

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2005**Open to Public Inspection**Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

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

A For the 2005 calendar year, or tax year beginning Nov 1, 2005, and ending Apr 30, 2006**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use
IRS label
or print
or type.
See
specific
instruc-
tions.**C** Name of organization

Lake Champlain Maritime Museum at Basin Harbor, Inc.

Number and street (or P.O. box if mail is not delivered to street addr) Room/suite

4472 Basin Harbor Road

City, town or country

Vergennes

State ZIP code + 4

VT 05491

D Employer identification number

22-2570380

E Telephone number

(802) 475-2022

F Accounting method:☐ Cash ☒ Accrual☐ Other (specify) ▶Section 501(c)(3) organizations and 4947(a)(1) nonexempt
charitable trusts must attach a completed Schedule A
(Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

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** Group Exemption Number ▶ N/A**M** Check ☐ if the organization is not required
to attach Schedule B (Form 990, 990-EZ, or 990-PF).**G** Web site: ▶ www.lcmm.org**J** Organization type(check only one) ☒ 501(c) 3 (insert no.) ☐ 4947(a)(1) or ☐ 527**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
chooses to file a return, be sure to file a complete return. Some states require a
complete return.**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 838, 421.**Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See instructions)**1** Contributions, gifts, grants, and similar amounts received:**a** Direct public support**1a** 274,210.**b** Indirect public support**1b** 0.**c** Government contributions (grants)**1c** 2,055.**d** Total (add lines 1a through 1c) (cash \$ 265,367. noncash \$ 10,898.)**1d** 276,265.**2** Program service revenue including government fees and contracts (from Part VII, line 93)**2** 189,759.**3** Membership dues and assessments**3****4** Interest on savings and temporary cash investments**4****5** Dividends and interest from securities**5** 39,982.**6a** Gross rents**6a****b** Less: rental expenses**6b****c** Net rental income or (loss) (subtract line 6b from line 6a)**6c****7** Other investment income (describe) ▶**7****8a** Gross amount from sales of assets other
than inventory

(A) Securities

(B) Other

327,498.

8a**b** Less: cost or other basis and sales expenses

288,563.

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

38,935.

8c**d** Net gain or (loss) (combine line 8c, columns (A) and (B))**8d** 38,935.**9** Special events and activities (attach schedule). If any amount is from gaming, check here ☐**a** Gross revenue (not including \$ of contributions
reported on line 1a)**9a****b** Less: direct expenses other than fundraising expenses**9b****c** Net income or (loss) from special events (subtract line 9b from line 9a)**9c****10a** Gross sales of inventory, less returns and allowances**10a** 4,917.**b** Less: cost of goods sold**10b** 3,299.**c** Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) See L-10 Stmt**10c** 1,618.**11** Other revenue (from Part VII, line 103)**11****12** Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)**12** 546,559.**13** Program services (from line 44, column (B))**13** 394,004.**14** Management and general (from line 44, column (C))**14** 97,627.**15** Fundraising (from line 44, column (D))**15** 55,369.**16** Payments to affiliates (attach schedule)**16****17** Total expenses (add lines 16 and 44, column (A))**17** 547,000.**18** Excess or (deficit) for the year (subtract line 17 from line 12)**18** -441.**19** Net assets or fund balances at beginning of year (from line 73, column (A))**19** 4,367,219.**20** Other changes in net assets or fund balances (attach explanation)**20** 83,538.**21** Net assets or fund balances at end of year (combine lines 18, 19, and 20)**21** 4,450,316.**BAA** For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 02/03/06

Form 990 (2005)

