

Return of Organization Exempt from Income Tax

OMB No 1545-0047

2000

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2000 calendar year, or tax year period beginning Nov 1, 2000, and ending Oct 31, 20 01

B Check if applicable:
☐ Change of address
☐ Change of name
☐ Initial return
☐ Final return
☐ Amended return

C Name of organization: Lake Champlain Maritime Museum at Basin Harbor, Inc.
 Number & street (or P.O. box if mail is not delivered to street address) Room/suite: 4472 Basin Harbor Road
 City, Town or Country: Vergennes State: VT ZIP code: 05491

D Employer identification number: 22-2570380

E Telephone number: (802) 475-2022

F Check ☐ if application pending

G Organization type (check only one): ☒ 501(c) 3 (insert no) ☐ 527 or ☐ 4947(a)(1)

Note H and I are not applicable to section 527 orgs

H (a) Is this a group return for affiliates? ☐ Yes ☒ No

H (b) If "yes" enter number of affiliates: _____

H (c) Are all affiliates included? ☐ Yes ☐ No (If "no," attach a list. See instructions.)

H (d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Enter 4-digit group exemption no. (GEN): _____

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ): ☐

J Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify): _____

K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

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

1 Contributions, gifts, grants, and similar amounts received

1a Direct public support	718,322
1b Indirect public support	0
1c Government contributions (grants)	162,760
1d Total (add lines 1a through 1c) (cash \$ 741,137 noncash \$ 139,945)	881,082

2 Program service revenue including government fees and contracts (from Part VII, line 93): 411,138

3 Membership dues and assessments

4 Interest on savings and temporary cash investments: 3,876

5 Dividends and interest from securities: 73,636

6a Gross rents

6b Less rental expenses

6c Net rental income or (loss) (subtract line 6b from line 6a)

7 Other investment income (describe): _____

8a Gross amount from sales of assets other than inventory

(A) Securities	(B) Other
123,719	8a
158,283	8b
-34,564	8c

8b Less cost or other basis and sales expenses

8c Gain or (loss) (attach schedule) See L-8 Stmt

8d Net gain or (loss) (combine line 8c, columns (A) and (B)): -34,564

9 Special events and activities (attach schedule)

9a Gross revenue (not including \$ 0 of contributions reported on line 1a)

9b Less direct expenses other than fundraising expenses

9c Net income or (loss) from special events (subtract line 9b from line 9a) See L-9 Stmt: 29,344

10a Gross sales of inventory, less returns and allowances

10b Less cost of goods sold

10c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) See L-10 Stmt: 22,888

11 Other revenue (from Part VII, line 103)

12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11): 1,387,400

13 Program services (from line 44, column (B)): 1,095,125

14 Management and general (from line 44, column (C)): 199,134

15 Fundraising (from line 44, column (D)): 95,578

16 Payments to affiliates (attach schedule): 0

17 Total expenses (add lines 16 and 44, column (A)): 1,389,837

18 Excess or (deficit) for the year (subtract line 17 from line 12): -2,437

19 Net assets or fund balances at beginning of year (from line 73, column (A)): 3,932,806

20 Other changes in net assets or fund balances (attach explanation): -69,003

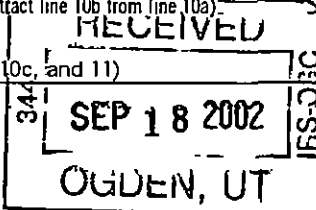
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20): 3,861,366

SCANNED OCT 03 2002

REVENUE

EXPENSES

ASSETS



22

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____) (non-cash \$ _____)	22			
23 Specific assistance to individuals (attach sch)	23			
24 Benefits paid to or for members (attach sch)	24			
25 Compensation of officers, directors, etc	25 95,296	25 53,678	25 39,241	25 2,377
26 Other salaries and wages	26 537,227	26 476,290	26 15,269	26 45,668
27 Pension plan contributions	27			
28 Other employee benefits	28 59,017	28 49,456	28 5,075	28 4,486
29 Payroll taxes	29 62,684	29 52,529	29 5,391	29 4,764
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 116,803	33 111,277	33 1,314	33 4,212
34 Telephone	34 10,837	34 7,016	34 3,821	34 0
35 Postage and shipping	35 19,846	35 9,571	35 5,681	35 4,594
36 Occupancy	36 21,009	36 13,601	36 7,408	36 0
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39 25,233	39 21,957	39 2,650	39 626
40 Conferences, conventions, and meetings	40			
41 Interest	41 9,850	41 0	41 9,850	41 0
42 Depreciation, depletion, etc (attach schedule)	42 74,411	42 59,529	42 14,882	42 0
43 Other expenses (itemize)				
a Marketing	43a 58,321	43a 32,529	43a 14,446	43a 11,346
b Bank Charges	43b 2,994	43b 0	43b 2,994	43b 0
c Dues & Subscriptions	43c 5,762	43c 3,280	43c 2,458	43c 24
d Insurance	43d 50,273	43d 24,162	43d 26,111	43d 0
e See Other Expenses Stmt	43e 240,274	43e 180,250	43e 42,543	43e 17,481
44 Total functional expenses (add lines 22-43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44 1,389,837	44 1,095,125	44 199,134	44 95,578

Reporting of Joint Costs - Did you report in column (B) (program services) any joint costs from a combined educational campaign and fundraising solicitation?

Yes ☐ No ☒

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to program services \$ _____, (iii) the amount allocated to management and general \$ _____, and (iv) the amount allocated to fundraising \$ _____.

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? ▶ Maritime Museum	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)
a General operation of the museum, including courses, educational programs, research and children's programs. Over 20,000 people visited the museum including thousands of school children. (Grants and allocations \$ 0)	526,142
b Champlain Discovery and Champlain Longboats are programs that teach boat building, navigation, lake history and ecology and teamwork skills to high school students. (Grants and allocations \$ 0)	79,024
c Lake Survey - The museum is involved in a multi-year systematic lake-bottom mapping project, using sonar technology to locate, examine and document historic shipwrecks in Lake Champlain. (Grants and allocations \$ 0)	77,890
d Various Archaeology Projects and Special Exhibits - These include development of a management plan for a Revolutionary War Gunboat and the new Burlington Schooner project. (Grants and allocations \$ 0)	375,646
e Other program services Boat Building/Other Educational (Grants and allocations \$ 0)	36,423
f Total of Program Service Expenses (should equal line 44, column (B), program services)	1,095,125

Part IV Balance Sheets (See instructions)**Note** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non interest-bearing	39,006	45	50,465
	46 Savings and temporary cash investments	62,322	46	61,580
	47a Accounts receivable	27,048		
	b Less: allowance for doubtful accounts	0	47c	27,048
	48a Pledges receivable	160,255		
	b Less: allowance for doubtful accounts	0	48c	160,255
	49 Grants receivable	198,438	49	92,188
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach schedule)			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use	30,999	52	21,848
	53 Prepaid expenses and deferred charges		53	
	54 Investments — securities (attach schedule) L-54 Stmt <input type="checkbox"/> Cost <input type="checkbox"/> FMV	1,976,946	54	2,022,177
	55a Investments — land, buildings, & equipment basis			
	b Less: accumulated depreciation (attach schedule)		55c	
56 Investments — other (attach schedule)		56		
57a Land, buildings, and equipment basis	1,837,599			
b Less: accumulated depreciation (attach schedule)	324,577	57c	1,513,022	
58 Other assets (describe ▶ See Line 58 Stmt)	46,396	58	92,026	
59 Total assets (add lines 45 through 58) (must equal line 74)	4,202,296	59	4,040,609	
LIABILITIES	60 Accounts payable and accrued expenses	103,945	60	82,680
	61 Grants payable		61	
	62 Deferred revenue	17,304	62	46,563
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)	148,241	64b	50,000
	65 Other liabilities (describe ▶)		65	
	66 Total liabilities (add lines 60 through 65)	269,490	66	179,243
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	1,246,303	67	1,521,917
	68 Temporarily restricted	1,325,057	68	886,282
	69 Permanently restricted	1,361,446	69	1,453,167
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	3,932,806	73	3,861,366
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	4,202,296	74	4,040,609

