



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 Tax**

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)**

**2009**

▶ 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.

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A For the 2009 calendar year, or tax year beginning** 2009, **and ending** 20

<p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p><b>C Name of organization, number and street, city, town, state, and ZIP code</b></p> <p>LONDON MUSEUM</p> <p>PO BOX 477</p> <p>NEW LONDON TX 75682</p>	<p><b>D Employer identification number</b></p> <p>75-2467715</p>	<p><b>E Telephone number</b></p> <p>903-895-4602</p>	<p><b>F Group Exemption Number</b> ▶</p>
--	--	--	--	--	--

• **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:** ▶ \_\_\_\_\_

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

**K Check**  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

A 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. **\$** 137,058.

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

<b>Revenue</b>	1	Contributions, gifts, grants, and similar amounts received	1	40,788.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	431.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost of basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	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 \$ reported on line 1) of contributions	6a	210.
b	Less: direct expenses other than fundraising expenses	6b	210.	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a	95,629.	
b	Less: cost of goods sold	7b	71,887.	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	23,742.	
8	Other revenue (describe ▶ _____)	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	64,961.	
<b>Expenses</b>	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	16,872.
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	13,330.
	15	Printing, publications, postage, and shipping	15	9,632.
	16	Other expenses (describe ▶ SEE STMT)	16	10,348.
	17	<b>Total expenses.</b> Add lines 10 through 16	17	50,182.
<b>Net Assets</b>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	14,779.
	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	136,861.
	20	Other changes in net assets or fund balances (attach explanation)	20	9,303.
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	160,943.

**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		132,362.	22	156,444.
23 Land and buildings		4,499.	23	4,499.
24 Other assets (describe ▶ _____)			24	
25 <b>Total assets</b>		136,861.	25	160,943.
26 <b>Total liabilities</b> (describe ▶ _____)			26	
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)		136,861.	27	160,943.

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

SCANNED MAY 19 2010

G7 22

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III)		Expenses
What is the organization's primary exempt purpose? <u>1937 NEW LONDON TX DISASTER</u>		(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)
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		
<b>28</b>	CONTINUED RENOVATIONS OF RESEARCH ROOM, EXHIBIT SPACE, & VIDEO ROOM AND DISPLAY OF ARTICLES FROM BEFORE & AFTER THE EXPLOSION	
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b> 50,182.
<b>29</b>		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>
<b>30</b>		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>
<b>31</b>	Other program services (attach schedule)	
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
<b>32</b>	<b>Total program service expenses</b> (add lines 28a through 31a)	<b>32</b> 50,182.

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated (See instructions for Part IV)				
(a) Name and address	(b) Title & average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred comp	(e) Expense account and other allowances
BESSIE ARNOLD	DIRECTOR			
1605 BRAND TYLER TX 75703	2	0		
LAVERNE CLIFTON	DIRECTOR			
PO BOX 242 NEW LONDON TX 75682	2	0		
JOANN CLINKSCALES	DIRECTOR			
PO BOX 125 NEW LONDON TX 75682	2	0		
JON DAVIDSON	DIRECTOR			
PO BOX 157 NEW LONDON TX 75682	2	0		
TOMMY FIELDS	DIRECTOR			
PO BOX 3 NEW LONDON TX 75682	2	0		
VICKI GEARHARDT	DIRECTOR			
PO BOX 426 NEW LONDON TX 75682	2	0		
ANNA GOODWIN	DIRECTOR			
PO BOX 84 NEW LONDON TX 75682	2	0		
BERTA HACKNEY	DIRECTOR			
210 WEST 7 HUBBARD TX 76648	2	0		
KIT MCCONNICO	DIRECTOR			
1005 INWOO LONGVIEW TX 75602	2	0		
TR MILLS	DIRECTOR			
614 CR 477 WINNSBORO TX 75494	2	0		
BOBBIE KATE MEYERS	DIRECTOR			
2699 CR 10 OVERTON TX 75684	2	0		
FRED PARSONS	DIRECTOR			
125 SOUTH BULLARD TX 75757	2	0		
CHARLES RICHARDSON	DIRECTOR			
RT 1 BOX 8 OVERTON TX 75684	2	0		
DANNY OLLER	DIRECTOR			
215 RICHA GLADEWATER TX 75647	2	0		
BARBARA SMART	DIRECTOR			
6707 HOLLY TYLER TX 75707	2	0		
MILES TOLER	DIRECTOR			
4223 LAZY TYLER TX 75707	2	0		
BILL UTSMAN	DIRECTOR			
1410 DARTM LONGVIEW TX 75601	2	0		
MOLLIE WARD	DIRECTOR			
PO BOX 334 NEW LONDON TX 75682	2	0		

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0
b Did the organization file Form 1120-POL for this year?	37b	
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed		
42a The organization's books are in care of MILES TOLAR Telephone no 903-895-4602 Located at 4223 LAZY CREEK TX TYLER ZIP + 4 75703		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
c 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	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section

501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46 - 49b and complete the tables for lines 50 and 51

- |   |     | Yes                      | No                                  |
|---|-----|--------------------------|-------------------------------------|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II   | 47  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 48  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 49a Did the organization make any transfers to an exempt non-charitable related organization?   | 49a | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes," was the related organization a section 527 organization?  | 49b | <input type="checkbox"/> | <input type="checkbox"/>            |
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

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

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

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

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

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

Under penalties of perjury I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

▶ Miles Toler 04/16/2010  
 Signature of officer Date  
 ▶ MILES TOLER MUSEUM DIRECTOR  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying no. (See instr)
▶ <u>Richard Loughlin</u>	04/14/2010		P00642185
Firm's name (or yours if self-employed), address, and ZIP + 4	EIN		Phone no
▶ RICHARD LOUGHLIN CPA PO BOX 1716 HENDERSON TX 75653-	▶ 75-2528647		▶ 903-657-0240

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



**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")	28424.	28198.	43747.	31768.	40788.	172925.
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 <b>Total.</b> Add lines 1 through 3	28424.	28198.	43747.	31768.	40788.	172925.
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 <b>Public support.</b> Subtract line 5 from line 4						172925.

**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	28424.	28198.	43747.	31768.	40788.	172925.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	400.	886.	347.	4437.	431.	6501.
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)	-918.	120.	195.	45.		-558.
11 <b>Total support.</b> Add lines 7 through 10						178868.
12 Gross receipts from related activities, etc (see instructions)					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and 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))	14	96.68 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	95.50 %
16a <b>33 1/3% support test - 2009.</b> 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 ▶ <input checked="" type="checkbox"/>		
b <b>33 1/3% support test - 2008.</b> 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 ▶ <input type="checkbox"/>		
17a <b>10% facts-and-circumstances test - 2009.</b> 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 <b>10% facts-and-circumstances test - 2008.</b> 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 <b>Private foundation.</b> If the organization did not check a box in line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

**Gross Profit on Sales of Inventory**

**US 990**                      **990-EZ: Page 1, Line 7; 990-PF: Page 12, Line 10**                      **2009**

Description	Gross sales less returns	Cost of goods sold	Gross profit
TEA ROOM & GIFT SHOP	95,629.	71,887.	23,742.
	95,629.	71,887.	23,742.

US 990

## Other Changes in Net Asset or Fund Balances

2009

Description	Amount
CHANGE IN FAIR MARKET VALUE OF STOCKS/SECURITIES	9,303.
	9,303.

US 990

## Other Expenses

2009

Description	Expenses per books	Net investment income	Adjusted net income	Charitable purposes
ADVERTISING	5,808.			
INSURANCE	2,087.			
SUPPLIES	639.			
AUDIO/VISUAL	1,814.			
	10,348.			