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## **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

For the 2015 calendar year, or tax year beginning and ending C Name of organization Orleans County Historical Society, Inc. D Employer identification number Check if applicable Address change Doing business as Number and street (or P O box if mail is not delivered to street address) 03-6010727 Name change 109 Old Stone House Road E Telephone number Initial return City or town ZIP code (802) 854-2022 Brownington 05860 Final return/terminated Foreign country name Foreign postal code Foreign province/state/county Amended return Gross receipts \$ F Name and address of principal officer Application pending H(a) is this a group return for subordinates? Courtney Mead, President 109 Old Stone House Road, Brownington, VT H(b) Are all subordinates included? X 501(c)(3) If "No," attach a list (see instructions) 501(c) ) < (insert no ) 4947(a)(1) or Tax-exempt status Website: ▶ www.oldstonehousemuseum ora H(c) Group exemption number X Corporation K Form of organization Association VT Part I **Summary** Briefly describe the organization's mission or most significant activities: Governance Society's buildings in Brownington's historic district, collect record and preserve artifacts relating to Orleans County, develop school and public educational programs. Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . Number of independent voting members of the governing body (Part VI, line 1b). 11 Total number of individuals employed in calendar year 2015 (Part V, line 2a) . . . 8 Total number of volunteers (estimate if necessary) . . . 6 Total unrelated business revenue from Part VIII, column (6), line 12 Net unrelated business taxable income from Form 990-T, line 34 EVED 0 0 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 155.954 127.422 Program service revenue (Part VIII, line 2g) . . . 22,298 22,345 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 113,807 17,807 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, @Cabiffe UT 11 1.729 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12). 292,059 12 169,303 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3). Benefits paid to or for members (Part IX, column (A), line 4) . . . . . 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 106,620 92,817 15 Professional fundraising fees (Part IX, column (A), line 11e) . . . 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ b 161,567 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . . 17 178,676 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 271,493 18 268,187 23,872 -102,190 19 Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 2,326,732 20 2,463,168 Total assets (Part X, line 16). 21 Total liabilities (Part X, line 26) . . . . 4.760 2.854 Net assets or fund balances. Subtract line 21 from line 20 2.458.408 2,323,878 Signature Block Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign executive direc Here Type or print name and Print/Type preparer's name Paid P00239088 5/11/2016 self-employed Paul Barone Preparer ► Paul A. Barone, CPA, PLC Firm's EIN > 43-2036242 Firm's name Use Only Firm's address ► PO Box 251, St Johnsbury, VT 05819 802-535-5550

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . .

No

X Yes

SCANNED

If "Yes," complete Schedule G, Part III.

Part	V Checklist of Required Schedules			
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
-	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	<b>-</b>	<del>^-</del>	├
•		3		ا ا
	·	}-		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			[ ]
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			1
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	1		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	1		ĺ
	"Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	<b></b>		<del>  ^`</del>
•	complete Schedule D, Part III	8	×	
		<b>  °</b>	<del>  ^-</del>	-
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt			۱.,
	negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted		ŀ	l
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		- 4	
	VII, VIII, IX, or X as applicable	. 5		3.7
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	116		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	<u> </u>		
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	<del> </del>		<del>  ^`</del>
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		x
_		11e		<del>  ^</del>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	TTE	├^	
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<u> </u>	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1	1	l
	Schedule D, Parts XI and XII.	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u> </u>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	··•		<del>  ^`</del>
10	and the diganization report on Fart IA, column (A), time 3, more than \$5,000 or aggregate grants or other	16	l	x
4-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	10	$\vdash$	<del>  ^</del>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			l v
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17	<del> </del>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	]	j	]
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	1	l	1

	•		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25a	24a		Χ
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or		ŀ	
	disqualified persons? If "Yes," complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	1 1	- 1	
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		- 1	
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	-		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	<b></b> ∤	_X_
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	_		
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		_X_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	_	İ	
	conservation contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	_		
	Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	ا مم ا		v
22	If "Yes," complete Schedule N, Part II	32		<u> </u>
33	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	,,	l	v
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	33		<u> </u>
34		34		Х
250	III, or IV, and Part V, line 1	35a		$\hat{\mathbf{x}}$
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	35a	-	
U	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	330	-+	
55	organization? If "Yes," complete Schedule R, Part V, line 2	36	l	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
51	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<del> </del>		
<b>J</b> O	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	x	
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		. 51111		

	90 (2015) Orleans County Historical Society, Inc03-601	10727	P	age C
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u>· ·</u>	٠	ᆜ
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 8	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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)?	4a		X
þ	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		L_
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
f ~	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		x
g	If the organization received a contribution of qualified intellectual property, and the organization file 1 of the observed as required. The left the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		X
n 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources			Ė
	against amounts due or received from them.)	40-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	1Ja		
L	Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand			
C	Lines and discourse of records of finance in the first of	T	т —	1

Did the organization receive any payments for indoor tanning services during the tax year? .