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	1,418,407
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments		
(2)	Donated services and use of facilities		22,033
(3)	Recoveries of prior year grants		
(4)	Other (specify)		
	See Attached \$		51,922
	Add amounts on lines (1) through (4)	b	73,955
c	Line a minus line b	c	1,344,452
d	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify)		
	See Attached \$		42,948
	Add amounts on lines (1) and (2)	d	42,948
e	Total revenue per line 12, Form 990 (line c plus line d)	e	1,387,400

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	1,516,427
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities		22,033
(2)	Prior year adjustments reported on line 20, Form 990		
(3)	Losses reported on line 20, Form 990		
(4)	Other (specify)		
	See Attached \$		104,557
	Add amounts on lines (1) through (4)	b	126,590
c	Line a minus line b	c	1,389,837
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify)		
	\$		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	1,389,837

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Arthur B. Cohn Basin Harbor Rd Vergennes, VT	Executive Director 40	51,752	0	0
Laurie T. Eddy Basin Harbor Rd Vergennes, VT	Chief Operating Officer 40	43,544	0	0
William Sperry Basin Harbor Rd Vergennes, VT	Chairman 2	0	0	0
Philip Drumheller Basin Harbor Rd Vergennes, VT	Vice-Chairman 1	0	0	0
Elliot Bristow Basin Harbor Rd Vergennes, VT	Trustee 1	0	0	0
Peter Doremus Basin Harbor Rd Vergennes, VT	Secretary 1	0	0	0
Sarah Cowan Basin Harbor Rd Vergennes, VT	Treasurer 1	0	0	0
Robert H. Beach, Jr. Basin Harbor Rd Vergennes, VT	Trustee 1	0	0	0
William Boettcher Basin Harbor Rd Vergennes, VT	Trustee 1	0	0	0
Sarah Soule Basin Harbor Rd Vergennes, VT	Trustee 1	0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

☐ Yes

☒ No

If 'Yes,' attach schedule — see instructions

Part VI Other Information (See specific instructions)

	N/A	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	76		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	77		X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	78b	N/A	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79		X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b If 'Yes,' enter the name of the organization NOT APPLICABLE and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81a Enter the amount of political expenditures, direct or indirect, as described in the instructions 81a 0	81a		
b Did the organization file Form 1120-POL for this year?	81b		X
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.) 82b 91,633	82b		
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a		
b Did the organization make only in house lobbying expenditures of \$2,000 or less?	85b		
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
c Dues, assessments, and similar amounts from members 85c N/A	85c		
d Section 162(e) lobbying and political expenditures 85d	85d		
e Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices 85e	85e		
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f	85f		
g Does the organization elect to pay the Section 6033(e) tax on the amount in 85f?	85g	N/A	
h If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 86a N/A	86a		
b Gross receipts, included on line 12, for public use of club facilities 86b	86b		
87 501(c)(12) organizations Enter a Gross income from members or shareholders 87a	87a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b	87b		
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations Sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88		X
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under Section 4911 <u>0</u> , Section 4912 <u>0</u> , Section 4955 <u>0</u>			
b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any Section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b		X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958 <u>0</u>			
d Enter Amount of tax on line 89c, above, reimbursed by the organization <u>0</u>			
90a List the states with which a copy of this return is filed Vermont			
b Number of employees employed in the pay period that includes March 12, 2000 (see instructions) 90b 21	90b		
91 The books are in care of Laurie Eddy Telephone number (802) 475-2022 Located at 4472 Basin Harbor Road, Vergennes VT ZIP code 05491			
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax exempt interest received or accrued during the tax year 92 N/A	92		

Part VII Analysis of Income-Producing Activities (See instructions)

Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a Museum admissions					85,557
b Educational programs					113,941
c Maritime projects					211,640
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	3,876	
96 Dividends & interest from securities			14	73,636	
97 Net rental income or (loss) from real estate					
a debt financed property					
b not debt financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-34,564	
101 Net income or (loss) from special events			01	29,344	
102 Gross profit or (loss) from sales of inventory					22,888
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				72,292	434,026
105 Total (add line 104, columns (B), (D), and (E))					506,318

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93 a)	Admissions enable the Museum to be open to the public
93 b)	The Museum offers a variety of maritime-related programs for children as well as boat-building and related courses to the
	See Relationship of Activities to the Accomplishment of Exempt Purposes Statement

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions)

N/A

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End of year assets
NOT APPLICABLE	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes☒ No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐ Yes☒ No

Note If 'Yes' to b, file Form 8870 and Form 4720 (see instructions)

I am preparing this return on the basis of the information provided by the taxpayer and the accompanying schedules and statements, and to the best of my knowledge and belief it is based on all information of which preparer has any knowledge (See instructions)

19-10-02
DateLaurie T. Eddy
Type or Print Name and Title
Chief Operating Officer

Date

Signature

Preparer's SSN or PTIN

► Must be completed by the above organizations and attached to their Form 990 or 990-EZ.

Name of the Organization Lake Champlain Maritime Museum at Basin Harbor, Inc	Employer Identification Number 22-2570380
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions List each one If there are none, enter 'None ')

(a) Name and address of each employee paid more than \$50,000	(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				
Total number of other employees paid over \$50,000	None			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions List each one (whether individuals or firms) If there are none, enter 'None ')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	None	

Part III Statements About Activities

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum?

If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI A. Other organizations checking 'Yes,' must complete Part VI B and attach a statement giving a detailed description of the lobbying activities

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary

a Sale, exchange, or leasing of property?

b Lending of money or other extension of credit?

c Furnishing of goods, services, or facilities?

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Pt V, Fm 990

e Transfer of any part of its income or assets?

If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions

- 3 Does the organization make grants for scholarships, fellowships, student loans, etc?

- 4a Do you have a section 403(b) annuity plan for your employees?

b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See instructions)

Part IV Reason for Non-Private Foundation Status (See instructions)

The organization is not a private foundation because it is (please check only **One** applicable box)

- 5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V, page 5)
- 7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 ☐ A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A)
- 11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A)
- 12 ☐ 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 charitable, etc, 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) (Also complete the **Support Schedule** in Part IV A)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above
NOT APPLICABLE	

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.*
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,315,135	1,503,641	950,550	645,102	4,414,428
16 Membership fees received	0	0	0	0	0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	561,474	414,046	359,725	318,967	1,654,212
18 Gross income from interest, dividends, amounts received from payments on securities loans (Section 512(a)(5)), rents, royalties, and unrelated business taxable income (less Section 511 taxes) from businesses acquired by the organization after June 30, 1975	96,454	55,907	28,293	15,406	196,060
19 Net income from unrelated business activities not included in line 18	0	0	0	0	0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0	0	0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.	0	0	0	0	0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	0	0	2,765	550	3,315
23 Total of lines 15 through 22	1,973,063	1,973,594	1,341,333	980,025	6,268,015
24 Line 23 minus line 17	1,411,589	1,559,548	981,608	661,058	4,613,803
25 Enter 1% of line 23	19,731	19,736	13,413	9,800	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 92,276
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts.					26b 573,143
c Total support for Section 509(a)(1) test. Enter line 24, column (e).					26c 4,613,803
d Add: Amounts from column (e) for lines 18 196,060 19 0					
22 3,315 26b 573,143					26d 772,518
e Public support (line 26c minus line 26d total)					26e 3,841,285
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 83.26 %
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each 'disqualified person.' Enter the sum of such amounts for each year.				
(1999) (1998) (1997) (1996)					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.					
(1999) (1998) (1997) (1996)					
c Add: Amounts from column (e) for lines 15 16					
17 20 21					
d Add: Line 27a total and line 27b total					
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e).					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See instructions.)					

