	ort in its revenue statement and balance sheet wor	ks of
	art, historical treasures, or other similar assets held for public exhibiting	ion, education, or research in furtherance of public	service,
	provide, in Part XIV, the text of the footnote to its financial statements	s that describes these items	
p	If the organization elected, as permitted under SFAS 116, to report in	n its revenue statement and balance sheet works o	of art,
	historical treasures, or other similar assets held for public exhibition, of	education, or research in furtherance of public ser	vice,
	provide the following amounts relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		▶ \$ ▶ \$
2	If the organization received or held works of art, historical treasures, of	or other similar assets for financial gain, provide th	ne
	following amounts required to be reported under SFAS 116 relating to	o these items	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		▶ \$

Sche	dule D (Form 990) 2009 THE OVERFA	LLS MARITIME	MUSEUM FO	DUND	51-04	<u>04500 </u>			Page 2
Pa	art III Organizations Maintaining C	Collections of Art,	Historical Treas	sures, o	r Other S	Similar As	sets (continue	1)
3	Using the organization's acquisition, accession, collection items (check all that apply)	and other records, check	any of the following	that are a	significant i	use of its			
а	Public exhibition	d Loan	or exchange program	าร					
b	Scholarly research	e Other	• • •						
С	Preservation for future generations	_					_		
4	Provide a description of the organization's collect	tions and explain how th	ey further the organiz	ation's ex	empt purpo	se in			
5	During the year, did the organization solicit or re- assets to be sold to raise funds rather than to be				lar			Yes	No
D:	art IV Escrow and Custodial Arrar				swered "	Yes" to Fo	rm 99		1 110
	IV, line 9, or reported an amo	-	•	ation an	3110.00	103 101 1	00	o, r art	
10	Is the organization an agent, trustee, custodian of			accete no	nt		-		
IG	included on Form 990, Part X?	or other intermediary for	contributions or other	233613110	<i>,</i>			Yes	No
_	If "Yes," explain the arrangement in Part XIV and	d complete the following	table						
D	It res, explain the arrangement in Fart Aiv and	complete the following	lable					Amount	
	D. sussuan halanan					4-		Amount	
C						1c			
d	Additions during the year					1d			
6	Distributions during the year					1e			
f	Ending balance					1f		r	
	Did the organization include an amount on Form	990, Part X, line 21?						Yes	No
	If "Yes," explain the arrangement in Part XIV								
Pa	art V Endowment Funds. Comple	te if organization a	nswered "Yes" to	o Form	<u>990, Parl</u>	IV, line 1	0.		
		(a) Current year	(b) Prior year	(c) Two	years back	(d) Three yes	ars back	(e) Four ye	ars back
1a	Beginning of year balance						_		
b	Contributions								
С	Net investment earnings, gains,		·						
	and losses	İ							
d	Grants or scholarships								-,-
	Other expenditures for facilities								
Ŭ	and programs								
	Administrative expenses			 			_		· ··
				+			_		-
g	,			<u> </u>				L	
2	Provide the estimated percentage of the year en								
	Board designated or quasi-endowment	[%]							
	Permanent endowment > %								
	Term endowment ▶ %								
за	Are there endowment funds not in the possession	on of the organization tha	t are held and admini	istered for	the			<u> </u>	
	organization by								es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(II), are the related organizations lis							3b	
4									
Pa	art VI Investments—Land, Buildin	gs, and Equipmen			K, line 10	·			
	Description of investment	(a) Cost or other basis	(b) Cost or ot	her	(c) Acc	umulated	ł	(d) Book val	ue
		(investment)	basis (other		depr	eciation			
1a	Land		300	,000				300	,000
b	Buildings								
	Leasehold improvements								
	Equipment								
	Other		534	,557		11,86	4	522	, 693
	I. Add lines 1a through 1e (Column (d) must equa	al Form 990, Part X. colu					_		, 693

Schedule D (Form 990) 2009 · THE OVERFALLS MARITIME	MUSEUM FOUND	51-0404500	Page 3
Part VII Investments—Other Securities. See Form 990	, Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of valuation	
(including name of security)		Cost or end-of-year market value	
Financial denvatives			
Closely-held equity interests			
Other			
			
			_
	<u> </u>		
	"		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See Form 990	, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of valuation	
		Cost or end-of-year market value	
			
			· · · · · · · · · · · · · · · · · · ·
			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13)			
Part IX Other Assets. See Form 990, Part X, line 15.	 		_
(a) Description		(b) Book	value
			
			
	_		
			
			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		•	
Part X Other Liabilities. See Form 990, Part X, line 25			
(a) Description of liability	(b) Amount		
Federal income taxes			
			