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

Form 990 (2015) Orleans County Historical Society, Inc. 03-6010727 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI..... Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent . . . 11 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . . . . 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?. Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . . Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?... 7a Are any governance decisions of the organization reserved to (or subject to approval by) members. 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code No Did the organization have local chapters, branches, or affiliates? 10a Х If "Yes," did the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 Χ Did the organization have a written document retention and destruction policy? . Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a 15b Х If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . 16a If "Yes." did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records

109 Old Stone House Road, Brownington, VT 05860

Peggy Day Gibson

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Form 990 (2015)	Orleans County Historical Society,	Inc								03-60107	727	Page <b>7</b>
Part VII	Compensation of Officers, Dire		es, ł	(ey	En	nple	oyee	s, I	lighest Comp			rage I
	Employees, and Independent C	ontractors		-		-	•					
•	Check if Schedule O contains a r										<u> </u>	
Section A.	Officers, Directors, Trustees, Key E									<u> </u>		
1a Complete organization's	this table for all persons required to be tax year.	listed. Report co	mper	ısat	ion	for t	he ca	len	dar year ending v	with or within the	•	
List all of compensat	of the organization's <b>current</b> officers, d ion. Enter -0- in columns (D), (E), and (	rectors, trustees	s (who	ethe	er ind	divid	duals	or c	organizations), re	gardless of amo	unt	
<ul> <li>List all</li> </ul>	<ul> <li>List all of the organization's current key employees, if any See instructions for definition of "key employee."</li> <li>List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)</li> </ul>											
who received	reportable compensation (Box 5 of For and any related organizations	m W-2 and/or B	ox 7 (	of Fo	orm	109	9-MI	SC)	of more than \$1	00,000 from the	усс)	
• List all \$100,000 of re	of the organization's <b>former</b> officers, ke eportable compensation from the organ	y employees, ar ization and any	nd hig relate	hes	st co rgar	mpo	ensat tions.	ed e	employees who r	received more th	an	
<ul> <li>List all</li> </ul>	of the organization's <b>former directors</b> of the organization of th	or trustees that	recei	ved	, in t	the (	capad	city :	as a former direct lated organizatio	ctor or trustee of	the	
List persons ii	n the following order individual trustees employees, and former such persons		-						•			
Check the	s box if neither the organization nor an	y related organiz	ation	cor	npe	nsa	ted a	nv c	urrent officer, du	rector, or trustee	_	
						C)		<u> </u>	<u> </u>		l .	
						ition						
	(A) Name and Title	(B) Average					than o		(D) Reportable	(E) Reportable	(I Estin	F) nated
		hours per			d a d	irect	or/trust	ee)	compensation	compensation	amou	int of
		week (list any hours for related organizations	Individual trustee or director	Institutional trustee	Officer	Key emplo	Highest co employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization	
		below dotted line)	trustee	al trustee		уее	Highest compensated employee				and re organi	elated zations
(1) Courtne	ey Mead	1 00			T							
President		0 00		l	Х							
(2) Michae	l Murphy	1 00										-
Secretary		0.00	-	<u> </u>	X	<u> </u>		_				
(3) Howlan	d Swift	1.00			l,			l				
Treasurer (4) Chris B	raithwaite	0 00 1.00		├	Х	⊨	-	⊢	<del></del> -			
Director	raid waite	0.00	1	ŀ								
(5) Jane B	Greenwood	1.00		T	1							
Director		0.00		ł	İ							
(6) Anne B	rooks	1.00			Î							
Director		0.00										
(7) Richard	Simpson	1.00										
Director		0.00	_	_	├-			ļ				
(8) Darlene	Young	1 00										
Director (9) Sara H.	McKoppy	0 00		$\vdash$	├	-						
Vice Presiden		1.00 0.00			x							

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30,500

(10) Barbara Thompson
Director

(12) Peggy Day Gibson
Executive Director

(13)

(11) Roger Poirier
Director

(14)