Part V Private School Questionnaire (See instructions)
(To be completed only by schools that checked the box on line 6 in Part IV)

N/A

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement)		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement)		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement)		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975 2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions)
(To be completed **Only** by an eligible organization that filed Form 5768)

N/A

Check here ☐ **a** if the organization belongs to an affiliated group
 Check here ☐ **b** if you checked 'a' above and 'limited control' provisions apply

Limits on Lobbying Expenditures

(The term 'expenditures' means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table –		
If the amount on line 40 is –		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is –		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter 0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter 0- if line 41 is more than line 38	44	
Caution If there is an amount on either line 43 or line 44, you must file Form 4720		

4 -Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4 -Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
b Paid staff or management (include compensation in expenses reported on lines c through h)
c Media advertisements
d Mailings to members, legislators, or the public
e Publications, or published or broadcast statements
f Grants to other organizations for lobbying purposes
g Direct contact with legislators, their staffs, government officials, or a legislative body
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
i Total lobbying expenditures (add lines c through h)

Yes	No	Amount
	X	
	X	
	X	0
	X	0
	X	0
	X	0
	X	0
	X	0
		0

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities

Schedule B
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary information for line 1d of Form 990 or
and line 1 of Form 990-EZ (see instructions)

OMB No 1545-0047

2000

Name of Organization

Lake Champlain Maritime Museum at Basin Harbor, Inc

Employer Identification Number

22-2570380

Organization type (check one) – Section

☒ 501(c)(3) (enter number), ☐ 527 or
☐ 4947(a)(1) nonexempt charitable trust

A Section 501(c)(7), (8), or (10) organizations – Check this box if the organization had **no** charitable contributors who contributed more than \$1,000 during the year (But see **General rule** below) ▶ ☐

Enter here the total gifts received during the year for a religious, charitable, etc, purpose ▶ \$

BAA For Paperwork Reduction Act Notice, see instructions for Form 990 and Form 990-EZ.

Schedule B (Form 990 or 990-EZ) (2000)

Name of Organization

Employer Identification Number

Lake Champlain Maritime Museum at Basin Harbor, Inc

22-2570380

Part I Contributors

(a) Number	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
1		\$ 39,644	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if a noncash contribution)
(a) Number		(c) Aggregate contributions	(d) Type of contribution
2		\$ 5,022	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if a noncash contribution)
(a) Number		(c) Aggregate contributions	(d) Type of contribution
3		\$ 15,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
(a) Number		(c) Aggregate contributions	(d) Type of contribution
4		\$ 235,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
(a) Number		(c) Aggregate contributions	(d) Type of contribution
5		\$ 10,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
(a) Number		(c) Aggregate contributions	(d) Type of contribution
6		\$ 5,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Name of Organization

Employer Identification Number

Lake Champlain Maritime Museum at Basin Harbor, Inc

22-2570380

Part I Contributors

(a) Number	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
<u>7</u>		\$ <u>5,000</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
(a) Number		(c) Aggregate contributions	(d) Type of contribution
<u>8</u>		\$ <u>5,000</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
(a) Number		(c) Aggregate contributions	(d) Type of contribution
<u>9</u>		\$ <u>11,000</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
(a) Number		(c) Aggregate contributions	(d) Type of contribution
<u>10</u>		\$ <u>5,000</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
(a) Number		(c) Aggregate contributions	(d) Type of contribution
<u>11</u>		\$ <u>12,500</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
(a) Number		(c) Aggregate contributions	(d) Type of contribution
<u>12</u>		\$ <u>5,000</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Name of Organization

Employer Identification Number

Lake Champlain Maritime Museum at Basin Harbor, Inc

22-2570380

Part I Contributors

(a) Number	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
<u>13</u>		\$ <u>10,000</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>14</u>		\$ <u>5,000</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>15</u>		\$ <u>5,000</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>16</u>		\$ <u>7,840</u>	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if a noncash contribution)
<u>17</u>		\$ <u>20,000</u>	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if a noncash contribution)
<u>18</u>		\$ <u>12,000</u>	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if a noncash contribution)

Name of Organization

Employer Identification Number

Lake Champlain Maritime Museum at Basin Harbor, Inc

22-2570380

Part II Noncash Property

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	950 shares of Dupont	\$ 39,644	07/30/01
2	122sh of NY Times Corporation	\$ 5,022	12/31/00
16	Computer Equipment	\$ 7,840	10/01/01
17	17' Chris Craft Deluxe Runabout	\$ 20,000	04/01/01
18	Vintage Diving Equipment	\$ 12,000	07/01/01
		\$	

BAA

Schedule B (Form 990 or 990-EZ) (2000)

Supporting Statement of.

Sch A, 990 p 3/Line 26b

Description	Amount
	281,540
	250,000
	100,000
	200,000
	162,000
	113,000
	112,535
Less Line 26a) x 7 (\$92,276 x 7)	-645,932
Total	573,143

Name

Lake Champlain Maritime Museum at Basin Harbor, Inc

Employer Identification Number

22-2570380

Part I, Line 8, Column (A) Securities

Public Securities

Description	Gross Sales Price	Basis	
Publicly Traded Securities	123,719	Cost	158,283
		Selling Expenses	
		Basis	158,283

Nonpublic Securities

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated (State which on top)
-----	-----	-----		-----
-----	-----	-----		-----
-----	-----	-----		-----
-----	-----	-----		-----
-----	-----	-----		-----
Total Securities			123,719	158,283
Gain or (Loss) from Sale of Securities				-34,564

Part I, Line 8, Column (B) Other Assets

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated	
----- ----- -----	-----	-----		Cost	-----
				Depreciation	-----
				Basis	-----
				Donation FMV	-----
----- ----- -----	-----	-----		Cost	-----
				Depreciation	-----
				Basis	-----
				Donation FMV	-----
----- ----- -----	-----	-----		Cost	-----
				Depreciation	-----
				Basis	-----
				Donation FMV	-----
----- ----- -----	-----	-----		Cost	-----
				Depreciation	-----
				Basis	-----
				Donation FMV	-----
Total Other Assets					
Gain or (Loss) from Sale of Other Assets					

Form 990, Page 1, Part I, Line 9

Special Events and Activities Statement

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
Raffles	40,417	0	40,417	11,073	29,344
Total	40,417	0	40,417	11,073	29,344

Form 990, Page 1, Part I, Line 10

Gross Sales of Inventory Statement

Description	Gross Sales Less Returns and Allowances	Less. Cost of Goods Sold	Gross Profit (Loss)
Museum Gift Shop Sales	63,737	40,849	22,888
Total	63,737	40,849	22,888

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

Other expenses (itemize)	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Other Expenses	12,649	6,942	5,682	25
Subcontractor Expense	175,107	154,169	8,595	12,343
Office Expense	16,249	7,836	4,652	3,761
Special Events Expenses	3,827	2,475	0	1,352
Investment Fees	9,857	0	9,857	0
Professional Fees	12,928	0	12,928	0
Building/Equipment R&M	9,657	8,828	829	0
Total	240,274	180,250	42,543	17,481