SCANNED SEP 21 2006

RUNNER

SUMMARY

TOTAL

6517 16

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 (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23	Specific assistance to individuals (att sch)	23			
24	Benefits paid to or for members (att sch)	24			
25	Compensation of officers, directors, etc	25	37,010.	31,458.	2,776.
26	Other salaries and wages	26	203,490.	148,548.	28,489.
27	Pension plan contributions	27			
28	Other employee benefits	28	11,792.	8,577.	1,988.
29	Payroll taxes	29	21,938.	16,420.	2,852.
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33			
34	Telephone	34	3,708.	1,929.	1,016.
35	Postage and shipping	35	8,005.	6,323.	997.
36	Occupancy	36			
37	Equipment rental and maintenance	37	15,516.	12,256.	1,933.
38	Printing and publications	38	30,216.	22,596.	4,518.
39	Travel	39	7,875.	7,005.	59.
40	Conferences, conventions, and meetings	40			
41	Interest	41	15,419.	0.	15,419.
42	Depreciation, depletion, etc (attach schedule)	42	61,619.	46,637.	8,190.
43	Other expenses not covered above (itemize)				
a	Advertising & Marketing	43a	14,459.	4,200.	9,959.
b	Bank Charges	43b	530.	0.	530.
c	Dues & Subscriptions	43c	3,441.	2,718.	429.
d	Insurance	43d	50,708.	49,011.	351.
e	Other Expenses	43e	4,321.	3,548.	222.
f	Subcontractors & Professionals	43f	33,245.	21,579.	6,453.
g	See Other Expenses Stmt	43g	23,708.	11,199.	11,446.
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	547,000.	394,004.	97,627.

Joint Costs. Check ☒ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ 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 \$ _____

BAA

Form 990 (2005)

Part III Statement of Program Service Accomplishments

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.

What is the organization's primary exempt purpose? ▶ <u>Maritime Museum</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)
a <u>General operation of the museum including courses, educational programs, research and children's programs.</u> <u>For the 2005 season, nearly 20,000 people visited the museum including thousands of school children.</u> (Grants and allocations \$ <u>0.</u>) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	103,143.
b <u>Various educational programs including Champlain Discovery & Longboats that teach boat building, navigation, history and ecology to high school students. Other educational programs include various nautical-related courses and school outreach.</u> (Grants and allocations \$ <u>0.</u>) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	89,378.
c <u>Various Archaeology Projects and Special Exhibits - These include planning for the management of a Revolutionary War Gunboat, the multi-year Lake Survey, underwater preserves management, and the Burlington Schooner project.</u> (Grants and allocations \$ <u>0.</u>) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	201,483.
d _____ _____ _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e <u>Other program services</u> (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f <u>Total of Program Service Expenses</u> (should equal line 44, column (B), Program services) ▶	394,004.

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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	51,656.	45	20,650.
	46 Savings and temporary cash investments	6,536.	46	6,627.
	47a Accounts receivable	47a 84,285.		
	b Less: allowance for doubtful accounts	47b	47c	84,285.
	48a Pledges receivable	48a 38,500.		
	b Less: allowance for doubtful accounts	48b	48c	38,500.
	49 Grants receivable	0.	49	0.
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use	50,141.	52	46,280.
	53 Prepaid expenses and deferred charges		53	
	54 Investments — securities (attach schedule) L-54 Stmt <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	2,215,703.	54	2,586,557.
	55a Investments — land, buildings, & equipment basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b	55c	
56 Investments — other (attach schedule)		56		
57a Land, buildings, and equipment basis	57a 2,951,301.			
b Less: accumulated depreciation (attach schedule) L-57 Stmt	57b 781,902.	2,199,534.	57c	2,169,399.
58 Other assets (describe ► See Line 58 Stmt)	64,100.	58	38,292.	
59 Total assets (must equal line 74). Add lines 45 through 58	4,968,772.	59	4,990,590.	
LIABILITIES	60 Accounts payable and accrued expenses	110,675.	60	87,270.
	61 Grants payable		61	
	62 Deferred revenue	81,484.	62	28,191.
	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)	409,394.	64b	424,813.
	65 Other liabilities (describe ►)		65	
66 Total liabilities. Add lines 60 through 65	601,553.	66	540,274.	
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	1,919,414.	67	1,946,929.
	68 Temporarily restricted	212,607.	68	208,987.
	69 Permanently restricted	2,235,198.	69	2,294,400.
	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, column (B) must equal line 21)	4,367,219.	73	4,450,316.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	4,968,772.	74	4,990,590.