Pa	Section A. Officers, Directors, T	rustees, Key Em	ploye	es,	and	iH b	ghes	t C	ompensated Em	ployees (contin	ued)
	•				-	C) sition					
	` (A) Name and title	(B)	(B) (do not check more than one (D)				(E)	(F)			
	Name and due	Average hours per		er an	dad	lirecto	or/trust	ee)	Reportable compensation	Reportable compensation	Estimated amount of
		week (list any hours for	익절	Ins	읓	.ee	Hig	Fo	from the	from related organizations	other
		related	Individual i	<b>  E</b>	ह्र <mark>्</mark>	y en	hest ploy	Former	organization	(W-2/1099-MISC)	compensation from the
		organizations below dotted	학교	onal		Key employee	မီ ညှ		(W-2/1099-MISC)		organization and related
		line)	Individual trustee or director	Institutional trustee		8	pen				organizations
			"	8			Highest compensated employee				
/1E\		· <del> </del> · · · · · · · · · · · · · · · · · · ·		┢	<u> </u>						
Tist.		·									
(16)						<del>                                     </del>				· · · · · ·	
			1								
(17)											
			<u> </u>	$ldsymbol{ldsymbol{ldsymbol{ldsymbol{eta}}}$		_					
(18)			.								
(40)			-	├	<b> </b>						
(15)			-[	1							
(20)		-	<del>                                     </del>	┢	$\vdash$			_			
.\=\1.			1								
(21)			ĺ								
(22)	•••••••••••••••••										
			ļ	<u> </u>		<u> </u>					
(23)		<del> </del>									
(24)	~~~	·							-		
.\22/.		<del> </del>									
(25)											
1b			•					<b>•</b>	30,500	0	0
С	Total from continuation sheets to Part VII,								0	0	0
d_									30,500	0	0
2	Total number of individuals (including but not reportable compensation from the organization		stea a		•	vno	recei	ved	more than \$100	,000 of	
	reportable compensation from the organization	лі –		-	0						Yes No
3	Did the organization list any <b>former</b> officer, di	rector, or trustee.	kev e	ame	love	e. o	r hial	nesi	t compensated	1	109 110
	employee on line 1a? If "Yes," complete Sche						_				3 X
4	For any individual listed on line 1a, is the sum	of reportable cor	npens	satio	n a	nd c	ther	con	pensation from		
	the organization and related organizations gro									ካ	
	ındıvıdual										4 X
5	Did any person listed on line 1a receive or ac	crue compensatio	n fror	n ar	ıy u	nrel	ated (	orga	anızatıon or indiv	ridual	
	for services rendered to the organization? If "	Yes," complete So	chedu	ıle J	for	suc	h per	son	<u> </u>		5 X
	tion B. Independent Contractors										
1	Complete this table for your five highest components to from the organization. Report of	•									-av
	year.	compensation for	u ie Ce	alei i	uai	yea	enu	ıı ıy	with or within the	organizations t	ax
	(A)	-··· ,							(B)	· · · · ·	(C)
	Name and business a	ddress							Description of serv	vices C	Compensation
											0
									<u></u>		0
											0
		·									0
	Total number of independent contractors (inc	luding but not limi	ted to	tho	se I	iste	d abo	ve)	who received		0
-	more than \$100,000 of compensation from th	-	<b>•</b>		•		0	,			

	990 (20	· · · · · · · · · · · · · · · · · · ·	nc				03-601	0727 Page 9
Par	t VIII							
		Check if Schedule O contains a respon	se or	note to any line in				· · · · <u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
~ ·	1a	Federated campaigns	. 1a	0		TOVETTUE	<del></del>	512-514
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b	19,384				
S, G	С	Fundraising events	10	0	l			
ar / ar	d	Related organizations	1d	0				
S, E	е	Government grants (contributions)	. 1e	16,333	i			
er S	f	All other contributions, gifts, grants, and						
년 ફ		similar amounts not included above	1f	91,705				
Cont	g	Noncash contributions included in lines 1a-1f:	\$	0	1			
	h	Total. Add lines 1a-1f			127,422			
9				Business Code				
Ε	2a	Museum admissions		900099	7,724			
æ	b	Programs		900009	14,621			
<u>8</u>	С				0			
Sen	d				0			
Program Service Revenue	е				0			
oge	f	All other program service revenue			0			
	g	Total. Add lines 2a–2f	<u> </u>		22,345			
	3	Investment income (including dividends, in		, and				
		other similar amounts)		▶ [	33,885			33,885
	4	Income from investment of tax-exempt bor	id pro	ceeds.	0			
	5	Royalties	<u></u>	<u></u> . ►	0			
		(ı) Re	al	(ii) Personal				
	6a	Gross rents	-					
	b	Less rental expenses						
	C	Rental income or (loss) .	0	0				
	d	· · · · · · · · · · · · · · · · · · ·		<u>.</u> . <b>.</b>	0			
	7a	Gross amount from sales of (i) Secui	rities	(II) Other				
		assets other than inventory 14	7,071	0				
	b	Less cost or other basis			1			
			3,149					
	С		6,078	0		- ,		
	d	Net gain or (loss)		<u> ▶</u>	-16,078	·		ļ
4	_							
Jue	8a							
Vel		events (not including \$0			1			
Re		of contributions reported on line 1c)			ĺ			
ıer		See Part IV, line 18		0				
Other Revenue	b	Less direct expenses		0				ļ
	C	Net income or (loss) from fundraising even	ts		0			
	зa	Gross income from gaming activities.  See Part IV, line 19	_					
	<b>.</b>			0				
	b	Less direct expenses			0			<del></del>
	10a	Net income or (loss) from gaming activities			<u> </u>			<del> </del>
	iva	Gross sales of inventory, less returns and allowances	_	2 200				1
	h							
	b	Less cost of goods sold			4 700		······································	
	- C	Net income or (loss) from sales of inventor	y	Business Code	1,729			<del>                                      </del>
	11a	-		Duamess Code	0			
	b			<del></del>	0			<del> </del>
	C				0			<del>                                     </del>
	ď	All other revenue	<b></b> ·	<del>                                     </del>	0			1
	· •		•					ı

169,303

0

e Total. Add lines 11a-11d . . .

Total revenue. See instructions.

