

**Return of Organization Exempt From Income Tax**

**2006**

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the **2006** calendar year, or tax year beginning , **2006**, and ending ,

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

**C** Name of organization  
 Shelburne Falls Trolley Museum, Inc.  
 Number and street (or P.O. box if mail is not delivered to street addr) Room/suite  
 14 Depot St., P.O. Box 272  
 City, town or country State ZIP code + 4  
 Shelburne Falls MA 01370-0272

**D** Employer Identification Number  
 04-3133373

**E** Telephone number  
 (413) 625-9443

**F** Accounting method:  Cash  Accrual  
 Other (specify) ▶

**G** Web site: ▶ N/A

**J** Organization type (check only one) .....  501(c) 3 ◀ (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **44, 673.**

**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 ... ▶  
**M** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

<b>1</b> Contributions, gifts, grants, and similar amounts received:				
a	Contributions to donor advised funds	1 a	14,028.	
b	Direct public support (not included on line 1a)	1 b		
c	Indirect public support (not included on line 1a)	1 c		
d	Government contributions (grants) (not included on line 1a)	1 d		
e	Total (add lines 1a through 1d) (cash \$ 14,028. noncash \$ 0.)	1 e	14,028.	
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	2	825.	
<b>3</b>	Membership dues and assessments	3	9,060.	
<b>4</b>	Interest on savings and temporary cash investments	4	515.	
<b>5</b>	Dividends and interest from securities	5		
<b>6a</b>	Gross rents	6 a	9,205.	
<b>b</b>	Less: rental expenses	6 b	9,963.	
<b>6c</b>	Net rental income or (loss). Subtract line 6b from line 6a	6 c	-758.	
<b>7</b>	Other investment income (describe )	7		
<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
<b>b</b>	Less: cost or other basis and sales expenses	8 a		
<b>c</b>	Gain or (loss) (attach schedule)	8 b		
<b>d</b>	Net gain or (loss). Combine line 8c, columns (A) and (B)	8 c		
<b>8d</b>		8 d		
<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
<b>a</b>	Gross revenue (not including \$ 0. of contributions reported on line 1b)	9 a	566.	
<b>b</b>	Less: direct expenses other than fundraising expenses	9 b	718.	
<b>9c</b>	Net income or (loss) from special events. Subtract line 9b from line 9a	9 c	-152.	See L-9 Stmt
<b>10a</b>	Gross sales of inventory, less returns and allowances	10 a	10,474.	
<b>b</b>	Less: cost of goods sold	10 b	3,759.	
<b>10c</b>	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10 c	6,715.	See L-10 Stmt
<b>11</b>	Other revenue (from Part VII, line 103)	11		
<b>12</b>	<b>Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	30,233.	
<b>13</b>	Program services (from line 44, column (B))	13	12,069.	
<b>14</b>	Management and general (from line 44, column (C))	14	729.	
<b>15</b>	Fundraising (from line 44, column (D))	15	0.	
<b>16</b>	Payments to affiliates (attach schedule)	16		
<b>17</b>	<b>Total expenses.</b> Add lines 16 and 44, column (A)	17	12,798.	
<b>18</b>	Excess or (deficit) for the year. Subtract line 17 from line 12	18	17,435.	
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	19	309,413.	
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	20		
<b>21</b>	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	326,848.	

**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.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch)	25a	0.	0.	0.	0.
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch)	25b				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26				
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31	600.	0.	600.	0.
32 Legal fees	32				
33 Supplies	33	270.	243.	27.	0.
34 Telephone	34	519.	467.	52.	0.
35 Postage and shipping	35				
36 Occupancy	36	2,963.	2,963.	0.	0.
37 Equipment rental and maintenance	37	947.	947.	0.	0.
38 Printing and publications	38	1,626.	1,626.	0.	0.
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41	1,811.	1,811.	0.	0.
42 Depreciation, depletion, etc (attach schedule)	42	3,747.	3,747.	0.	0.
43 Other expenses not covered above (itemize):					
a Dues and subscriptions	43a	144.	94.	50.	0.
b Miscellaneous	43b	171.	171.	0.	0.
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	12,798.	12,069.	729.	0.

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 \$ \_\_\_\_\_

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? Preserving railroad/trolley history
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.)

a Preserved SF&C combination passenger-baggage car for exhibiton to the public. Maintained museum and artifacts. Over 3,167 passengers/visitors. 153 members.
(Grants and allocations \$ 12,069. ) If this amount includes foreign grants, check here

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

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

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

e Other program services
(Grants and allocations \$ ) If this amount includes foreign grants, check here

f Total of Program Service Expenses (should equal line 44, column (B), Program services) 12,069.

