

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

Department of the Treasury  
Internal Revenue Service

For calendar year 2008 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_ See separate instructions.

Open to Public Inspection for 501(c)(3) Organizations Only

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section</p> <p><input checked="" type="checkbox"/> 501 ( C ) ( 3 )</p> <p><input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)</p> <p><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)</p> <p><input type="checkbox"/> 529(a)</p>	<b>Print or Type</b>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) Shelburne Falls Trolley Museum, Inc.</p> <p>Number, street, and room or suite no. If a P.O. box, see page 9 of instructions. 14 Depot St., P.O. Box 272</p> <p>City or town, state, and ZIP code Shelburne Falls MA 01370</p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions for Block D on page 9.) 04-3133373</p> <p><b>E</b> Unrelated business activity codes (See instructions for Block E on page 9.) 531120</p>
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**C** Book value of all assets at end of year 451,474

**F** Group exemption number (See instructions for Block F on page 9.) N/A

**G** Check organization type  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Describe the organization's primary unrelated business activity.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation.

**J** The books are in care of Betsy Wholey Osell Telephone number 413-369-4022

Part I Unrelated Trade or Business Income				(A) Income	(B) Expenses	(C) Net
<b>1 a</b>	Gross receipts or sales					
<b>b</b>	Less returns and allowances			0		
			<b>c</b> Balance ▶	<b>1c</b>		
<b>2</b>	Cost of goods sold (Schedule A, line 7)					
<b>3</b>	Gross profit. Subtract line 2 from line 1c			0		0
<b>4 a</b>	Capital gain net income (attach Schedule D)					
<b>b</b>	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)					
<b>c</b>	Capital loss deduction for trusts					
<b>5</b>	Income (loss) from partnerships and S corporations (attach statement)					
<b>6</b>	Rent income (Schedule C)					
<b>7</b>	Unrelated debt-financed income (Schedule E)			4,475	6,447	-1,972
<b>8</b>	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)					
<b>9</b>	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)					
<b>10</b>	Exploited exempt activity income (Schedule I)					
<b>11</b>	Advertising income (Schedule J)					
<b>12</b>	Other income (See page 11 of the instructions; attach schedule.)					
<b>13</b>	<b>Total.</b> Combine lines 3 through 12			4,475	6,447	-1,972

Part II Deductions Not Taken Elsewhere (See page 11 of the instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)						
<b>14</b>	Compensation of officers, directors, and trustees (Schedule K)					
<b>15</b>	Salaries and wages					
<b>16</b>	Repairs and maintenance					
<b>17</b>	Bad debts					
<b>18</b>	Interest (attach schedule)					
<b>19</b>	Taxes and licenses					
<b>20</b>	Charitable contributions (See page 13 of the instructions for limitation rules.)					
<b>21</b>	Depreciation (attach Form 4562)			<b>21</b>		
<b>22</b>	Less depreciation claimed on Schedule A and elsewhere on return			<b>22a</b>	<b>22b</b>	
<b>23</b>	Depletion					
<b>24</b>	Contributions to deferred compensation plans					
<b>25</b>	Employee benefit programs					
<b>26</b>	Excess exempt expenses (Schedule I)					
<b>27</b>	Excess readership costs (Schedule J)					
<b>28</b>	Other deductions (attach schedule)					
<b>29</b>	<b>Total deductions.</b> Add lines 14 through 28					0
<b>30</b>	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13					-1,972
<b>31</b>	Net operating loss deduction (limited to the amount on line 30)					
<b>32</b>	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30					-1,972
<b>33</b>	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)					
<b>34</b>	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32					-1,972

Part III Tax Computation

Table with 3 columns: Description, Amount, and Total. Rows include Organizations Taxable as Corporations (lines 35-39) and Trusts Taxable at Trust Rates (lines 36-39).

Part IV Tax and Payments

Table with 3 columns: Description, Amount, and Total. Rows include Foreign tax credit (lines 40a-40e), Other taxes (lines 41-43), Payments (lines 44a-44f), and Total payments (line 45).

Part V Statements Regarding Certain Activities and Other Information (see instructions on page 18)

Table with 3 columns: Question, Yes, No. Rows include questions about foreign interest, foreign trusts, and tax-exempt interest.

Schedule A—Cost of Goods Sold. Enter method of inventory valuation

Table with 3 columns: Description, Amount, and Total. Rows include Inventory at beginning/end of year, Purchases, Cost of labor, and Cost of goods sold.

Sign Here section with fields for Signature of officer, Date (4/26/2009), and Title (Treasurer).

Paid Preparer's Use Only section with fields for Preparer's signature, Date, Check if self-employed, Preparer's SSN or PTIN, Firm's name, EIN, and Phone no.

**Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions on page 19)

1 Description of property		
(1)		
(2)		
(3)		
(4)		
2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0	0
<b>(c) Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . . ▶		<b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) ▶ 0

**Schedule E—Unrelated Debt-Financed Income** (see instructions on page 19)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1) Office Space @ 14 Depot St., Shelburne Falls, MA		9,945	4,571	9,755
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 × column 6)	8 Allocable deductions (column 6 × total of columns 3(a) and 3(b))
(1) 97,551	218,408	45%	4,475	6,447
(2)		%	0	0
(3)		%	0	0
(4)		%	0	0
<b>Totals</b> . . . . . ▶			4,475	6,447
<b>Total dividends-received deductions</b> included in column 8 . . . . . ▶				

**Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions on page 20)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> . . . . . ▶			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0

**Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions on page 21)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				0
(2)				0
(3)				0
(4)				0
<b>Totals</b>	Enter here and on page 1, Part I, line 9, column (A). 0			Enter here and on page 1, Part I, line 9, column (B). 0

**Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions on page 21)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)			0			0
(2)			0			0
(3)			0			0
(4)			0			0
<b>Totals</b>	Enter here and on page 1, Part I, line 10, col. (A). 0	Enter here and on page 1, Part I, line 10, col. (B). 0				Enter here and on page 1, Part II, line 26. 0

**Schedule J—Advertising Income** (see instructions on page 21)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5))	0	0	0	0	0	0

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)			0			0
(2)			0			0
(3)			0			0
(4)			0			0
<b>(5) Totals from Part I</b>	0	0				0
<b>Totals, Part II</b> (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 0	Enter here and on page 1, Part I, line 11, col. (B). 0				Enter here and on page 1, Part II, line 27. 0

**Schedule K—Compensation of Officers, Directors, and Trustees** (see instructions on page 22)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14			0