33,885

0

Form 990 (20	Orleans County Historical Society, Inc			03-601	072 <u>7                                   </u>
Part IX	Statement of Functional Expenses				
Section 50	1(c)(3) and 501(c)(4) organizations must complete all	l columns All other or	ganizations must d	complete column (A)	
	Check if Schedule O contains a response or note	e to any line in this Pa	rt IX		[
	nclude amounts reported on lines 6b, 7b, nd 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	nts and other assistance to domestic organizations estic governments. See Part IV, line 21	0			
	nts and other assistance to domestic viduals. See Part IV, line 22	0			
	4	1			

		<del>                                     </del>	<del></del>		
1	Grants and other assistance to domestic organizations				
	domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic				
	ındıvıduals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ındividuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	30,500	12,200	18,300	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and		1		
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	_53,877	40,632	13,245	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	709	444	265	···
10	Payroll taxes	7,731	4,841	2,890	
11	Fees for services (non-employees)				
а	Management	31,125	31,125		
b	Legal	0			
C	Accounting	6,500	6,500		
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees	10,824		10,824	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	0			<del></del>
12	Advertising and promotion	6,470			
13	Office expenses	16,093	16,093		
14	Information technology	0			
15	Royalties	0			<u> </u>
16	Occupancy	14,860			
17	Travel	959	959		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest				·
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	36,048		0	0
23	Insurance	8,496	7,517	979	
24	Other expenses. Itemize expenses not covered	ì			
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	20.050	20.050		
а	Program expense	22,058			
b	Special events	7,278			
C	Printing and publications	7,694			
d	Property tax donation	3,300			
е	All other expenses	6,971		40.500	
25	Total functional expenses. Add lines 1 through 24e	271,493	224,990	46,503	<u>C</u>
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs		[		
	from a combined educational campaign and			-	
	fundraising solicitation. Check here		1		
	following SOP 98-2 (ASC 958-720)		<u> </u>		

#### Part X Balance Sheet

		Check if Schedule O contains a response or n	ote to any line in this Part X.	(A)		
				Beginning of year		End of year
	1	Cash—non-interest-bearing		23,804	1	13,694
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		21,000	4	0
	5	Loans and other receivables from current and form	mer officers, directors,			
	l	trustees, key employees, and highest compensate	ed employees.			
	l	Complete Part II of Schedule L		<del></del>	5	
	6	Loans and other receivables from other disqualified persons	s (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and				
		sponsoring organizations of section 501(c)(9) voluntary em				
क्		organizations (see instructions). Complete Part II of Schedu			6	
Assets	7	Notes and loans receivable, net		0	7	0
Ä	8	Inventories for sale or use		7,863	8	8,580
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or				
			10a 1,523,810			
	b		<b>10b</b> 452,304	1,087,757	10c	1,071,506
	11	Investments—publicly traded securities		1,322,744		1,232,952
	12	Investments—other securities. See Part IV, line 1	0	12	0	
	13	Investments—program-related. See Part IV, line	0	13	0	
	14	Intangible assets	<b>—</b>	0	14	0
	15	Other assets. See Part IV, line 11		0	15	0
	16	Total assets. Add lines 1 through 15 (must equal		2,463,168		2,326,732
	17	Accounts payable and accrued expenses		2,543		
	18	Grants payable	<b> </b>		18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Pa		21	·	
S	22	Loans and other payables to current and former of				
Liabilities		trustees, key employees, highest compensated en				
į		disqualified persons. Complete Part II of Schedule		· · · · · · · · · · · · · · · · · · ·	22	
Ë	23	Secured mortgages and notes payable to unrelate	<u> </u>	0	23	0
	24	Unsecured notes and loans payable to unrelated		0	24	0
	25	Other liabilities (including federal income tax, pay-		-		
		parties, and other liabilities not included on lines	L .			
				2,217	25	2,854
	26	Total liabilities. Add lines 17 through 25	<u> </u>	4,760	26	2,854
		Organizations that follow SFAS 117 (ASC 958),				
es		complete lines 27 through 29, and lines 33 and				
Ĕ	27	•	-	2.459.409	27	2 222 979
<u>ala</u>	28	Temporarily restricted net assets		2,458,408	27 28	2,323,878
8	29	Permanently restricted net assets	_	-	29	
or Fund Balances	25	· ·			23	
4		Organizations that do not follow SFAS 117 (ASC958), cl	heck here ► and			
		complete lines 30 through 34.				
set	30	Capital stock or trust principal, or current funds.			30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equ	•		31	
et.	32	Retained earnings, endowment, accumulated inco		<del></del> -	32	
Z	33	Total net assets or fund balances		2,458,408		2,323,878
	34	Total liabilities and net assets/fund balances		2,463,168	34_	2,326,732

Form 9	990 (2015) Orleans County Historical Society, Inc	C	3-60107	27 Pa	age <b>12</b>
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		· · ·		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		16	9,303
2	Total expenses (must equal Part IX, column (A), line 25)	2			1,493
3	Revenue less expenses. Subtract line 2 from line 1	3		-10	2,190
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,45	8,408
5	Net unrealized gains (losses) on investments	5		-3	6,769
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			4,429
9	Other changes in net assets or fund balances (explain in Schedule O)	9	<u> </u>		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		2,32	3,878
Part					
	Check if Schedule O contains a response or note to any line in this Part XII			٠.	
1	Accounting method used to prepare the Form 990.		_	Yes	No
2a b	Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  X Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?		. 2		
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separate basis		. 2		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant? . If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	• •	. 2		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		. 3		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	• •	·   -	+	+^-
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3	,	