Form 990, Page 3, Part IV, Line 54

Investments - Securities Statement

Line 54 – Investments - Securities:	Beginning of Year	End of Year
Cash and Money Funds	894,665	829,518
Accrued Interest	2,386	0
Corporate Bonds	153,532	346,091
Government Bonds	217,510	219,602
Corporate Stocks	708,853	626,966
(All of the above stated at year-end fair market value)		
Total	1,976,946	2,022,177

Form 990, Page 3, Part IV, Line 58

Other Assets Statement

Line 58 - Other Assets:	Beginning of Year	End of Year
Capitalized Design Costs	32,396	41,075
Donated Boats for Sale	13,000	14,200
Prepaid Expenses	1,000	4,064
Prepaid Materials	0	32,687
Total	46,396	92,026

Form 990, Page 6, Part VIII

Relationship of Activities to the Accomplishment of Exempt Purposes Statement

Line Number ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	public
93 c)	The Museum does a variety of contract work in the area of
	nautical archaeology and maritime-related research
102	Sales of books, educational materials, and other items which
	stimulate interest in the Museum and its programs

Supporting Statement of:

Form 990 p 1/Line 20

Description	Amount
Unrealized Loss on Marketable Securities	-95,583
Prior Period Adjustment to recognize the value of self-constructed longboats	26,580
Total	<u>-69,003</u>

Supporting Statement of:

Form 990 p 3/Line 64b, column (A)

Description	Amount
Line of Credit at Commercial Bank, Interest at 9%	50,000
Term Loan with Commercial Bank, Principal and interest (at 11.5%) of \$1,377 per month, due in full 6/15/01	98,241
Total	<u>148,241</u>

Supporting Statement of:

Form 990 p 3/Line 64b, column (B)

Description	Amount
Line of Credit with Commercial Bank	50,000
Total	<u>50,000</u>

Lake Champlain Maritime Museum

Depreciation Schedule by G/L Account Number

For the 12 Months Ended 10/31/01

 06/25/02
 01 33PM

Part II Line 42 & Part IV Line 57 Attachment to Form 990 2000 #22-2570380

Asset No	Asset Description	Date Acquired	Method	Life	Sold?	Cost	Accum Depr 11/01/00	Current Depreciation	Accum Depr 10/31/01
1611 Schoolhouse									
1	Buildings	06/15/86	ST LINE	40/00	N	53,447 00	19,821 44	1,336 18	21,157 62
36	Schoolhouse Additions	05/15/93	ST LINE	40/00	N	1,092 41	204 83	27 31	232 14
57	Improvements to Schoolhouse	09/01/94	ST LINE	40/00	N	991 16	161 07	24 78	185 85
Total for (Schoolhouse)						55,530 57	20,187 34	1,388 27	21,575 61
1612 Preservation Building									
26	Preservation Building	05/15/92	ST LINE	40/00	N	19,915 00	4,232 04	497 88	4,729 92
38	Preservation Building	05/15/93	ST LINE	40/00	N	162 12	30 38	4 05	34 43
58	Preservation Building	07/21/94	ST LINE	40/00	N	644 62	104 78	16 12	120 90
Total for (Preservation Building)						20,721 74	4,367 20	518 05	4,885 25
1613 Small Craft Bldg/P2/Forge									
2	Boat Building	06/15/89	ST LINE	40/00	N	69,480 00	20,844 00	1,737 00	22,581 00
149	Renovations - Revolutionary War	05/15/99	ST LINE	20/00	N	92,560 16	6,783 52	4,628 01	11,411 53
Total for (Small Craft Bldg/P2/Forge)						162,040 16	27,627 52	6,365 01	33,992 53
1614 Gateway Building									
74	Gateway Building	10/15/95	LAND	00/00	N	1,537 95	0 00	0 00	0 00
91	Gateway Building	04/15/96	ST LINE	40/00	N	67,547 80	7,677 58	1,688 70	9,366 28
96	Gateway Building Additions	09/30/97	ST LINE	20/00	N	311 29	48 04	15 56	63 60
Total for (Gateway Building)						69,397 04	7,725 62	1,704 26	9,429 88
1615 Nautical Archaeology Center									
59	Nautical Archaeology Center	10/20/94	ST LINE	40/00	N	180 00	29 25	4 50	33 75
73	Nautical Archaeology Center	05/01/95	ST LINE	40/00	N	37,245 99	4,655 75	931 15	5,586 90
93	Nautical Archaeology Center	10/31/95	ST LINE	40/00	N	12,906 91	1,613 35	322 67	1,936 02
124	Bowens Dupe Camera	01/15/98	ST LINE	05/00	N	500 00	250 00	100 00	350 00
Total for (Nautical Archaeology Center)						50,832 90	6,548 35	1,358 32	7,906 67
1616 Boat Shop									
42	Donated Labor & Materials	11/01/92	ST LINE	40/00	N	5,340 00	1,001 25	133 50	1,134 75
39	Conservation Shop	05/15/93	ST LINE	40/00	N	37,565 04	7,043 47	939 13	7,982 60
60	Winter Boat Shop	04/30/94	ST LINE	40/00	N	4,486 71	729 10	112 17	841 27
176	Boat Shop Expansion	07/01/00	ST LINE	30/00	N	50,000 00	555 56	1,666 67	2,222 23
Total for (Boat Shop)						97,391 75	9,329 38	2,851 47	12,180 85
1617 Bathroom / Display shed									
23	Bathrooms - Main	05/15/91	ST LINE	40/00	N	1,941 00	461 24	48 53	509 77
Total for (Bathroom / Display shed)						1,941 00	461 24	48 53	509 77
1618 Education Building									
25	Education Building	05/15/92	ST LINE	40/00	N	22,611 00	4,805 24	565 28	5,370 52
Total for (Education Building)						22,611 00	4,805 24	565 28	5,370 52
1619 Naut Arch Conservation Lab									
97	N A Conservation Laboratory	06/01/97	ST LINE	40/00	N	193,060 80	16,502 73	4,826 52	21,329 25
125	Lab Computer	03/15/98	ST LINE	03/00	N	1,049 00	874 17	174 83	1,049 00
Total for (Naut Arch Conservation Lab)						194,109 80	17,376 90	5,001 35	22,378 25
1621 Collections Building									
32	Collections Storage	05/15/93	ST LINE	07/00	N	376 99	376 99	0 00	376 99
Total for (Collections Building)						376 99	376 99	0 00	376 99
1622 Exhibits / Displays									