BAA

**Part IV Balance Sheets** (See the 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 .....	5,113.	45	2,734.	
	46	Savings and temporary cash investments .....	13,234.	46	1,143.	
	47a	Accounts receivable .....	47 a			
		b Less: allowance for doubtful accounts .....	47 b		47 c	
	48a	Pledges receivable .....	48 a			
		b Less: allowance for doubtful accounts .....	48 b		48 c	
	49	Grants receivable .....		49		
	50 a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule) .....		50 a		
		b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) .....		50 b		
	51 a	Other notes and loans receivable (attach schedule) .....	51 a			
		b Less: allowance for doubtful accounts .....	51 b		51 c	
	52	Inventories for sale or use .....	784.	52	713.	
	53	Prepaid expenses and deferred charges .....		53		
	54 a	Investments – publicly-traded securities .....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54 a	
		b Investments – other securities (attach sch) .....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54 b	
	55 a	Investments – land, buildings, & equipment: basis .....	55 a			
		b Less: accumulated depreciation (attach schedule) .....	55 b		55 c	
	56	Investments – other (attach schedule) .....		56		
	57 a	Land, buildings, and equipment: basis .....	57 a	245,259.		
	b Less: accumulated depreciation (attach schedule) .....	57 b	19,838.			
			182,855.	57 c	225,421.	
58	Other assets, including program-related investments (describe ► <u>Collections</u> .....		219,788.	58	219,788.	
59	<b>Total assets</b> (must equal line 74). Add lines 45 through 58 .....		421,774.	59	449,799.	
LIABILITIES	60	Accounts payable and accrued expenses .....		60		
	61	Grants payable .....		61		
	62	Deferred revenue .....		62		
	63	Loans from officers, directors, trustees, and key employees (attach schedule) .....		63		
	64 a	Tax-exempt bond liabilities (attach schedule) .....		64 a		
		b Mortgages and other notes payable (attach schedule) .....		112,361.	64 b	122,951.
	65	Other liabilities (describe ► .....			65	
66	<b>Total liabilities.</b> Add lines 60 through 65 .....		112,361.	66	122,951.	
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 .....	309,413.	67	326,848.	
	68	Temporarily restricted .....		68		
	69	Permanently restricted .....		69		
	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	<b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) .....		309,413.	73	326,848.	
74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....		421,774.	74	449,799.	

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

				N/A	
a	Total revenue, gains, and other support per audited financial statements .....			a	
b	Amounts included on line a but not on Part I, line 12:				
	1 Net unrealized gains on investments .....	b1			
	2 Donated services and use of facilities .....	b2			
	3 Recoveries of prior year grants .....	b3			
	4 Other (specify): .....	b4			
	Add lines b1 through b4 .....			b	
c	Subtract line b from line a .....			c	
d	Amounts included on Part I, line 12, but not on line a:				
	1 Investment expenses not included on Part I, line 6b .....	d1			
	2 Other (specify): .....	d2			
	Add lines d1 and d2 .....			d	
e	Total revenue (Part I, line 12). Add lines c and d .....			e	

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

				N/A	
a	Total expenses and losses per audited financial statements .....			a	
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): .....	b4			
	Add lines b1 through b4 .....			b	
c	Subtract line b from line a .....			c	
d	Amounts included on Part I, line 17, but not on line a:				
	1 Investment expenses not included on Part I, line 6b .....	d1			
	2 Other (specify): .....	d2			
	Add lines d1 and d2 .....			d	
e	Total expenses (Part I, line 17). Add lines c and d .....			e	

**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
Robert "Sam" Bartlett 83 River Road Leyden, MA 01337	President 1	0.	0.	0.
David Dye P O Box 346 Jacksonville, VT 05342	Vice Pres 5	0.	0.	0.
David Bartlett 44 Ashfield Rd Shelburne Falls, MA 01337	Clerk 10	0.	0.	0.
Lawrence Werner 34 Johnson Road Shelburne Falls, MA 01370	Chairman 2	0.	0.	0.
Betsy Wholey Osell 40 Eldridge Rd Conway, MA 01341	Treasurer 10	0.	0.	0.
See List of Officers, Etc. Statement				