Form **990** (2015)

## SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990.

OMB No 1545-0047

**2015** 

Open to Public Inspection

	f the organization		Employer identification						
	ns County Historical Society, Inc						10727		
Part									
1 ne o	ganization is not a private foundat  A church, convention of church	•		•	•				
· F	=	•				A)(i).			
2 [									
3 [									
4 [	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state								
5 [	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)								
6 [	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7 [	An organization that normally redescribed in section 170(b)(1)			m a govei	rnmental u	ınıt or from the gene	ral public		
8 [	A community trust described in	section 170(b)(1)(A	A)(vi). (Complete Part	II.)					
9 [	An organization that normally re receipts from activities related t support from gross investment acquired by the organization af	o its exempt function income and unrelated	ns—subject to certain ed business taxable ind	exception come (les	s, and (2) s section 5	no more than 33 1/3	3% of its		
10 [	An organization organized and	operated exclusivel	ly to test for public safe	ty See se	ection 509	(a)(4).			
11 [	An organization organized and of one or more publicly support Check the box in lines 11a thro	ed organizations de	scribed in section 509	(a)(1) or s	section 50	9(a)(2). See section	n 509(a)(3).		
a b	Type I. A supporting organization (some organization. You must control or management of the	s) the power to regunder Part IV, Sectoration supervised of the supporting organical control of the supporting organical control organical	larly appoint or elect a tions A and B. r controlled in connecti zation vested in the sa	majority of	of the direct	ctors or trustees of the discountry or trustees of the discountry of the discountry or trustees of the discountry of the	ne supporting  having		
С	organization(s). You must of Type III functionally integrated its supported organization(s	ated. A supporting of	organization operated i	n connect	ion with, a	nd functionally integ	grated with,		
d	Type III non-functionally ir that is not functionally integring requirement (see instruction	ntegrated. A suppor ated. The organizat	ting organization opera ion generally must sati	ated in cor sfy a distr	nnection with	ith its supported org			
е	Check this box if the organiz	ation received a wr	itten determination from	n the IRS	that it is a	Type I, Type II, Typ	e III		
	functionally integrated, or Ty	•	ally integrated supporting	ng organiz	ation.		0		
7	Enter the number of supported Provide the following information	=	od organization(s)						
<u>g</u>	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
		,		Yes	No				
(A)									
(* ')									
(B)						,			
(C)									
(D)						_			
(E)									
Total		2. Th. 2 Th	ر از از از از از از از از از از از از از		ال المراد	0	0		

Schedule A (Form 990 or 990-EZ) 2015 Orleans County Historical Society, Inc. 03-6010727 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2011 **(b)** 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants."). 98.644 147,401 86.556 178.252 149.767 660,620 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . . . . . . . . . . 0 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 . . 98.644 147,401 86,556 178,252 149.767 660,620 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) Public support. Subtract line 5 from line 4. 660,620 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Amounts from line 4 . . . . . . . . . 98,644 147,401 86,556 178,252 149,767 660,620 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar sources . . . . . . . . . . . 32,307 34,780 32.202 28,101 33,885 161,275 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . . 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . 549 1.807 1.729 11 Total support. Add lines 7 through 10 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 79.92% 15 Public support percentage from 2014 Schedule A, Part II, line 14 . . . . . . . . . . . . . 15 16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more. b 33 1/3% support test-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported . . b 10%-facts-and-circumstances test-2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in

Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

### **SCHEDULE D** (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name	me of the organization Employer identification number										
<u>Orle</u> a	ns County Historical Society, Inc			03-6010727							
Part	Organizations Maintaining Don	or Advised Funds or Other Similar F									
	Complete if the organization answ	vered "Yes" on Form 990, Part IV, line	6								
		(a) Donor advised funds		(b) Funds and other accounts							
1	Total number at end of year										
2	Aggregate value of contributions to (during year) .										
3	Aggregate value of grants from (during year) .										
4	Aggregate value at end of year										
5	Did the organization inform all donors and do	<u> </u>		advised							
	funds are the organization's property, subject			Yes No							
6	Did the organization inform all grantees, done	• •									
	used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other										
	purpose conferring impermissible private benefit?										
Part											
		vered "Yes" on Form 990, Part IV, line	7								
1	Purpose(s) of conservation easements held I										
	Preservation of land for public use (e.g., recr	eation or education) Preservation	of a his	storically important land area							
	Protection of natural habitat	Preservation	of a ce	rtified historic structure							
	Preservation of open space	<del></del>									
2	Complete lines 2a through 2d if the organizat	on held a qualified conservation contribution	n in the	form of a conservation							
	easement on the last day of the tax year.	•	Γ	Held at the End of the Tax Year							
а	Total number of conservation easements .		. [	2a							
b	Total acreage restricted by conservation easi	ements	. [	2b							
C	Number of conservation easements on a cer	tified historic structure included in (a)	[	2c							
d	Number of conservation easements included	in (c) acquired after 8/17/06, and not on a	Γ								
	historic structure listed in the National Regist	er	. L	2d							
3	Number of conservation easements modified	, transferred, released, extinguished, or tern	nınated	by the organization during							
	the tax year ▶										
4	Number of states where property subject to o										
5	Does the organization have a written policy re										
6	violations, and enforcement of the conservations and volunteer hours devoted to monitoring, it										
•	►	rispecting, nandling of violations, and emorcing t	CONSCIVA	mon easements during the year							
7	Amount of expenses incurred in monitoring, inspe	ecting, handling of violations, and enforcing cons	ervation	easements during the year							
	▶ \$			• •							
8	Does each conservation easement reported	on line 2(d) above satisfy the requirements of	of sectio	n 170(h)(4)(B)(ı)							
	and section 170(h)(4)(B)(II)?			Yes . No							
9	In Part XIII, describe how the organization re			•							
	balance sheet, and include, if applicable, the		ancial sta	atements that describes							
Day	the organization's accounting for conservatio	n easements. ections of Art, Historical Treasures,	04b	on Cimilan Access							
Pari		vered "Yes" on Form 990, Part IV, line		er Similar Assets.							
1a	If the organization elected, as permitted under										
	works of art, historical treasures, or other sim	·									
_	of public service, provide, in Part XIII, the tex										
b	If the organization elected, as permitted under	· · · · · · · · · · · · · · · · · · ·									
	works of art, historical treasures, or other sim	•	ion, or re	esearch in furtherance							
	of public service, provide the following amount	nts relating to these items									
	<ul><li>(i) Revenue included on Form 990, Part VIII,</li><li>(ii) Assets included in Form 990, Part X.</li></ul>	line 1		• \$							
	(ii) Assets included in Form 990, Part X			• \$							
2	If the organization received or held works of			nancial gain, provide the							
	following amounts required to be reported un										
a	Revenue included on Form 990, Part VIII, lin			<b>&gt;</b> \$							
b	Assets included in Form 990, Part X			<b>&gt;</b> \$							

Part III	Schod	ule D (Form 990) 2015 Orleans County Hist	torical Society Inc					02 60107	27		D
3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection times (check all that apply)  a X Public exhibition  b X Scholarly research  c X Preservation for future generations  4 Prizewise a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donablons of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?					torical T	reactives or	Other Simi				Page 2
collection items (check all that apply) a									_		
a	•		ocoolori, and other	1000143	, oncor any		g triat are a s	igriilloant us	3C OI 11.	,	
b Scholarly research   Other	а			dГ	Loan	or exchange pr	rograms				
c	_	<b>=</b>		~ `	=		_				
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?				e [							
Solution   Solution									_		
Secrow and Custodial Arrangements.   Yes   Xes	4		n's collections and	explain	how they fu	irther the orgar	nization's exe	mpt purpos	e in Pa	ırt	
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  1b If "Yes," explain the arrangement in Part XIII and complete the following table  1c Beginning balance.  1d Amount  1d Beginning balance.  1d Beginning the year.  1d Beginning the year amount on Form 990, Part X, line 21, for escrow or custodial account liability?  1d Beginning the year amount on Form 990, Part X, line 21, for escrow or custodial account liability?  1d Beginning of year balance.  2d Provide the estimated pericentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasies and programs.  1d Administrative expresses.  2d Grants or scholarships  2d Hermanent endowment  2d Formanent endowment  2d Beginning of year balance.  2d Formanent endowment  2d Formanent	5					· ·			Ye	s X	No
990. Part X, line 21.  Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Beginning balance.  C Beginning balance.  C Beginning balance.  Id Beginning balance.  Distributions during the year  o the explanation has been provided on Part XIII.  Distributions during the year balance during the explanation has been provided on Part XIII.  Distributions during the year balance during the explanation has been provided on Part XIII.  Distributions during the year balance during the explanation has been provided on Part XIII.  Distributions during the explanation answered "Yes" on Form 990, Part IV, line 10.  Distributions during the year balance during the explanation answered during the year back during the year ba	Part		_	on For	m 990 Ps	art IV line 9 (	or reported	an amoun	t on F	orm	
ta is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?    Responsible of the organization and pert XIII and complete the following table   Amount   Am			answered res	0.11 01	111 000, 1 6		or reported	an amoun	CONT	31111	
included on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII and complete the following table  Beginning balance.  Beginning of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Beginning of year balance.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  Beginning of year balance.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  Beginning of year balance.  Contributions  Contributio	12	•	etodian or other in	termedi	ary for cont	ributions or oth	er assets not				
b If "Yes," explain the arrangement in Part XIII and complete the following table  c Beginning balance. 1dd	Ia				•				П va	,e [	No.
c Beginning balance. 1c	b							٠ ١	LJ ''	,•	140
C   Beginning balance   1d	_	in 100, explain the arrangement in 1 a.	Complete	0 410 1011	owng abio	•		An	nount		
d Additions during the year  Distributions during the year  Ending balance  Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  If I o  Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  If Yes X No  If Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  Beginning of year balance  O Net investment earnings, gains, and losses  d Grants or scholarships  c Net investment earnings, gains, and losses  d Grants or scholarships  f Administrative expenditures for facilities and programs  f Administrative expenditures for facilities and programs.  Board designated or quasi-endowment  Means a Board designate	С	Beginning balance					1c				0
e Distributions during the year.  f Ending balance.  2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  Beginning of year balance.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  Contributions  C Net investment earnings, gains, and losses.  d Grants or scholarships  e Other expenditures for facilities and programs.  f Administrative expenses.  g End of year balance  D O O O O O O O O O O O O O O O O O O	_						- t				
f Ending balance.  1 Ending balance.  1 If	е	<del>-</del> •					1e				
b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  Beginning of year balance 0	f						1f				0
b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  Beginning of year balance 0	2a	•	on Form 990 Par	t X line	21 for escr	ow or custodia	l account liab	ulity?		,e X	No
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 10.   Contributions	_	_						•	יי	" 	140
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance			TAIII. CHECK HEIE	II UIE EX	pianation in	as been provid	eu on Pait Ai	<del>"                                    </del>	• •		
(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (e) Four years back   (d) Three years back   (e) Four years   (e) Four y	Part				000 D-						
Beginning of year balance . 0		Complete if the organization						<del> )</del>			
b Contributions c Net investment earnings, gains, and losses	_	<del> </del>	<u> </u>		rior year	(c) Two years b	ack (d) Thre	e years back	(e) Fo	ur years	back
c Net investment earnings, gains, and losses .  d Grants or scholarships .  e Other expenditures for facilities and programs .  f Administrative expenses .  g End of year balance .  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	_	- · · ·	0								<del></del>
and losses .  d Grants or scholarships e Other expenditures for facilities and programs .  f Administrative expenses . g End of year balance . O O O O O O O  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment				<u> </u>							
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment  Permanent endowment  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by.  (i) unrelated organizations.  (ii) related organizations.  (iii) related organizations.  (iii) related organizations.  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Describe in Part XIII the intended uses of the organization's endowment funds.  Describe in Part XIII the intended uses of the organization's endowment funds.  Describe in Part XIII the intended uses of the organization's endowment funds.  Describe in Part XIII the intended uses of the organization's endowment funds.  Describe in Part XIII the intended uses of the organization's endowment funds.  Describe in Part XIII the intended uses of the organization's endowment funds.  Describe in Part XIII the intended uses of the organization's endowment funds.  Describe in Part XIII the intended uses of the organization's endowment funds.  Describe in Part XIII the intended uses of the organization's endowment funds.  Describe in Part XIII the intended uses of the organization's endowment funds.  Describe in Part XIII the intended uses of the organization's endowment funds.  Describe in Part XIII the intended uses of the organization's endowment funds.  Describe in Part XIII the intended uses of the organization's endowment funds.  Describe in Part XIII the intended uses of the organization's endowment funds.  Describe in Part XIII the intended uses of the organization's endowment funds.  Describe in Part XIII the inte	C										
e Other expenditures for facilities and programs .  f Administrative expenses . g End of year balance		<b>_</b>							-		
and programs .  f Administrative expenses .  g End of year balance .  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as  a Board designated or quasi-endowment		· · · · · · · · · · · · · · · · · · ·	···								
Find of year balance	е	•									
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as						<del></del>					
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as  Board designated or quasi-endowment	T	·		ļ				· · ·			
Board designated or quasi-endowment	_			l .							
b Permanent endowment					(iiile ig, co	numm (a)) melu	as				
Temporarily restricted endowment		•									
The percentages on lines 2a, 2b, and 2c should equal 100%.  Are there endowment funds not in the possession of the organization that are held and administered for the organization by.  (i) unrelated organizations .	-										
Are there endowment funds not in the possession of the organization that are held and administered for the organization by.   (i)	·	• • • • • • • • • • • • • • • • • • • •									
Yes   No	3a	· · · · · · · · · · · · · · · · · · ·									
(ii) unrelated organizations (iii) related organizations (iiii)  related organizations (iiiii) related organizations (iiiiii) related organizations (iiiiiiiii) related organizations (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	vu	•		ga <b>.</b>		riola alla aali			ſ	Yes	No
(ii) related organizations		=							3a(i)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		- · ·									
Describe in Part XIII the intended uses of the organization's endowment funds.           Part VI         Land, Buildings, and Equipment.           Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.           Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a         Land         0         143,600         143,600         143,600           b         Buildings         0         1,347,821         431,582         916,239           c         Leasehold improvements         0         10,961         2,170         8,791           d         Equipment         0         16,489         14,281         2,208           e         Other         0         4,939         4,271         668	ь										
Part VI         Land, Buildings, and Equipment.           Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.           Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a         Land         0         143,600         143,600         143,600         916,239           b         Buildings         0         1,347,821         431,582         916,239         916,239           c         Leasehold improvements         0         10,961         2,170         8,791           d         Equipment         0         16,489         14,281         2,208           e         Other         0         4,939         4,271         668	_		_								
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Description of property   (a) Cost or other basis (investment)   (b) Cost or other basis (other)   (c) Accumulated depreciation						<u> </u>					
Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a         Land         0         143,600         143,600           b         Buildings         0         1,347,821         431,582         916,239           c         Leasehold improvements         0         10,961         2,170         8,791           d         Equipment         0         16,489         14,281         2,208           e         Other         0         4,939         4,271         668											
tall Land         0         143,600         143,600           b Buildings         0         1,347,821         431,582         916,239           c Leasehold improvements         0         10,961         2,170         8,791           d Equipment         0         16,489         14,281         2,208           e Other         0         4,939         4,271         668						I.					
1a Land .       0       143,600       143,600         b Buildings .       0       1,347,821       431,582       916,239         c Leasehold improvements .       0       10,961       2,170       8,791         d Equipment .       0       16,489       14,281       2,208         e Other .       0       4,939       4,271       668		1						-			
b     Buildings     0     1,347,821     431,582     916,239       c     Leasehold improvements     0     10,961     2,170     8,791       d     Equipment     0     16,489     14,281     2,208       e     Other     0     4,939     4,271     668	12	Land								14	3.600
c       Leasehold improvements       0       10,961       2,170       8,791         d       Equipment       0       16,489       14,281       2,208         e       Other       0       4,939       4,271       668	_							431,582			
d     Equipment     0     16,489     14,281     2,208       e     Other     0     4,939     4,271     668		•									
e Other 0 4,939 4,271 668	_	•	·								
					<del></del>						
			nust equal Form 9	00, Part	X, column (					1,07	

Schedule D (Form	990) 2015 Orleans County Historical	Society, Inc		03-6010727_ Page
Part VII	Investments—Other Securitie			
	Complete if the organization ar	swered "Yes" on Form 99	0, Part IV, line 11b. See F	<u>orm 990, Part</u> X, line 1
· (a)	Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-yea	
1) Financial d	derivatives	o		
2) Closely-he	eld equity interests	0		
3) Other				
(B)				
<u>(C)</u>				
<u>(D)</u>				
_(E)				
(F)				
<u>(G)</u>				
(H)				
	nust equal Form 990, Part X, col (B) line 12)	0		<del></del>
Part VIII	Investments—Program Relat Complete if the organization ar		O Dort IV line 11e See E	orm 000 Bort V line 1
· · · · · · · · · · · · · · · · · · ·				
	(a) Description of investment	(b) Book value	(c) Method of Cost or end-of-yea	
(1)				
(2)				· <del></del>
(3)				·· <del>··</del>
(4)				
(5)				<del></del>
(6)				
(7)				
(8)				
(9)				
otal. (Column (b) r	must equal Form 990, Part X, col (B) line 13)	0		
Part IX	Other Assets.			
	Complete if the organization ar	nswered "Yes" on Form 99	0, Part IV, line 11d. See F	orm 990, Part X, line 1
		a) Description		(b) Book value
(1)			<u> </u>	
(2)				
(3)		<del></del>		
(4)				
(5)		<u> </u>		
(6)				ļ <u>.</u>
(7)				
(8)				
(9)	<u> </u>	1 (0) 1 (5)		
	an (b) must equal Form 990, Part X, co	oi (B) line 15.)	<del>_ · · _</del>	<u> </u>
Part X	Other Liabilities.		00 D-41V 15 44 444	0 E 000 D (1)
	Complete if the organization at line 25.	nswered "Yes" on Form 99	ου, Paπ IV, line 11e or 11f.	See Form 990, Part X
	(a) Description of liability	(b) Book value		
(1) Federal	income taxes	0		
	elated liabilities	2,854		
(3)				
(4)	<del></del>	<u> </u>		