Lake Champlain Maritime Museum

Depreciation Schedule by G/L Account Number

For the 12 Months Ended 10/31/01

 06/25/02
 01 33PM

Asset No	Asset Description	Date Acquired	Method	Life	Sold?	Cost	Accum Depr 11/01/00	Current Depreciation	Accum Depr 10/31/01
1622 Exhibits / Displays									
4	Display Enhancement	06/15/90	ST LINE	40/00	N	270 00	71 00	6 75	77 75
24	Exhibit Enhancement	05/15/92	ST LINE	40/00	N	2,714 00	576 80	67 85	644 65
34	Display Cases	05/15/93	ST LINE	40/00	N	774 40	145 20	19 36	164 56
61	Exhibit / Displays	04/30/94	ST LINE	40/00	N	273 79	44 46	6 84	51 30
75	Engine	08/07/95	ST LINE	07/00	N	2,658 00	2,088 41	379 71	2,468 12
94	NAC Exhibits / Displays	10/31/95	ST LINE	40/00	N	7,229 19	903 65	180 73	1,084 38
83	Horseferry Exhibit	04/15/96	ST LINE	40/00	N	2,901 04	329 75	72 53	402 28
84	Meritime Playground	04/15/96	ST LINE	40/00	N	3,469 88	394 40	86 75	481 15
99	Additional Horseferry Costs	09/30/97	ST LINE	10/00	N	2,395 87	739 77	239 59	979 36
100	Thompson Memorial Garden	09/30/97	ST LINE	10/00	N	5,001 59	1,544 33	500 16	2,044 49
126	Virtual Diver Display	06/15/98	ST LINE	10/00	N	8,150 00	2,037 50	815 00	2,852 50
150	Materials - Revolutionary War Exhi	05/15/99	ST LINE	07/00	N	28,183 78	5,901 49	4,026 25	9,927 74
Total for (Exhibits / Displays)						64,021 54	14,776 76	6,401 52	21,178 28
1623 Tool Shed									
62	Tool Shed	04/30/94	ST LINE	40/00	N	541 20	87 94	13 53	101 47
Total for (Tool Shed)						541 20	87 94	13 53	101 47
1624 Classroom Building									
98	Classroom Building Renovations	09/30/97	ST LINE	20/00	N	7,054 22	1,089 05	352 71	1,441 76
Total for (Classroom Building)						7,054 22	1,089 05	352 71	1,441 76
1625 Building Improvements									
3	Building Additions	06/15/89	ST LINE	40/00	N	3,142 00	944 40	78 55	1,022 95
37	Building Improvements	05/15/93	ST LINE	40/00	N	14 25	2 70	0 36	3 06
63	Building Improvements	02/01/94	ST LINE	40/00	N	951 00	154 57	23 78	178 35
85	Alarm	07/01/96	ST LINE	40/00	N	1,583 25	171 62	39 58	211 20
Total for (Building Improvements)						5,690 50	1,273 29	142 27	1,415 56
1631 Library									
15	Library Additions	06/15/90	ST LINE	07/00	N	201 00	201 00	0 00	201 00
21	Library Additions	05/15/91	ST LINE	07/00	N	725 00	725 00	0 00	725 00
30	Library Additions	05/15/92	ST LINE	07/00	N	1,522 00	1,522 00	0 00	1,522 00
33	Books and Publications	05/15/93	ST LINE	07/00	N	557 93	557 93	0 00	557 93
64	Library	04/30/94	ST LINE	07/00	N	581 85	540 28	41 57	581 85
76	Library - CY acquisitions	05/15/95	ST LINE	07/00	N	781 32	613 91	111 62	725 53
95	Library additions	01/15/96	ST LINE	07/00	N	11 90	7 65	1 70	9 35
155	Library - 35 Books from W Freem	05/05/99	ST LINE	07/00	N	700 00	149 32	100 00	249 32
156	Library - Columbia River Maritime	05/15/99	ST LINE	07/00	N	500 00	104 70	71 43	176 13
Total for (Library)						5,581 00	4,421 79	326 32	4,748 11
1632 Collections / Acquisitions									
5	Collections	06/15/86	ST LINE	40/00	N	411 00	142 24	10 28	152 52
6	Additions to Collections	06/15/87	ST LINE	40/00	N	6,450 00	2,131 00	161 25	2,292 25
7	Additions to Collections	06/15/88	ST LINE	40/00	N	2,050 00	665 00	51 25	716 25
8	Additions to Collections	06/15/89	ST LINE	40/00	N	7,762 00	2,231 40	194 05	2,425 45
9	Contributed Artifacts	06/15/89	ST LINE	40/00	N	3,300 00	949 00	82 50	1,031 50
10	Additions to Collections	06/15/90	ST LINE	40/00	N	7,756 00	2,035 20	193 90	2,229 10
19	Artifacts, Exhibits	05/15/91	ST LINE	40/00	N	5,289 00	1,255 84	132 23	1,388 07

Lake Champlain Maritime Museum

Depreciation Schedule by G/L Account Number

For the 12 Months Ended 10/31/01

 06/25/02
 01 33PM

Asset No	Asset Description	Date Acquired	Method	Life	Sold?	Cost	Accum Depr 11/01/00	Current Depreciation	Accum Depr 10/31/01
1632	Collections / Acquisitions								
20	Contributed Artifacts	05/15/91	ST LINE	40/00	N	8,000 00	1,900 00	200 00	2,100 00
28	Small Boat Int	05/15/92	ST LINE	40/00	N	2,465 00	524 04	61 63	585 67
29	Collections	05/15/92	ST LINE	40/00	N	3,332 00	708 40	83 30	791 70
41	Collections	05/15/93	ST LINE	40/00	N	777 00	145 72	19 43	165 15
46	Ice Boat, Canoes, Dory, Rowboat	05/15/93	ST LINE	40/00	N	2,050 00	384 37	51 25	435 62
47	The Temperance	05/15/93	ST LINE	40/00	N	200 00	37 50	5 00	42 50
48	17' Sloop	05/15/93	ST LINE	40/00	N	500 00	93 75	12 50	106 25
49	Mahogany Runabout	05/15/93	ST LINE	40/00	N	2,000 00	375 00	50 00	425 00
50	Buda Engine	05/15/93	ST LINE	07/00	N	300 00	300 00	0 00	300 00
51	Reindeer Pilot House	05/15/93	ST LINE	40/00	N	4,000 00	750 00	100 00	850 00
52	Model Brg	05/15/93	ST LINE	40/00	N	2,500 00	468 75	62 50	531 25
53	1941 Compass	05/15/93	ST LINE	40/00	N	200 00	37 50	5 00	42 50
54	Philadelphia II Model	05/15/93	ST LINE	40/00	N	600 00	112 50	15 00	127 50
55	Additions to Collections	05/15/93	ST LINE	40/00	N	750 00	140 62	18 75	159 37
65	Collections / Acquisitions	04/30/94	ST LINE	40/00	N	967 07	157 17	24 18	181 35
77	Collections - CY acquisitions	05/15/95	ST LINE	40/00	N	1,169 90	160 87	29 25	190 12
86	Various Collection Items	04/30/96	ST LINE	40/00	N	547 55	61 68	13 69	75 37
121	4,000 1812 Artifacts	04/01/97	ST LINE	40/00	N	10,000 00	875 00	250 00	1,125 00
122	Horse-Powered Treadmill	04/01/97	ST LINE	40/00	N	2,500 00	218 75	62 50	281 25
123	Other Donated Collection Items	04/01/97	ST LINE	40/00	N	3,100 00	271 25	77 50	348 75
101	Acquisitions - 1997	05/01/97	ST LINE	40/00	N	223 80	19 62	5 60	25 22
127	Hamilton Boat Model	12/15/97	ST LINE	40/00	N	499 98	31 25	12 50	43 75
128	Various Donated Collection Items	04/01/98	ST LINE	40/00	N	8,565 00	535 32	214 13	749 45
129	Ernie Haas Painting - Colchester Li	04/01/98	ST LINE	40/00	N	500 00	31 25	12 50	43 75
130	9' Philadelphia Model	07/01/98	ST LINE	40/00	N	28,720 00	1,795 00	718 00	2,513 00
160	Canoe - L. Marshall	01/28/99	ST LINE	40/00	N	250 00	10 99	6 25	17 24
157	18th Century Style Anchor - Forka	05/19/99	ST LINE	40/00	N	500 00	18 18	12 50	30 68
159	10 LC Lighthouse Models - People	06/01/99	ST LINE	40/00	N	500 00	17 74	12 50	30 24
158	Inuit Canoe - 1921	07/12/99	ST LINE	40/00	N	1,000 00	32 67	25 00	57 67
184	"Little Nellie" documents	11/01/99	ST LINE	40/00	N	250 00	3 13	6 25	9 38
185	Lake Charts (Bixby Library)	11/01/99	ST LINE	40/00	N	900 00	11 25	22 50	33 75
186	Ceramic Sink Basin from Steamer	03/14/00	ST LINE	40/00	N	250 00	3 13	6 25	9 38
187	12' Lapstrake Canoe	04/01/00	ST LINE	40/00	N	500 00	6 25	12 50	18 75
188	Civil War Era Tent	07/05/00	ST LINE	40/00	N	500 00	6 25	12 50	18 75
189	1865 Riding Light	07/28/00	ST LINE	40/00	N	250 00	3 13	6 25	9 38
195	Early Woodworking Tools (Key to	12/01/00	ST LINE	40/00	N	835 00	0 00	19 14	19 14
196	Painting "Vergennes Falls and Pilo	03/01/01	ST LINE	40/00	N	1,500 00	0 00	25 00	25 00
191	17' Chns Craft Deluxe Runabout "	04/01/01	ST LINE	40/00	N	20,000 00	0 00	291 67	291 67
194	Wooden Model - "General Butler"	05/01/01	ST LINE	40/00	N	950 00	0 00	11 88	11 88
190	Roy K. Bates Dive Equipment	07/01/01	ST LINE	40/00	N	12,000 00	0 00	100 00	100 00
192	Wooden Models - Confiance, Chu	08/01/01	ST LINE	40/00	N	2,750 00	0 00	17 19	17 19
193	13'8" 1954 Sunfish	09/01/01	ST LINE	40/00	N	1,000 00	0 00	4 17	4 17
Total for (Collections / Acquisitions)						161,420 30	19,657 71	3,521 22	23,178 93