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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	623,499.
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	83,538.
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify): Museum Gift Shop Sales Cost of Goods	b4	3,299.
	Add lines b1 through b4	b	86,837.
c	Subtract line b from line a	c	536,662.
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	9,897.
2	Other (specify):	d2	
	Add lines d1 and d2	d	9,897.
e	Total revenue (Part I, line 12). Add lines c and d	e	546,559.

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

a	Total expenses and losses per audited financial statements	a	540,402.
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify): See Above	b4	3,299.
	Add lines b1 through b4	b	3,299.
c	Subtract line b from line a	c	537,103.
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	9,897.
2	Other (specify):	d2	
	Add lines d1 and d2	d	9,897.
e	Total expenses (Part I, line 17). Add lines c and d	e	547,000.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the 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 plans	(E) Expense account and other allowances
Arthur B. Cohn Basin Harbor Road Vergennes, Vt	Executive Director 40	37,010.	0.	0.
William H. Truex, Jr. Basin Harbor Road Vergennes, VT	Chairman 4	0.	0.	0.
Elliott Bristow Basin Harbor Road Vergennes, VT	Vice-Chair 2	0.	0.	0.
Peter M. Doremus Basin Harbor Road Vergennes, VT	Secretary 2	0.	0.	0.
Roderic G. Giltz Basin Harbor Road Vergennes, VT	Treasurer 2	0.	0.	0.
See List of Officers, Etc Statement				

Part V-A	Current Officers, Directors, Trustees, and Key Employees (continued)
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Yes	No
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75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business as board meetings ▶ 11

b Are any officers, directors, trustees, or key employees listed in Form 990, Part VII-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s)

c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?

Note. Related organizations include section 509(a)(3) supporting organizations.

If 'Yes,' attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization

d Does the organization have a written conflict of interest policy?

Part V-B	Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other
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Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI	Other Information <i>(See the instructions.)</i>
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Yes	No
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76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity

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

78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?

b If 'Yes,' has it filed a tax return on **Form 990-T** for this year?

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement

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?

b If 'Yes,' enter the name of the organization ►

and check whether it is ☐ exempt **or** ☐ nonexempt.

81 a Enter direct and indirect political expenditures. (See line 81 instructions.)

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

Part VI Other Information (continued)

		Yes	No
82 a	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?	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 in Part III.)		
82 b			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84 b		N/A	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
	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	N/A	
d	Section 162(e) lobbying and political expenditures	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
85 a		N/A	
85 b		N/A	
85 c		N/A	
85 d		N/A	
85 e		N/A	
85 f		N/A	
85 g		N/A	
85 h		N/A	
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	N/A	
b	Gross receipts, included on line 12, for public use of club facilities	N/A	
86 a		N/A	
86 b		N/A	
87	501(c)(12) organizations. Enter a Gross income from members or shareholders	N/A	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	N/A	
87 a		N/A	
87 b		N/A	
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		X
89 a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911 ▶ 0, section 4912 ▶ 0, section 4955 ▶ 0		
b	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		X
89 b			X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	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, 2005 (See instructions)	17	
90 b			
91 a	The books are in care of ▶ Susan Jones Telephone number ▶ (802) 475-2022 Located at ▶ 4472 Basin Harbor Road, Vergennes VT ZIP + 4 ▶ 05491		
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 Statements		
91 b			X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country ▶		
91 c			X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year		
		92	N/A

BAA

Form 990 (2005)

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

Note: 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 Maritime projects					168,503.
b Educational programs					21,256.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities			14	39,982.	
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	38,935.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					1,618.
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				78,917.	191,377.
105 Total (add line 104, columns (B), (D), and (E))					270,294.

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 the 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) The Museum does a variety of contract work in the area of nautical archeology and maritime-related research.

See Relationship of Activities to the Accomplishment of Exempt Purposes Statement

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

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer Arthur B. Cohn		Date August 19, 2006	
Paid Preparer's Use Only	Preparer's signature Wallace J. Tapia, CPA		Date July 31, 2006	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 WALLACE W TAPIA PC PO BOX 5777 BURLINGTON VT 05402		EIN	Preparer's SSN or PTIN (See General Instruction W)
	Phone no		(802) 863-6370	

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Organization Exempt Under**
Section 501(c)(3)**(Except Private Foundation) and Section 501(e), 501(f), 501(k),**
501(n), or 4947(a)(1) Nonexempt Charitable Trust**Supplementary Information — (See separate instructions.)****► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No 1545 0047

2005

Name of the organization

Lake Champlain Maritime Museum at Basin Harbor, Inc.

Employer identification number

22-2570380

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 and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ►		NONE		

Part II – A 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 II – B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None'. See instructions.)

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

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

Schedule A (Form 990 or 990-EZ) 2005

Part III Statements About Activities (See instructions)

	Yes	No
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 \rightarrow \$ <u>0.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1	X
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 substantial contributors, 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? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part V, Form 990	2d	X
e Transfer of any part of its income or assets?	2e	X
3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

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.)
- 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 \rightarrow _____
- 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). Check the box that describes the type of supporting organization \rightarrow ☐ Type 1 ☐ Type 2 ☐ Type 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	938,455.	781,515.	1,153,940.	1,014,437.	3,888,347.
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 related to the organization's charitable, etc., purpose	502,740.	643,066.	392,041.	545,146.	2,082,993.
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	71,670.	80,766.	57,689.	60,657.	270,782.
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.	0.	0.	0.
23 Total of lines 15 through 22	1,512,865.	1,505,347.	1,603,670.	1,620,240.	6,242,122.
24 Line 23 minus line 17	1,010,125.	862,281.	1,211,629.	1,075,094.	4,159,129.
25 Enter 1% of line 23	15,129.	15,053.	16,037.	16,202.	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	26a	83,183.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		26b	286,061.
c Total support for section 509(a)(1) test: Enter line 24, column (e)		26c	4,159,129.
d Add: Amounts from column (e) for lines 18 270,782. 19 0.		26d	556,843.
22 0. 26b 286,061.		26e	3,602,286.
e Public support (line 26c minus line 26d total)		26f	86.61 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))			

27 Organizations described on line 12:	
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2004) _____ (2003) _____ (2002) _____ (2001) _____	
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records 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 11b, as well as individuals.) Do not file this list with your return. 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: (2004) _____ (2003) _____ (2002) _____ (2001) _____	
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c
d Add: Line 27a total _____ and line 27b total _____	27d
e Public support (line 27c total minus line 27d total)	27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

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?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
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?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
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?	34a		
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.	34b		
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	35		

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 ☐ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked 'a' 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 —	The lobbying nontaxable amount is —		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$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) 2005	(b) 2004	(c) 2003	(d) 2002	(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.

BAA

Schedule A (Form 990 or 990-EZ) 2005

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

Name <u>Lake Champlain Maritime Museum at Basin Harbor, Inc.</u>	Employer Identification Number <u>22-2570380</u>
---	---

Part I, Line 8, Column (A) Securities

Public Securities

Description	Gross Sales Price	Basis	
<u>Publicly Traded Securities</u>	<u>327,498.</u>	Cost	<u>288,563.</u>
		Selling Expenses	
		Basis	<u>288,563.</u>

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			<u>327,498.</u>	<u>288,563.</u>
Gain or (Loss) from Sale of Securities				<u>38,935.</u>

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					

Supporting Statement of:

Form 990 p 1/Line 20

Description	Amount
Net Unrealized Gain on Investments	83,538.
Total	83,538.

Miscellaneous Statement

<u>Part II Line 42 Depreciation</u>	<u>Cost</u>	<u>Depreciation</u>
<u>Buildings and Improvements; S/L 7-40 yrs</u>	<u>1,623,972.</u>	<u>27,491.</u>
<u>Collections and Displays; S/L 7-40 yrs</u>	<u>448,252.</u>	<u>8,361.</u>
<u>Boats; S/L 7-40 yrs</u>	<u>657,169.</u>	<u>15,860.</u>
<u>Library; S/L 7 years</u>	<u>5,581.</u>	<u>89.</u>
<u>Equipment; S/L 3-10 yrs</u>	<u>190,414.</u>	<u>9,818.</u>
<u>Furniture and Fixtures; S/L 5-7 yrs</u>	<u>25,913.</u>	<u>0.</u>
 Total	 <u><u>2,951,301.</u></u>	 <u><u>61,619.</u></u>

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

Other expenses not covered above (itemize):	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Office Expense	12,426.	9,814.	1,549.	1,063.
Investment Fees	9,897.	0.	9,897.	0.
Training & Education	1,385.	1,385.	0.	0.
Total	<u>23,708.</u>	<u>11,199.</u>	<u>11,446.</u>	<u>1,063.</u>

Form 990, Page 5, Part V-A

List of Officers, Etc. Statement

(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
Robert H. Beach, Jr. Basin Harbor Road Vergennes, VT	Governing Trustee 2	0.	0.	0.
Larry DeShaw Basin Harbor Road Vergennes, VT	Governing Trustee 2	0.	0.	0.
Frances Foster Basin Harbor Road Vergennes, VT	Governing Trustee 2	0.	0.	0.
John Hoehl Basin Harbor Road Vergennes, VT	Governing Trustee 2	0.	0.	0.
Sandy Jacobs Basin Harbor Road Vergennes, VT	Governing Trustee 2	0.	0.	0.
Roger C. Stone Basin Harbor Road Vergennes, VT	Governing Trustee 2	0.	0.	0.
Wade Weathers Basin Harbor Road Vergennes, VT	Governing Trustee 2	0.	0.	0.

Form 990, Page 8, 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).
93 b)	The Museum offers a variety of children's maritime-related programs as well as boat building and related courses to the general public.
102	Sales of books, educational materials, and other items which stimulate interest in the Museum and its programs.

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	4,917.	3,299.	1,618.
Total	<u>4,917.</u>	<u>3,299.</u>	<u>1,618.</u>

Form 990, Page 4, Part IV, Line 54

Investments - Securities Statement

Line 54 – Investments - Securities:	Beginning of Year	End of Year
Cash and Money Funds	300,896.	276,724.
Corporate Bonds and Bond Funds	763,850.	861,309.
Corporate Stocks	1,150,957.	1,448,524.
(All of the above stated at year-end fair market value)		
Total	<u>2,215,703.</u>	<u>2,586,557.</u>

Form 990, Page 4, Part IV, Lines 57a & 57b

Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
Buildings and Improvements	1,623,972.	343,667.	1,280,305.
Collections and Displays	448,252.	139,914.	308,338.
Boats	657,169.	121,511.	535,658.
Library	5,581.	5,581.	0.
Equipment	190,414.	145,316.	45,098.
Furniture and Fixtures	25,913.	25,913.	0.
Total	<u>2,951,301.</u>	<u>781,902.</u>	<u>2,169,399.</u>

Form 990, Page 4, Part IV, Line 58

Other Assets Statement

Line 58 - Other Assets:	Beginning of Year	End of Year
Donated Boats for Sale	32,900.	9,800.
Prepaid Expenses	31,200.	28,492.
Total	<u>64,100.</u>	<u>38,292.</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 for
\$1 per year - a corporation co-owned by a member of the Board of Directors.

Additional Information For Tax Return

Lake Champlain Maritime Museum at Basin Harbor, Inc.

22-2570380

Form 990 p 1

2005 Form 990

The Lake Champlain Maritime Museum at Basin Harbor, Inc. has changed its annual accounting period from a November 1 through October 31 fiscal year to a May 1 through April 30 fiscal year resulting in the attached filing requirement for the period of November 1, 2005 through April 30, 2006. Pursuant to the Provision of Revenue Procedure 85-58, 1985-2 C.B. 740, the prior approval of the Commissioner is not required.