1	(a) Description of liability	(b) Book value	
(1) Feder	al income taxes	0	
(2) Payro	Il related liabilities	2,854	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column	b) must equal Form 990, Part X, col (B) line 25)	2,854	· ·

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Sched	ule D (Form 990) 2015 Orleans County Historical Society, Inc			03-6010727	Page 4
Par	Reconciliation of Revenue per Audited Financial Statemer	nts W	ith Revenue pe	r Return.	
	Complete if the organization answered "Yes" on Form 990, Pa	art IV,	line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	(
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1	1	44 <b>8E</b>	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	ļ.		
b	·	4b			
С	Add lines <b>4a</b> and <b>4b</b>	•		4c	(
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12).			5	(
Par	t XII Reconciliation of Expenses per Audited Financial Stateme			per Return.	
	Complete if the organization answered "Yes" on Form 990, Pa				
1				1 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a	1		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d		·	2e	C
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		1	7400	
а		4a	1		
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	(
Par	t XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	art IV,	lines 1b and 2b, Pa	art V, line 4, Part	X, line
	art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro				
Part	III Line 1a The organization maintains a permanent collection of historically				
	m cho ta the organization maintains a permanent concentration of metanoany				
signi	ficant art, artifacts and archival material that contributes to an understanding of				
15.32.11					
histo	ry, specifically the history of life and cultural activity in Orleans County,				
	J				<del>-</del>
Vern	nont. Collection items are not capitalized or recognized as revenues. They are acq	guired			
		<b></b>			
by d	onation only and the organization's policy is not to purchase collection items.				
					••••••••••••••••••••••••••••••••••••••
		<b></b>			

#### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Employer Identification number
Orleans County Historical Society, Inc	03-6010727
Form 990, Part VI, Section B, Line 11b Treasurer reviews the 990 with full board	d before
filing.	
Form 990, Part VI, Section C, Line 19 Governing documents, policies, tax return	ns and other
documents are available on request.	
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•••••••••••••••••••••••••••••••••••••••	•