·			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)			
2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organiza	ation's financial statements th	nat reports the	
organization's liability for uncertain tax positions under FIN 48	The state of the s		

	dule D (Form 990) 2009 THE OVERFALLS MARITIME MUSEUM				Page 4								
Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements													
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1									
2	Total expenses (Form 990, Part IX, column (A), line 25)		2										
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	·									
4	Net unrealized gains (losses) on investments		4	··									
5	Donated services and use of facilities		5										
6	Investment expenses		6										
7	Pnor period adjustments		7										
8	Other (Describe in Part XIV)			8									
9	Total adjustments (net) Add lines 4 through 8			9									
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10									
Pa	rt XII Reconciliation of Revenue per Audited Financial Statemen	ts W	ith Revenue per Ret										
1	Total revenue, gains, and other support per audited financial statements												
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1	1										
а	Net unrealized gains on investments	_2a	<u> </u>	-									
þ	Donated services and use of facilities	_2b		4									
C	Recoveries of prior year grants	_2c		1									
d	Other (Describe in Part XIV)	_2d	L	↓									
0	Add lines 2a through 2d			2e									
3	Subtract line 2e from line 1	1	(3									
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:												
а	Investment expenses not included on Form 990, Part VIII, line 7b	_4a		. I									
b	Other (Describe in Part XIV)	_4b	<u> </u>										
С	Add lines 4a and 4b			4c									
5	5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)												
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stateme	nts V	<u>Vith Expenses per F</u>	eturn	<u> </u>								
1	Total expenses and losses per audited financial statements			1									
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		1										
а	Donated services and use of facilities	2a		. I									
b	Prior year adjustments	2b		↓ ∤									
С	Other losses	2c		1 1									
d	Other (Describe in Part XIV)	_2d	<u> </u>	.									
9	Add lines 2a through 2d			2e									
3	Subtract line 2e from line 1	1	(3									
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1											
а	Investment expenses not included on Form 990, Part VIII, line 7b	<u>4a</u>		↓									
þ	Other (Describe in Part XIV)	4b	<u> </u>	1 1									
С	Add lines 4a and 4b			4c									
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5									
	rt XIV Supplemental Information		· · · · · · · · · · · · · · · · · · ·										
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines		•										
	b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2	2d and	14b Also complete										
this p	art to provide any additional information												
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Sched	ule () (Fo	rm 9	90)	2009		THE	: <u>o</u>	VE	RF	TI	<u>.S</u>	MA	RI	rim	E.	MU:	SEU	M	FO	UNI);	51-	04	04	<u>50</u>	0						Page 5
Sched	tΧ	ΙV	Sı	ıppi	eme	enta	<u>ll Inf</u>	orm	nati	on (cor	ıtinu	ied)																			
																																	
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	_	-	_	_	_			-	-		_						_	_	_	_		· —	_	_		_	_	_	_	_			

Total

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding
Fundraising or Gaming Activities
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.

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

OMB No 1545-0047

Open To Public Inspection

Internal	Revenue Service	Attach	to Form 990 or Form 9	90-EZ.	► Se	e separate instructions.		Inspection
Name of	the organization	E OVERFALLS MARI	TIME MUSE	UM	FOU	ND	Employer identifi 51-04045	
Part	Fundraisi	ing Activities. Complete if	the organizati	ion ar	nswe			
	<u>Form 990</u>	-EZ filers are not required						
1 1	ndicate whether the or	ganization raised funds through ar	ny of the following	activitie	s Ch	eck all that apply		
a	Mail solicitations		e Solicitation	of nor	1-gove	ernment grants		
b [Internet and email:	solicitations	f Solicitation	of gov	/emm	ent grants		
c	Phone solicitations		g U Special fur	ndraisir	ng eve	ents		
d L	In-person solicitation	ons						
		ive a written or oral agreement wit d in Form 990, Part VII) or entity in						Yes No
		nest paid individuals or entities (fur east \$5,000 by the organization	ndraisers) pursuan	t to agi	reeme	ents under which the fui	ndraiser is	
	• • •	e of individual v (fundraiser)	(ii) Activity	raisei custo conti	d fund- r have ody or rol of outions?	(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			
				 	_			-
								