1633 The Roost Activity Building

Lake Champlain Maritime Museum

Depreciation Schedule by G/L Account Number

For the 12 Months Ended 10/31/01

06/25/02

01 33PM

Asset No	Asset Description	Date Acquired	Method	Life	Sold?	Cost	Accum Depr 11/01/00	Current Depreciation	Accum Depr 10/31/01
1633 The Roost Activity Building									
67	The Roost Building	09/30/94	ST LINE	40/00	N	10,846 24	1,762 54	271 16	2,033 70
72	The Roost - Donated Services	11/01/94	ST LINE	40/00	N	345 00	51 42	8 63	60 05
78	The Roost	05/15/95	ST LINE	40/00	N	6,681 61	911 76	167 04	1,078 80
Total for (The Roost Activity Building)						17,872 85	2,725 72	446 83	3,172 55
1634 Collections - Burlington									
197	Painting - "General Butler" E Haas	05/01/01	ST LINE	40/00	N	2,000 00	0 00	25 00	25 00
198	Murals - BSP Ron Hernandez	08/01/01	ST LINE	40/00	N	6,300 00	0 00	39 38	39 38
Total for (Collections - Burlington)						8,300 00	0 00	64 38	64 38
1645 Equipment									
40	Equipment Additions	05/15/93	ST LINE	07/00	N	2,593 56	2,593 56	0 00	2,593 56
43	Conservation Shop Equipment	05/15/93	ST LINE	07/00	N	2,185 00	2,185 00	0 00	2,185 00
44	Donated Equipment	05/15/93	ST LINE	07/00	N	4,712 00	4,712 00	0 00	4,712 00
68	Copier	04/30/94	ST LINE	07/00	N	6,365 60	5,910 91	454 69	6,365 60
69	Vermont Telephone System	06/09/94	ST LINE	07/00	N	2,650 00	2,460 71	189 29	2,650 00
70	Equipment Additions	07/01/94	ST LINE	07/00	N	606 80	563 48	43 32	606 80
79	Vermont Telephone	03/01/95	ST LINE	07/00	N	558 80	439 06	79 83	518 89
82	Equipment Additions	05/15/95	ST LINE	07/00	N	146 90	115 44	20 99	136 43
81	Printer	09/01/95	ST LINE	07/00	N	945 95	743 27	135 14	878 41
80	Computer	09/12/95	ST LINE	07/00	N	2,215 50	1,740 75	316 50	2,057 25
88	Office Propane Heater	01/12/96	ST LINE	07/00	N	1,080 76	741 58	154 39	895 97
87	Computer	01/15/96	ST LINE	07/00	N	1,847 25	1,265 38	263 89	1,529 27
89	Cash/Inventory System	04/17/96	ST LINE	07/00	N	558 90	362 55	79 84	442 39
90	Radio Equipment	05/10/96	ST LINE	07/00	N	2,493 00	1,594 85	356 14	1,950 99
102	Office Equipments (2)	02/12/97	ST LINE	05/00	N	9,536 99	7,091 35	1,907 40	8,998 75
103	NEC 660 Superscript Printer	03/20/97	ST LINE	05/00	N	692 98	501 62	138 60	640 22
104	Five Drawer File	03/27/97	ST LINE	07/00	N	100 00	51 44	14 29	65 73
105	Computer Equipment	04/21/97	ST LINE	05/00	N	3,260 40	2,302 82	652 08	2,954 90
106	HP Deskjet, Scanner	05/22/97	ST LINE	05/00	N	2,154 00	1,484 78	430 80	1,915 58
107	Camcorder	08/31/97	ST LINE	05/00	N	999 88	633 91	199 98	833 89
108	Laser Printer / MS Office	09/02/97	ST LINE	05/00	N	646 48	409 15	129 30	538 45
109	Don DeWees	10/16/97	ST LINE	07/00	N	530 85	230 84	75 84	306 68
143	Sondik Supply	12/15/97	ST LINE	07/00	N	1,164 65	415 95	166 38	582 33
131	Gateway Store Software	03/15/98	ST LINE	03/00	N	900 00	750 00	150 00	900 00
132	Computer - Capital Campaign	03/15/98	ST LINE	03/00	N	1,417 00	1,180 83	236 17	1,417 00
135	IBM Computer w/ Touchscreen	04/01/98	ST LINE	03/00	N	2,500 00	2,083 33	416 67	2,500 00
136	Security / Fire Alarm System	04/01/98	ST LINE	05/00	N	300 00	150 00	60 00	210 00
137	DR Rototiller	04/01/98	ST LINE	05/00	N	1,824 00	912 00	364 80	1,276 80
138	Dive Tank Compressor	04/01/98	ST LINE	07/00	N	10,000 00	3,571 43	1,428 57	5,000 00
139	Konica 35mm Camera	04/01/98	ST LINE	03/00	N	400 00	333 33	66 67	400 00
140	Fireproof Safe, Office Furniture	04/01/98	ST LINE	07/00	N	500 00	178 57	71 43	250 00
141	Walden Vista Kayak	04/01/98	ST LINE	40/00	N	300 00	18 75	7 50	26 25
142	Balance - '98 Additions	04/01/98	ST LINE	03/00	N	340 73	283 95	56 78	340 73
133	Computer & Printer	04/15/98	ST LINE	03/00	N	1,258 00	1,048 33	209 67	1,258 00
134	Mercury Outboard Motor	08/15/98	ST LINE	07/00	N	2,350 00	839 28	335 71	1,174 99

Lake Champlain Maritime Museum

Depreciation Schedule by G/L Account Number

For the 12 Months Ended 10/31/01

 06/25/02
 01 33PM

Asset No	Asset Description	Date Acquired	Method	Life	Sold?	Cost	Accum Depr 11/01/00	Current Depreciation	Accum Depr 10/31/01
1645 Equipment									
151	Small Tools	07/08/99	ST LINE	05/00	N	950 00	285 00	190 00	475 00
162	MAC Computer - E Hyde	07/15/99	ST LINE	03/00	N	800 00	346 30	266 67	612 97
163	NIKON N-2000 Camera & Lens	07/15/99	ST LINE	05/00	N	1,000 00	259 73	200 00	459 73
161	Spencer AO Rotary Microtome	09/15/99	ST LINE	07/00	N	6,000 00	967 51	857 14	1,824 65
152	Tractor	10/01/99	ST LINE	07/00	N	6,000 00	1,285 71	857 14	2,142 85
174	Long Boat Trailer (Donated)	11/01/99	ST LINE	07/00	N	1,200 00	85 71	171 43	257 14
175	Susan Skiff (Donated)	11/01/99	ST LINE	07/00	N	640 00	45 71	91 43	137 14
164	Computer CC	12/09/99	ST LINE	03/00	N	858 33	143 06	286 11	429 17
178	Delta Planer / Bandsaw / Drill Pres	12/15/99	ST LINE	07/00	N	5,000 00	357 14	714 29	1,071 43
165	RW Payroll Module Maintenance	12/30/99	ST LINE	01/00	N	498 00	249 00	249 00	498 00
182	14" Delta Bandsaw (Donated)	01/15/00	ST LINE	07/00	N	600 00	42 86	85 71	128 57
169	Computer Alternatives (CC)	01/31/00	ST LINE	03/00	N	1,913 95	318 99	637 98	956 97
183	HP Laserjet III (Computer Alternati	02/15/00	ST LINE	03/00	N	500 00	83 33	166 67	250 00
168	Equipment - Lab Safety Supply (C	05/12/00	ST LINE	07/00	N	1,733 25	123 80	247 61	371 41
170	Compaq Computer (CC)	05/31/00	ST LINE	03/00	N	2,199 00	366 50	733 00	1,099 50
180	175 Model Used Lawn Tractor (D	06/15/00	ST LINE	07/00	N	1,000 00	71 43	142 86	214 29
181	7 Oak Kitchen Cabinets	06/15/00	ST LINE	07/00	N	500 00	35 71	71 43	107 14
173	Computer Alternatives (Bldg)	06/19/00	ST LINE	03/00	N	2,054 00	342 33	684 67	1,027 00
171	Darrad Services (CC)	07/21/00	ST LINE	03/00	N	807 00	134 50	269 00	403 50
167	Computer - Computer Alternatives	07/26/00	ST LINE	03/00	N	1,221 83	203 64	407 28	610 92
172	Computer Alternatives (CC)	07/26/00	ST LINE	03/00	N	1,221 83	203 64	407 28	610 92
179	6000 BTU Space Heater (Donated	08/15/00	ST LINE	07/00	N	1 600 00	114 29	228 57	342 86
166	Canoes - Paddling for Life Progra	08/29/00	ST LINE	07/00	N	7,403 00	528 79	1,057 57	1,586 36
200	Acer Computers (2) - Collections	01/01/01	ST LINE	03/00	N	3,700 59	0 00	1,027 94	1,027 94
213	Office Furniture - BF Goodnch	02/01/01	ST LINE	07/00	N	900 00	0 00	96 43	96 43
201	IBM Thinkpad Computer - Legacy	05/01/01	ST LINE	03/00	N	1,533 64	0 00	255 61	255 61
212	14" Jet Bandsaw	06/01/01	ST LINE	07/00	N	650 00	0 00	38 69	38 69
211	IBM Computers (5) Netvista (2) Thi	10/01/01	ST LINE	03/00	N	7,840 00	0 00	217 78	217 78
Total for (Equipment)						130,460 40	56,494 88	19,871 95	76,366 83
1647 Equipment - Burlington									
202	14" 5 HP Table Saw	03/19/01	ST LINE	07/00	N	1,200 00	0 00	100 00	100 00
199	Awning - Otter Creek	05/01/01	ST LINE	07/00	N	4,000 00	0 00	285 71	285 71
203	16" Power Planer	08/30/01	ST LINE	07/00	N	2,100 00	0 00	50 00	50 00
204	Used CAT 5500lb Forklift	08/31/01	ST LINE	07/00	N	6,000 00	0 00	142 86	142 86
Total for (Equipment - Burlington)						13,300 00	0 00	578 57	578 57
1655 Furniture & Fixtures									
11	Furniture & Fixtures	06/15/86	ST LINE	07/00	N	6,244 00	6,244 00	0 00	6,244 00
12	F&F Additions	06/15/87	ST LINE	07/00	N	9,803 00	9,803 00	0 00	9,803 00
13	F&F Additions	06/15/88	ST LINE	07/00	N	4,103 00	4,103 00	0 00	4,103 00
14	F&F Additions	06/15/89	ST LINE	07/00	N	1,385 00	1,385 00	0 00	1,385 00
22	Furniture Additions	05/15/91	ST LINE	07/00	N	359 00	359 00	0 00	359 00
31	Furniture, Cabinets	05/15/92	ST LINE	07/00	N	2,000 00	2,000 00	0 00	2,000 00
71	Furniture & Fixtures Additions	04/30/94	ST LINE	07/00	N	702 63	652 47	50 16	702 63
154	Realworld Payroll Module	12/23/98	ST LINE	03/00	N	606 25	303 12	202 08	505 20

Lake Champlain Maritime Museum

Depreciation Schedule by G/L Account Number

For the 12 Months Ended 10/31/01

06/25/02

01 33PM

Asset No	Asset Description	Date Acquired	Method	Life	Sold?	Cost	Accum Depr 11/01/00	Current Depreciation	Accum Depr 10/31/01
1655 Furniture & Fixtures -									
153	Juniper Research	04/30/99	ST LINE	05/00	N	710 00	213 00	142 00	355 00
	Total for (Furniture & Fixtures)					25,912 88	25,062 59	394 24	25,456 83
1661 Philadelphia II									
16	The Philadelphia	06/15/90	ST LINE	40/00	N	18,316 00	4,808 20	457 90	5,266 10
17	The Philadelphia	05/15/91	ST LINE	40/00	N	18,150 00	4,311 00	453 75	4,764 75
	Total for (Philadelphia II)					36,466 00	9,119 20	911 65	10,030 85
1662 Bruno									
18	The Bruno Schmit	05/15/91	ST LINE	40/00	N	4,682 00	1,112 40	117 05	1,229 45
27	Brunoschmt Restoration	05/15/92	ST LINE	40/00	N	1,832 00	389 40	45 80	435 20
66	Bruno	02/17/94	ST LINE	40/00	N	1,012 41	164 52	25 31	189 83
	Total for (Bruno)					7,526 41	1,666 32	188 16	1,854 48
1664 Boats									
110	14 5' Pike Skiff	04/01/97	ST LINE	40/00	N	500 00	43 75	12 50	56 25
111	25' Old Town Canoe	04/01/97	ST LINE	40/00	N	3,000 00	262 50	75 00	337 50
112	10' Flatiron Maine Lobster Skiff	04/01/97	ST LINE	40/00	N	200 00	17 50	5 00	22 50
113	Decked Rushton Sailing Canoe	04/01/97	ST LINE	40/00	N	2,000 00	175 00	50 00	225 00
114	1976 O'Day Manner Sailboat	04/01/97	ST LINE	40/00	N	3,000 00	262 50	75 00	337 50
115	14' Blue Skiff - circa 1930	04/01/97	ST LINE	40/00	N	200 00	17 50	5 00	22 50
116	Birchbark Canoe	04/01/97	ST LINE	40/00	N	500 00	43 75	12 50	56 25
117	23' Stonehouse Sloop	04/01/97	ST LINE	40/00	N	25,000 00	2,187 50	625 00	2,812 50
118	14' Amesbury Sailing Skiff	04/01/97	ST LINE	40/00	N	1,000 00	87 50	25 00	112 50
119	25' Old Town Canoe	04/01/97	ST LINE	40/00	N	500 00	43 75	12 50	56 25
120	13' Lapstrake Runabout, Merc, Tr	04/01/97	ST LINE	40/00	N	2,000 00	175 00	50 00	225 00
144	Star Class Sailboat w/ Trailer	04/01/98	ST LINE	40/00	N	3,700 00	231 25	92 50	323 75
145	12' St Lawrence Rowing Skiff	04/01/98	ST LINE	40/00	N	2,000 00	125 00	50 00	175 00
146	9' Wooden Cat Boat	04/01/98	ST LINE	40/00	N	800 00	50 00	20 00	70 00
147	14' Rushton Canoe	04/01/98	ST LINE	40/00	N	500 00	31 25	12 50	43 75
148	1940 Penn Yan Dingy	04/01/98	ST LINE	40/00	N	1,000 00	62 50	25 00	87 50
207	"Spirit of Otter Creek" Longboat	05/01/99	ST LINE	07/00	N	15,052 00	3,225 43	2,150 29	5,375 72
208	"Osprey" Longboat	05/01/00	ST LINE	07/00	N	15,888 00	1,134 86	2,269 71	3,404 57
206	18' Cobia Motorboat (Used in Oper	11/01/00	ST LINE	07/00	N	800 00	0 00	114 29	114 29
209	"Redwing" Longboat	05/01/01	ST LINE	07/00	N	16,724 00	0 00	1,194 57	1,194 57
210	"Endeavour" Longboat	05/01/01	ST LINE	07/00	N	12,000 00	0 00	857 14	857 14
205	"Mac" - Chesapeake Bay Drag Bo	09/01/01	ST LINE	40/00	N	8,137 25	0 00	33 91	33 91
	Total for (Boats)					114,501 25	8,176 54	7,767 41	15,943 95
1690 Owen Building									
177	Owen Education Building	07/01/00	ST LINE	30/00	N	408,524 26	6,808 74	13,617 47	20,426 21
	Total for (Owen Building)					408,524 26	6,808 74	13,617 47	20,426 21
1695 Captain White House									
214	Captain White House - Purchase	10/31/01	ST LINE	30/00	N	130,473 81	0 00	11 91	11 91
215	CWH - Land	10/31/01	LAND	00/00	N	25,000 00	0 00	0 00	0 00
	Total for (Captain White House)					155,473 81	0 00	11 91	11 91

Lake Champlain Maritime Museum
Depreciation Schedule by G/L Account Number
For the 12 Months Ended 10/31/01

06/25/02

01 33PM

Asset No	Asset Description	Date Acquired	Method	Life	Sold?	Cost	Accum Depr 11/01/00	Current Depreciation	Accum Depr 10/31/01
	Client Subtotal Before Sales					1,837,599 57	250,166 31	74,410 68	324,576 99
	Less Assets Sold					0 00			0 00
	Total					1,837,599 57	250,166 31	74,410 68	324,576 99

Supporting Statement of.

Form 990 p 4/Part IV-A, Line b(4)

Description	Amount
Cost of Goods Sold	40,849
Raffle Expenses	11,073
Total	<u>51,922</u>

Supporting Statement of

Form 990 p 4/Part IV-A, Line d(2)

Description	Amount
Items netted with investment loss on the audited FS	
Interest & Dividends	77,512
Realized Loss	-34,564
Total	<u>42,948</u>

Supporting Statement of

Form 990 p 4/Part IV-B, Line b(4)

Description	Amount
Cost of Goods Sold	40,849
Raffle Expenses	11,073
Items netted in net investment income	
Interest & Dividends	-77,512
Realized Loss	34,564
Unrealized Loss	95,583
Total	<u>104,557</u>

Additional Information

Form 990 Sch A, Part III, Line 2

Line 2 a) -

The museum leases land from the Basin Harbor Club in Ferrisburgh, Vermont and
shares common board members The museum also contracts for diving services
with a corporation owned by one of its key employees

Additional Information

Form 990 Sch A, Part IV-A, Line 22

Other income for the years 1996 and 1997 consisted of expense
reimbursements, vending machine income, and other miscellaneous income

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time – Must File Original and One Copy.

Type or Print	Name of Exempt Organization	Employer Identification Number
	Lake Champlain Maritime Museum at Basin Harbor, Inc	22-2570380
	Number, Street and Room or Suite Number If a P.O. Box, See Instructions	For IRS Use Only
	4472 Basin Harbor Road	
File by the extended due date for filing the return. See instructions	City, Town or Post Office, State, and ZIP Code For a Foreign Address See Instructions	
	Vergennes VT 05491	

Check type of return to be filed (file a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (Section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

Stop. Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **group return**, enter the organizations four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is **part** of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until Sep 16, 2002
- 5 For calendar year _____, or other tax year beginning Nov 1, 2000 and ending Oct 31, 2001
- 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension Additional time is required in order to compile all of the information necessary to prepare a complete and accurate tax return

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ _____

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____

c **Balance due** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form including accompanying schedules and statements and to the best of my knowledge and belief, it is true correct and complete and that I am authorized to prepare this form

Signature Wallace W. Tapia Title CPA/AGENT Date June 11, 2002

Notice to Applicant – To be Completed by the IRS

- ☐ We **have** approved this application Please attach this form to the organization's return
- ☐ We **have not** approved this application However, we have granted a 10 day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return Please attach this form to the organization's return
- ☐ We **have not** approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10 day grace period
- ☐ We **cannot consider** this application because it was filed after the due date of the return for which an extension was requested
- ☐ Other _____

Director _____ By _____ Date _____

Alternate Mailing Address – Enter the address if you want the copy of this application for an additional 3 month extension returned to an address different than the one entered above

Type or Print	Name
	Wallace W. Tapia, P.C.
	Number and Street (include suite, room, or apartment number) or a P.O. Box Number
	P.O. Box 5777, 27 Main Street
	City or Town, Province or State, and Country (including postal or ZIP code)
	Burlington VT 05402-5777

BAA

Form 8868 (Rev 12-2000)

**Application for Extension of Time to File an
Exempt Organization Return**

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Note Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time** — Only submit original (no copies needed)**Note** Form 990-T corporations requesting an automatic 6-month extension — check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization		Employer Identification Number	
	Lake Champlain Maritime Museum at Basin Harbor, Inc		22-2570380	
	Number, Street, and Room or Suite Number. If a P.O. Box, see instructions.			
	4472 Basin Harbor Road			
	City, Town or Post Office. For a foreign address, see instructions.		State	ZIP Code
	Vergennes		VT	05491

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990 T (Section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990 T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041 A | <input type="checkbox"/> Form 8870 |

- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **group return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole group**, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3 month (6-month, for **990-T corporation**) extension of time until Jun 17, 20 02, to file the exempt organization return for the organization named above. The extension is for the organization's return for▶ ☐ calendar year 20 ____ or▶ ☒ tax year beginning Nov 1, 20 00, and ending Oct 31, 20 012 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069 enter the tentative tax less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____**Signature and Verification**

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, and that I am authorized to prepare this form.

Signature ▶ <u>Wallace J. Luper</u>	Title ▶ CPA/AGENT	Date ▶ <u>February 24, 2002</u>
BAA For Paperwork Reduction Act Notice, see instructions		Form 8868 (12-2000)