					<u> </u>			
·								
				+				
			1	1	۱ '		Ï	i

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

Page 2

P	art I				nization answered					orted	j
		more than \$10		Event #1	(b) Event #2		(c) Other events		<u> </u>		
			990PTV	TTT1C			NONE		(d) Total ((add col (a		ah
				nt type)	(event type)		(total number)		col (,,,
Revenue											
Reve	1	Gross receipts		19,088						19,	088
	2	Less Charitable contributions		19,088					•	19,0	088
	3	Gross revenue (line 1		·					· · · · · · · · · · · · · · · · · · ·		
		minus line 2)									
	4	Cash prizes				İ					
		r									
	5	Noncash prizes									
S	6	Rent/facility costs						1			
seus		-									
Ë	7	Food and beverages									
Direct Expenses	8	Entertainment									
	9	Other direct expenses			L						
	10	Direct expense summary	Add lines 4 thre	ough 9 in column (d)			▶ (_			
_	11 art I	Net income summary Co			o wered "Yes" to Fo	000 F	2 mt 1) / lime 40 -	•	- d		
	art i	than \$15,000 c			swered tes lord	omi 990, F	rantiv, line 19, c	report	ea more		
- <u>—</u>				Bingo	(b) Pull tabs/inst	1	(c) Other gaming		(d) Total gan		
Revenue					bingo/progressive	bingo			col (a) throu	gh col ((c))
<u>~</u>	1	Gross revenue									
ses	2	Cash prizes									
Expenses	3	Noncash prizes									
Direct E						İ					
چ	4	Rent/facility costs	<u> </u>								
	5	Other direct expenses									
	_ ا	Voluntaer Johan	Yes	%	Yes	%	Yes	%			
	6	Volunteer labor	No		No	l.	No				
	7	Direct expense summary	Add lines 2 thro	ough 5 in column (d)			▶ <u> </u>			
	8	Net gaming income sumr	nary Combine l	ine 1, column d, and	d line 7			•			
_	-	<u> </u>								Yes	No
9		ter the state(s) in which the	-								
a b		he organization licensed to No," Explain	operate gaming	g activities in each o	or these states?				9a_		
		, F									
10a	10/6	ore any of the organization'	a aamina lisana	oo royakad ayanan	dod or town atod divin	a the tou use	-2		405		
b		ere any of the organization' Yes," Explain	s garning noense	es revokeu, susperi	ded or terminated dumin	ig the tax yea	,		10a		ļ
									1 1		ļ
11	Do	es the organization operate	e damino activiti	es with nonmember	·s?				11		
12		he organization a grantor,				ip or other en	ntity				
	for	med to administer charitab	le gaming?						12		

Sche	edule G (Form 990 or 990-EZ) 2009 THE OVERFALLS MARITIME MUSEUM FOUND 51-040450	0	F	age
			Yes	No
13	Indicate the percentage of gaming activity operated in			
а	The organization's facility 13a %			
b	An outside facility 13b %			
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ►	İ		
	Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming			
	revenue?	15a		l
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the			
	amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party			
	Name ►			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			

Is the organization required under state law to make charitable distributions from the gaming proceeds to

Enter the amount of distributions required under state law distributed to other exempt organizations or spent

Schedule G (Form 990 or 990-EZ) 2009

17a

17

Mandatory distributions

retain the state gaming license?

in the organization's own exempt activities during the tax year ▶

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

OMB No 1545-0047
2009
Open to Public

Inspection

Name of the organization

THE OVERFALLS MARITIME MUSEUM FOUND

Employer identification number

51-0404500

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

THE FOUNDATION SEEKS TO OBTAIN, RESTORE AND PRESERVE

ARTICLES OF MARITIME HISTORICAL SIGNIFICANCE IN THE

DELAWARE BAY REGION AND EDUCATE THE PUBLIC ABOUT THEIR

SIGNIFICANCE.THE MISSION OF THE OVERFALLS MARITIME MUSEUM FOUNDATION IS TO COLLECT,

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS
THE FOUNDATION SEEKS TO OBTAIN, RESTORE AND PRESERVE
ARTICLES OF MARITIME HISTORICAL SIGNIFICANCE IN THE
DELAWARE BAY REGION AND EDUCATE THE PUBLIC ABOUT THEIR
SIGNIFICANCE.

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return

Internal Revenue Service Name(s) shown on return

THE OVERFALLS MARITIME MUSEUM FOUND

Identifying number

51-0404500 Business or activity to which this form relates INDIRECT DEPRECIATION Election To Expense Certain Property Under Section 179 Part I Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount. See the instructions for a higher limit for certain businesses. 250,000 1 1 2 Total cost of section 179 property placed in service (see instructions) 2 800,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 Listed property. Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 8 Tentative deduction Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 13 13 Note: Do not use Part II or Part III below for listed property Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.) Part II Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 15 Property subject to section 168(f)(1) election 15 9,285 Other depreciation (including ACRS) 16 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Part III 62 17 MACRS deductions for assets placed in service in tax years beginning before 2009 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use (e) Convention (f) Method (q) Depreciation deduction placed in period service only-see instructions) 19a 3-year property b 5-year property 7-year property d 10-year property 15-year property 20-year property 25-year property 25 yrs S/L S/L Residential rental 27 5 yrs MM property 27 5 yrs MM S/L MM Nonresidential real S/L 39 yrs property MM S/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life 12-year b 12 yrs S/L 40-year ММ S/L 40 yrs C Summary (See instructions.) Part IV 21 Listed property Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 9,347 and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs