

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

2020

Department of the Treasury Internal Revenue Service

For calendar year 2020, or fiscal year beginning 20, and ending 20, Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax

Rokeby Museum Name and title of officer or person subject to tax

Lindsay Vamer, Director

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 2 columns: Line number (1a-7b) and Description (Total revenue, Total tax, Balance due, etc.)

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return.

I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke confidential information necessary to answer inquiries and resolve issues related to the payment, I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize

ERO firm name

to enter my PIN

Enter five numbers, but do not enter all zeros

as my signature

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

0 3 0 0 0 7 1 9 3 7 5

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Signature of ERO

Date 06/02/2021

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form. BAA

REV 05/18/21 PRO

June 2, 2021

Rokeby Museum
4334 Route 7
Ferrisburgh, VT 05456

Dear Client,

This letter is to confirm our understanding of the terms of our agreement and outline the nature and extent of services we will provide. Based upon the information you furnish to us, we will prepare your Federal and applicable state income tax returns for 2020.

We will not audit or verify the data you submit to us, although we may ask you for clarification when necessary. All the information you submit to us will, to the best of your knowledge, be correct and complete and include all other information necessary for the completion of your tax return.

We will also prepare 2021 estimated tax vouchers if required, based on your income taxes for 2020. If you anticipate a substantial change in income taxes for 2021, please advise us as soon as possible. We will then determine whether an adjustment should be made to your tax estimates.

Your returns are subject to review by the taxing authorities. Any items that may be resolved against you by the examining agent are subject to certain rights of appeal. In the event of an examination, we will be available upon request to represent you, or to review the results of any examination. Billing for these additional services will be at our standard rates.

The charges for our services are based on our fee schedule and the complexity of the returns.

You have the final responsibility for your income tax returns. Please review them carefully before you sign and mail or authorize us to electronically file them.

If the above is in accordance with your understanding of the terms and conditions of our agreement, please sign and return a copy of this letter.

Richard Smith

Accepted by:

Deanne
Client signature

Date 6/10/2021

Rokeby Museum

Prepared by _____

Account # / Description	Prior Period (Adjusted)	Unadjusted Balance	Ret #	Adjusted Balance	Workpaper Reference
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1000 Checking	50,634.15	105,145.29	AJE-4	1,410.45	106,555.74
1001 Chittenden Money Market	1.40	1.40			1.40
1002 VSECU CD	3,650.97	3,349.71			3,349.71
1003 VSECU Certificate deposit 6 mth	10,100.54	10,230.31			10,230.31
1004 VSECU Certificate deposit 12 mth	10,135.78	10,299.58			10,299.58
1005 VSECU Checking	200.33	200.39			200.39
1006 VSECU Money Market	32,019.22	32,571.05			32,571.05
1010 Savings	24,195.31	24,210.79			24,210.79
1050 Petty cash	100.00	100.00			100.00
1300 Capital assets	1,531,185.57	1,519,816.57	AJE-1	11,369.00	1,531,185.57
1350 Accumulated depreciation	(377,452.34)	(303,682.34)	AJE-1	(73,770.00)	(414,936.34)
1400 Investments	415,220.74	446,294.19	AJE-1	(17,934.22)	414,859.98
2000 Account Payable	(1,142.52)	298.81	AJE-4	(298.81)	(1,292.38)
2100 Payroll liabilities	(289.54)	(1,014.20)	AJE-1	(278.18)	(1,292.38)
2900 Open Balance	(17.69)	(17.69)	AJE-1	17.69	
2950 Endowment Transfer					
2970 PPP Funds					
3000 Unrestricted Net Assets	(1,240,315.07)	(1,376,328.52)	AJE-4	(8,903.00)	(8,903.00)
3100 Restricted Net Assets	(415,221.24)	(402,466.93)	AJE-1	80,335.84	(322,131.09)
(Profit) Loss	(42,923.30)	(69,008.41)		59,035.22	(9,973.19)
	0.00	0.00		0.00	0.00

Adjusted Trial Balance for the period ended December 31, 2020

Prepared by _____
 Reviewed by _____
 Page 2

Account # / Description	Prior Period (Adjusted) 12/31/2019	Unadjusted Balance	Dr (Cr)	Ref #	Adjustments Dr (Cr)	Adjusted Balance	Workpaper Reference
4000 Membership	(5,198.35)	(11,650.98)				(11,650.98)	
4040 Grants	(33,500.00)	(29,966.34)		AJE-4	8,903.00	(20,493.34)	(11,650.98)
4050 Contributions	(33,538.22)	(63,181.01)		AJE-1	(60.00)	(64,451.01)	(20,493.34)
4060 Admissions	(21,935.58)	(8,697.60)		AJE-4	(1,200.00)	(8,697.60)	(11,650.98)
4070 Programs	(6,161.16)	(415.00)				(415.00)	
4080 Sale items							
4090 Permission fees							
4100 Investment income	(8,031.74)	(8,974.53)				(8,974.53)	
4150 Sales	(10,949.99)	(11,348.54)				(11,348.54)	
4170 Contributions restricted	(150.00)	(35,620.00)				(35,620.00)	
4200 Speaking fees							
5000 Cost of sales							
6000 Payroll-officer	23,878.16	36,931.62				36,931.62	
6050 Salaries	18,303.89	16,552.25				16,552.25	
6070 Payroll taxes	3,630.75	4,037.52				4,037.52	
6075 Payroll fees	791.50						
6100 Accounting/professional fees	3,367.06	482.11				482.11	
6120 Investment fees	1,329.06	1,979.71				1,979.71	
6130 Advertising	10,661.58	7,066.69				7,066.69	
6135 Annual fund	315.98						
6140 Office expense	3,896.97	6,014.15		AJE-4	254.50	5,181.11	
6150 Occupancy	25,059.10	11,873.80		AJE-4	(488.52)	11,873.80	
6160 Interest		11.16				11.16	
6180 Depreciation	36,964.00	7,956.88		AJE-3	37,484.00	37,484.00	
6190 Insurance	7,251.54	12,128.19		AJE-4	(70.00)	12,128.19	
6200 Seasonal exhibit	1,914.34						
6210 Honorarium							
6220 Card distribution	9,632.69	9,715.41				9,715.41	
6230 Resale items							
6240 Calendar							
6250 Travel							
6260 Meetings	(761.61)	319.87		AJE-1		319.87	
6270 Equipment	599.19	118.44				118.44	
6273 Repairs and maintenance	1,086.74	597.84		AJE-4	(488.56)	14,616.17	
6275 Professional development	315.00					597.84	
6280 Software	2,058.44	1,479.66				1,479.66	
6290 Website	1,086.64	1,380.48				1,380.48	
6300 Newsletter	1,079.58	1,380.48				1,380.48	
6330 Exhibit	304.81						
6340 Pie & Ice Cream							
6350 Refreshments	5,186.20	6,867.48				6,867.48	
6370 Ed Program							
6500 Realized gain							
6530 Dividends							
6550 Unrealized gain	(81,409.87)	(43,759.49)		AJE-2	13,499.99	(30,259.50)	
6990 Reimbursement		(2,030.58)		AJE-4		2,030.58	

Adjusted Trial Balance
for the period ended December 31, 2020

Rokeby Museum

Account # / Description	Prior Period (Adjusted) Balance	Unadjusted Balance	Dr (Cr)	Ref #	Adjustments	Dr (Cr)	Adjusted Balance	Workpaper Reference
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9000 Rounding Account

AJE-4 5,767.54

AJE-4 (1,410.45)

488.56

5,226.92

AJE-4 (254.50)

298.81

(86.63)

AJE-4 (64.95)

488.54

(9,973.19)

(69,008.41)

(42,923.30)

(Profit) Loss

59,035.22

(9,973.19)

Adjusting Journal Entries
for the period ended December 31, 2020

Rokeby Museum

Account #	Account Name / Description	Debits	Credits
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12/31/2020

AJE 1

3100	Restricted Net Assets	80,335.84	
2900	Open Balance	17.69	
1300	Capital assets	11,369.00	
6265	Miscellaneous	319.87	
4050	Contributions		
1350	Accumulated depreciation		
1400	Investments		
2100	Payroll liabilities		

To reconcile retained earnings with 2019 tax return

12/31/2020

AJE 2

6550	Unrealized gain	13,499.99	
1400	Investments		

To adjust investment balance to reconcile with Dec stmt

12/31/2020

AJE 3

6180	Depreciation	37,484.00	
1350	Accumulated depreciation		

To post current year depreciation

12/31/2020

AJE 4

4040	Grants	8,903.00	
2970	PPP Funds		
9000	Rounding Account		
1000	Checking	1,410.45	
9000	Rounding Account		
6273	Repairs and maintenance	488.56	
6140	Office expense	254.50	
9000	Rounding Account		
2000	Account Payable	298.81	
9000	Rounding Account		
6990	Reimbursement	2,030.58	
9000	Rounding Account		
6140	Office expense	86.63	
9000	Rounding Account		
4050	Contributions	599.00	
4050	Contributions	64.95	
10.00		10.00	
1,200.00		1,200.00	
70.00		70.00	
0.02		0.02	
488.52		488.52	

To reclassify expenses

Rokeby Museum

Adjusting Journal Entries
for the period ended December 31, 2020

Account Name / Description

Debits

Credits

Totals

156,900.83

156,900.83

2020 Exempt Organization Business Tax Return
prepared for:

Rokeby Museum
4334 Route 7
Ferrisburgh, VT 05456

FRAGA AND LILJA
2 CROSS ST
MIDDLEBURY, VT 05753

FRAGA AND LILJA
2 CROSS ST
MIDDLEBURY, VT 05753
(802) 388-9863
judy@fragalilja.com

June 2, 2021

Rokeby Museum
4334 Route 7
Ferrisburgh, VT 05456

Dear Client,

Enclosed is the 2020 U.S. Form 990, Return of Organization Exempt from Income Tax, for Rokeby Museum for the tax year ending December 31, 2020.

Your 2020 U.S. Form 990, Return of Organization Exempt from Income Tax, return will be electronically filed.

We very much appreciate the opportunity to serve you. If you have any questions regarding this return, please do not hesitate to call.

Sincerely,



Rachael Gosselin

FRAGA AND LILJA
2 CROSS ST
MIDDLEBURY, VT 05753

June 2, 2021

Rokeby Museum
4334 Route 7
Ferrisburgh, VT 05456

RE: Our Privacy Policy, Compliance with the Gramm-Leach-Bliley Act, Public Law
106-102 (FTC 16 CFR Part 313)

Dear Client,

The privacy of your client information has always been important to us, and we have always been bound by professional standards of confidentiality. However, we are now required by law to formally inform you of our privacy policy.

We collect nonpublic personal information about you that is provided by you or obtained by us with your authorization. This information may come from various sources, including information we receive from personal interviews, tax organizers, worksheets and other documents necessary to provide professional services to you. We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as permitted or required by law, or when necessary to process transactions requested by a client.

We restrict access to nonpublic personal information about you to members of our firm who need to know that information in order to provide you professional services. We retain records relating to the professional services that we provide you in accordance with accounting and government standards.

We employ physical, electronic, and procedural security safeguards to protect your nonpublic personal information.

Your confidence and trust are important to us. If you have any questions or concerns regarding the privacy of your nonpublic personal information, please contact us.

Sincerely,

Rachael Gosselin

Return of Organization Exempt From Income Tax

Open to Public Inspection 2020

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. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning , 2020, and ending , 2020

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

C Name of organization: Rokeby Museum

D Employer identification number: 03-6011083

E Telephone number: (802) 877-3406

F Name and address of principal officer: Rokeby Museum, 4334 Route 7, Ferrisburgh, VT 05456

G Gross receipts \$: 161,652

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No

H(c) Group exemption number:

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: N/A

K Form of organization: Corporation Trust Association Other

L Year of formation: 1961 **M** State of legal domicile: VT

Part I Summary

1 Briefly describe the organization's mission or most significant activities: Museum that provides community education through tours, programs, and historical data on the Robinson family property.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a): 9

4 Number of independent voting members of the governing body (Part VI, line 1b): 9

5 Total number of individuals employed in calendar year 2020 (Part V, line 2a): 5

6 Total number of volunteers (estimate if necessary): 23

7a Total unrelated business revenue from Part VIII, column (C), line 12: 0

7b Net unrelated business taxable income from Form 990-T, Part I, line 11: 0

Activities & Governance		Revenue		Expenses		Part II Signature Block	
8	Contributions and grants (Part VIII, line 1h)	72,236	132,215				
9	Program service revenue (Part VIII, line 2g)	28,097	9,113				
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,032	8,975				
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,467	1,634				
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	109,832	151,937				
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)						
14	Benefits paid to or for members (Part IX, column (A), line 4)						
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	45,813	57,522				
16a	Professional fundraising fees (Part IX, column (A), line 11e)						
b	Total fundraising expenses (Part IX, column (D), line 25)	0					
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	102,507	108,952				
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	148,320	166,474				
19	Revenue less expenses. Subtract line 18 from line 12	-38,488	-14,537				
20	Total assets (Part X, line 16)	1,699,892	1,718,629				
21	Total liabilities (Part X, line 26)	1,433	1,292				
22	Net assets or fund balances. Subtract line 21 from line 20	1,698,459	1,717,337				
		Beginning of Current Year	End of Year				
		Prior Year	Current Year				

Sign Here

Signature of officer: Lindsay Vamer, Director

Date: 06/02/2021

Preparer Use Only

Print/type preparer's name: Rachael Gosselin

Preparer's signature: Rachael Gosselin

Date: 06/02/2021

Check if self-employed PTIN: P00899860

Firm's name: FRAGA AND LITJA

Firm's address: 2 CROSS ST, MIDDLEBURY, VT 05753

Firm's EIN: 03-0304979

Phone no. (802) 388-9863

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Form 990 (2020)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission: Museum that provides community education through tours, programs, and historical data on the Robinson family property.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 140,900; including grants of \$ 0.) (Revenue \$ 9,113.) Community education through tours, programs, historical materials, and historical data on the home of Rowland B. Robinson

4b (Code:) (Expenses \$) (Revenue \$) Including grants of \$)

4c (Code:) (Expenses \$) (Revenue \$) Including grants of \$)

4d Other program services (Describe on Schedule O.) (Expenses \$) (Revenue \$)

4e Total program service expenses 140,900

Part IV Checklist of Required Schedules

Form 990 (2020)	REV 05/18/21 PRO	Form 990 (2020)
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	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.	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	X
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.	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	X
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 negotiation services? If "Yes," complete Schedule D, Part IV.	X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V.	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 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. c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. f 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.	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	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.	X
13	Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E.	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	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.	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.	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions.	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X
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.	X

Part IV Checklist of Required Schedules

Form 990 (2020)	REV 05/18/21 PRO	Form 990 (2020)
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	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.	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	X
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.	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	X
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 negotiation services? If "Yes," complete Schedule D, Part IV.	X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V.	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 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. c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. f 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.	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	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.	X
13	Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E.	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	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.	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.	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions.	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X
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.	X

Part IV Checklist of Required Schedules (continued)

22	23	24a	24b	24c	24d	25a	25b	26	27	28	29	30	31	32	33	34	35a	b	36	37	38
22	23	24a	24b	24c	24d	25a	25b	26	27	28	29	30	31	32	33	34	35a	b	36	37	38
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.	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.	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.	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	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.	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?	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	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): a. A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. b. A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. c. A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV.	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 11c? Note: All Form 990 filers are required to complete Schedule O.	
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No

Part 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.

1a	1b	1c
Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	Enter the number of Forms W-2g included in line 1a. Enter -0- if not applicable.	reportable gaming (gambling) winnings to prize winners?
0	0	0
Yes	Yes	Yes
No	No	No

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a		2b		2c		2d		2e		2f		2g		2h		2i		2j		2k		2l		2m		2n		2o		2p		2q		2r		2s		2t		2u		2v		2w		2x		2y		2z			
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	5	2b	X	2c		2d		2e		2f		2g		2h		2i		2j		2k		2l		2m		2n		2o		2p		2q		2r		2s		2t		2u		2v		2w		2x		2y		2z	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? <i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).</i>	3a	X	3b		3c		3d		3e		3f		3g		3h		3i		3j		3k		3l		3m		3n		3o		3p		3q		3r		3s		3t		3u		3v		3w		3x		3y		3z	
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	4b		4c		4d		4e		4f		4g		4h		4i		4j		4k		4l		4m		4n		4o		4p		4q		4r		4s		4t		4u		4v		4w		4x		4y		4z	
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a	X	5b		5c		5d		5e		5f		5g		5h		5i		5j		5k		5l		5m		5n		5o		5p		5q		5r		5s		5t		5u		5v		5w		5x		5y		5z	
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	6b		6c		6d		6e		6f		6g		6h		6i		6j		6k		6l		6m		6n		6o		6p		6q		6r		6s		6t		6u		6v		6w		6x		6y		6z	
7a	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	7b		7c		7d		7e		7f		7g		7h		7i		7j		7k		7l		7m		7n		7o		7p		7q		7r		7s		7t		7u		7v		7w		7x		7y		7z	
8a	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8a		8b		8c		8d		8e		8f		8g		8h		8i		8j		8k		8l		8m		8n		8o		8p		8q		8r		8s		8t		8u		8v		8w		8x		8y		8z	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		9b		9c		9d		9e		9f		9g		9h		9i		9j		9k		9l		9m		9n		9o		9p		9q		9r		9s		9t		9u		9v		9w		9x		9y		9z	
10a	Section 501(c)(7) organizations. Enter:	10a		10b		10c		10d		10e		10f		10g		10h		10i		10j		10k		10l		10m		10n		10o		10p		10q		10r		10s		10t		10u		10v		10w		10x		10y		10z	
11a	Section 501(c)(12) organizations. Enter:	11a		11b		11c		11d		11e		11f		11g		11h		11i		11j		11k		11l		11m		11n		11o		11p		11q		11r		11s		11t		11u		11v		11w		11x		11y		11z	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		12b		12c		12d		12e		12f		12g		12h		12i		12j		12k		12l		12m		12n		12o		12p		12q		12r		12s		12t		12u		12v		12w		12x		12y		12z	
13a	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		13b		13c		13d		13e		13f		13g		13h		13i		13j		13k		13l		13m		13n		13o		13p		13q		13r		13s		13t		13u		13v		13w		13x		13y		13z	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X	14b		14c		14d		14e		14f		14g		14h		14i		14j		14k		14l		14m		14n		14o		14p		14q		14r		14s		14t		14u		14v		14w		14x		14y		14z	
15a	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15a	X	15b		15c		15d		15e		15f		15g		15h		15i		15j		15k		15l		15m		15n		15o		15p		15q		15r		15s		15t		15u		15v		15w		15x		15y		15z	
16a	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? <i>If "Yes," complete Form 4720, Schedule O.</i>	16a	X	16b		16c		16d		16e		16f		16g		16h		16i		16j		16k		16l		16m		16n		16o		16p		16q		16r		16s		16t		16u		16v		16w		16x		16y		16z	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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

1a	Enter the number of voting members of the governing body at the end of the tax year.	9		
1b	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 on Schedule O.	9		
2	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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	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		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a		
	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	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 on Schedule O	9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	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		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11b		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	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		
	The organization's CEO, Executive Director, or top management official	15a	X	
	Other officers or key employees of the organization	15b		X
16a	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		X
b	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?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed VT

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3) only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)

19 Describe on 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.

20 State the name, address, and telephone number of the person who possesses the organization's books and records Executive Director, 4334 Route 7, Ferrisburgh, VT 05456 (802) 877-3406

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and

Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(a) Name and title	(b) Average hours per week (list any hours for related organizations below dotted line)	(c) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(d) Reportable compensation from the organization (W-2/1099-MISC)	(e) Reportable compensation from related organizations (W-2/1099-MISC)	(f) Estimated amount from the organization and other related organizations
		Former highest compensated employee	Key employee	Officer	Institutional trustee	Individual trustee or director					
(1) Martyr Dewees Chair	2.00			X					0.	0.	0.
(2) Gary Kling Treasurer	2.00			X					0.	0.	0.
(3) Ruth Farmer Board	2.00				X				0.	0.	0.
(4) Elise Guyette Board	2.00					X			0.	0.	0.
(5) Dean Leary Secretary	2.00					X			0.	0.	0.
(6) Steve Wetherby Board	2.00					X			0.	0.	0.
(7) Priscilla Baker Board	2.00					X			0.	0.	0.
(8) Mary Sarah Holland Board	2.00					X			0.	0.	0.
(9) Richard Bernstein Board	2.00					X			0.	0.	0.
(10)											
(11)											
(12)											
(13)											
(14)											

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Former Highest compensated employee	Key employee	Officer	Institutional trustee	Individual trustee or director				
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										

1b Subtotal	c Total from continuation sheets to Part VII, Section A		d Total (add lines 1b and 1c)	
0.	0.	0.	0.	0.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization				

3	4	5
Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person
Yes No	Yes No	Yes No
X	X	X

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

(A) Total revenue 132,215.
 (B) Related or exempt function revenue
 (C) Unrelated business revenue
 (D) Revenue excluded from tax under sections 512-514

		Total revenue		Related or exempt function revenue		Unrelated business revenue		Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts		1a	Federated campaigns						
	b	Membership dues	11,651.						
	c	Fundraising events							
	d	Related organizations							
	e	Government grants (contributions)	20,493.						
	f	All other contributions, gifts, grants, and similar amounts not included above							
	g	Noncash contributions included in lines 1a-1f	100,071.						
	h	Total. Add lines 1a-1f	132,215.						
Program Service Revenue		2a	Admissions	900099	8,698.	8,698.	0.		
	b	Programs	900099	415.	415.	0.			
	c	Sale items	900099	0.	0.	0.			
	d	All other program service revenue							
	e								
	f								
	g	Total. Add lines 2a-2f	9,113.						
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)	8,975.	0.	0.			8,975.
	4	Income from investment of tax-exempt bond proceeds							
	5	Royalties							
	6a	Gross rents							
	b	Less: rental expenses							
	c	Rental income or (loss)							
	d	Net rental income or (loss)							
	7a	Gross amount from sales of assets other than inventory							
	b	Less: cost or other basis and sales expenses							
	c	Gain or (loss)							
	d	Net gain or (loss)							
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18							
	b	Less: direct expenses							
	c	Net income or (loss) from fundraising events							
	9a	Gross income from gaming activities. See Part IV, line 19							
	b	Less: direct expenses							
	c	Net income or (loss) from gaming activities							
	10a	Gross sales of inventory, less returns and allowances	11,349.						
	b	Less: cost of goods sold	9,715.						
	c	Net income or (loss) from sales of inventory	1,634.						
Miscellaneous Revenue		11a	Speaking fees	900099	0.	0.			0.
	b								
	c								
	d	All other revenue							
	e	Total. Add lines 11a-11d	0.						
	12	Total revenue. See instructions	151,937.			9,113.			10,609.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).
 Check if Schedule O contains a response or note to any line in this Part IX

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	36,932.	36,932.	0.	0.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	16,552.	16,552.	0.	0.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	4,038.	4,038.	0.	0.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	482.	0.	482.	0.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other: (if line 1g amount exceeds 10% of line 25, column (A) amount, list line 1g expenses on Schedule O.)	0.	0.	0.	0.
12 Advertising and promotion	7,067.	7,067.	0.	0.
13 Office expenses	5,181.	5,181.	0.	0.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	11,874.	11,874.	0.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	0.	0.	0.	0.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	36,963.	36,963.	0.	0.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	7,887.	0.	7,887.	0.
a Payroll fees	0.	0.	0.	0.
b Fees	1,991.	0.	1,991.	0.
c Annual fund				
d Seasonal exhibit	12,128.	12,128.	0.	0.
e All other expenses	25,379.	10,165.	15,214.	0.
25 Total functional expenses. Add lines 1 through 24e	166,474.	140,900.	25,574.	0.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year	(B) End of year
1	Cash—non-interest-bearing	50,834.	106,856.
2	Savings and temporary cash investments	80,103.	80,663.
3	Pledges and grants receivable, net		
4	Accounts receivable, net		
5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		
7	Notes and loans receivable, net		
8	Inventories for sale or use		
9	Prepaid expenses and deferred charges		
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,531,186.	
b	Less: accumulated depreciation	414,936.	
11	Investments—publicly traded securities	1,153,734.	1,116,250.
12	Investments—other securities. See Part IV, line 11	415,221.	414,860.
13	Investments—program-related. See Part IV, line 11		
14	Intangible assets		
15	Other assets. See Part IV, line 11		
16	Total assets. Add lines 1 through 15 (must equal line 33)	1,699,892.	1,718,629.
17	Accounts payable and accrued expenses		
18	Grants payable	1,143.	0.
19	Deferred revenue		
20	Tax-exempt bond liabilities		
21	Escrow or custodial account liability. Complete Part IV of Schedule D		
22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		
23	Secured mortgages and notes payable to unrelated third parties		
24	Unsecured notes and loans payable to unrelated third parties		
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	290.	1,292.
26	Total liabilities. Add lines 17 through 25	1,433.	1,292.
27	Net assets without donor restrictions		
28	Net assets with donor restrictions	1,351,410.	1,334,668.
29	Capital stock or trust principal, or current funds		
30	Paid-in or capital surplus, or land, building, or equipment fund		
31	Retained earnings, endowment, accumulated income, or other funds		
32	Total net assets or fund balances	1,698,459.	1,717,337.
33	Total liabilities and net assets/fund balances	1,699,892.	1,718,629.

Net Assets or Fund Balances

Liabilities

Assets

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)	151,937.
2	Total expenses (must equal Part IX, column (A), line 25)	166,474.
3	Revenue less expenses. Subtract line 2 from line 1	-14,537.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).	1,698,459.
5	Net unrealized gains (losses) on investments	25,804.
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain on Schedule O)	8,903.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	1,718,629.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	X	
	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:		
b	<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?		
b	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:		
c	<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis 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?		
2c	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
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?		
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 on Schedule O and describe any steps taken to undergo such audits.	X	
3b			

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Rokeby Museum

Employer identification number

03-6011083

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(iii). (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 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)(v).
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3).

- a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(A) (i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))		(iv) Amount of monetary support (see instructions)	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		Yes	No			
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	83,651.	101,205.	47,629.	72,236.	111,722.	416,443.
2						
3						
4	83,651.	101,205.	47,629.	72,236.	111,722.	416,443.
5						
6						
Total	83,651.	101,205.	47,629.	72,236.	111,722.	416,443.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	83,651.	101,205.	47,629.	72,236.	111,722.	416,443.
8						
9	32,025.	65,842.	17,323.	8,032.	8,975.	132,197.
10		5,388.	0.	1,467.		6,855.
11						
12						
13						
14						
15						
16a						
16b						
17a						
17b						
18						
Total support	83,651.	101,205.	47,629.	72,236.	111,722.	416,443.

Section C. Computation of Public Support Percentage

14	Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	74.97%
15	Public support percentage from 2019 Schedule A, Part II, line 14	72.88%

- 16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.
- 16b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.
- 17a 10%-facts-and-circumstances test—2020. 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 organization.
- 17b 10%-facts-and-circumstances test—2019. 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 supported organization.
- 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1						
2						
3						
4						
5						
6						
7a						
b						
c						
8						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9						
10a						
b						
c						
11						
12						
13						
14						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	%	15
16	Public support percentage for 2019 Schedule A, Part III, line 15	%	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	%	17
18	Investment income percentage for 2019 Schedule A, Part III, line 17	%	18

19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

1	2	3a	3b	3c	4a	4b	4c	5a	5b	5c	6	7	8	9a	9b	9c	10a	10b
1	2	3a	3b	3c	4a	4b	4c	5a	5b	5c	6	7	8	9a	9b	9c	10a	10b
Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	Substitutions only. Was the substitution the result of an event beyond the organization's control?	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Part IV Supporting Organizations (continued)

11	a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in lines 11a and 11c below, the governing body of a supported organization?	11a		Yes	No
		A family member of a person described in line 11a above?	11b		Yes	No
		A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		Yes	No

Section B. Type I Supporting Organizations

1	1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		Yes	No
		Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization. VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		Yes	No

Section C. Type II Supporting Organizations

1	1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		Yes	No
---	---	--	---	--	-----	----

Section D. All Type III Supporting Organizations

1	1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		Yes	No
		Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		Yes	No
		By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		Yes	No

Section E. Type III Functionally Integrated Supporting Organizations

1	a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).	1		Yes	No
		Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		Yes	No
		Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		Yes	No
		Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		Yes	No

3	a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		Yes	No
		Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		Yes	No

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

1 Net short-term capital gain

2 Recoveries of prior-year distributions

3 Other gross income (see instructions)

4 Add lines 1 through 3.

5 Depreciation and depletion

6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)

7 Other expenses (see instructions)

8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)

(A) Prior Year (B) Current Year (optional)

Section B - Minimum Asset Amount

1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):

a Average monthly value of securities

b Average monthly cash balances

c Fair market value of other non-exempt-use assets

d **Total** (add lines 1a, 1b, and 1c)

e **Discount** claimed for blockage or other factors (explain in detail in Part VI):

2 Acquisition indebtedness applicable to non-exempt-use assets

3 Subtract line 2 from line 1d.

4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).

5 Net value of non-exempt-use assets (subtract line 4 from line 3)

6 Multiply line 5 by 0.035.

7 Recoveries of prior-year distributions

8 **Minimum Asset Amount** (add line 7 to line 6)

1 Adjusted net income for prior year (from Section A, line 8, column A)

2 Enter 0.85 of line 1.

3 Minimum asset amount for prior year (from Section B, line 8, column A)

4 Enter greater of line 2 or line 3.

5 Income tax imposed in prior year

6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Section C - Distributable Amount

Current Year

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D—Distributions

1	2	3	4	5	6	7	8	9	10
Amounts paid to supported organizations to accomplish exempt purposes	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	Administrative expenses paid to accomplish exempt purposes of supported organizations	Amounts paid to acquire exempt-use assets	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	Other distributions (describe in Part VI). See instructions.	Total annual distributions. Add lines 1 through 6.	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	Distributable amount for 2020 from Section C, line 6	Line 8 amount divided by line 9 amount

Section E—Distribution Allocations (see instructions)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20						
Distributable amount for 2020 from Section C, line 6	Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.	Excess distributions carryover, if any, to 2020	a From 2015	b From 2016	c From 2017	d From 2018	e From 2019	f Total of lines 3a through 3e	g Applied to underdistributions of prior years	h Applied to 2020 distributable amount	i Carryover from 2015 not applied (see instructions)	j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	4 Distributions for 2020 from Section D, line 7: \$	a Applied to underdistributions of prior years	b Applied to 2020 distributable amount	c Remainder. Subtract lines 4a and 4b from line 4.	5 Remaining underdistributions for years prior to 2020, if greater than zero, explain in Part VI. See instructions.	6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.	7 Excess distributions carryover to 2021. Add lines 3j and 4c.	8 Breakdown of line 7:	a Excess from 2016	b Excess from 2017	c Excess from 2018	d Excess from 2019	e Excess from 2020

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1		
2		
3		
4		
5		
6		

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 donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be 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? Yes No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply):
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	2a	2b	2c	2d
a	Total acreage restricted by conservation easements			
b	Number of conservation easements on a certified historic structure included in (a)			
c	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register			
d	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year			

3 Number of states where property subject to conservation easement is located

4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$

7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(iii)? Yes No

8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 \$

(ii) Assets included in Form 990, Part X \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange program
- e Other

4 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? Yes No

Part IV Escrow and Custodial Arrangements.

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? Yes No

If "Yes," explain the arrangement in Part XIII and complete the following table:

	1c	1d	1e	1f
Beginning balance				
Additions during the year				
Distributions during the year				
Ending balance				

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	1a	1b	1c	1d	1e
Beginning of year balance	415,221.	347,048.	402,467.	356,323.	338,634.
Contributions					
Net investment earnings, gains, and losses	-361.	68,173.	-48,370.	53,169.	31,234.
Grants or scholarships					
Other expenditures for facilities and programs					
Administrative expenses		7,049.		7,025.	13,545.
End of year balance	414,860.	415,221.	347,048.	402,467.	356,323.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Term endowment %

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
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other	1,531,186.		414,936.	1,116,250.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,116,250.

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Payroll liabilities	1,292.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,292.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization
Rokeby Museum

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.
▶ Go to www.irs.gov/Form990 for the latest information.

Employer identification number
03-6011083

Pt VI, Line 11b: Accountant submits 990 return to Director and the Board for review before the return is filed.

Pt VI, Line 15a: Compensation for Director is reviewed annually and approved by the Board.

Pt VI, Line 19: Documents are available to the public upon request.

Pt XI: Non-taxable PPP Funds

Pt IX, Line 24e:

Description: Honorarium

Total: \$0

Program services: \$0

Management and general: \$0

Fundraising: \$0

Description: Calendar

Total: \$0

Program services: \$0

Management and general: \$0

Fundraising: \$0

Description: Miscellaneous

Total: \$320

Program services: \$320

Management and general: \$0

Fundraising: \$0

Description: Equipment

Total: \$118

Program services: \$118

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. BAA Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

Rokeby Museum

Employer identification number

03-6011083

Management and general: \$0

Fundraising: \$0

Description: Professional development

Total: \$598

Program services: \$0

Management and general: \$598

Fundraising: \$0

Description: Telephone

Total: \$1,480

Program services: \$1,480

Management and general: \$0

Fundraising: \$0

Description: Newsletter

Total: \$0

Program services: \$0

Management and general: \$0

Fundraising: \$0

Description: Pie & Ice Cream

Total: \$0

Program services: \$0

Management and general: \$0

Fundraising: \$0

Description: Refreshments

Total: \$0

Program services: \$0

Management and general: \$0

Fundraising: \$0

Name of the organization

Rokeby Museum

Employer identification number

03-6011083

Description: Ed Program

Total: \$6,867

Program services: \$6,867

Management and general: \$0

Fundraising: \$0

Description: Exhibit

Total: \$1,380

Program services: \$1,380

Management and general: \$0

Fundraising: \$0

Description: Software

Total: \$0

Program services: \$0

Management and general: \$0

Fundraising: \$0

Description: Repairs and maintenance

Total: \$14,616

Program services: \$0

Management and general: \$14,616

Fundraising: \$0

2020

Federal Depreciation Options

Keep for your records

Name as Shown on Return Rokeby Museum	
Employer Identification No. 03-6011083	

MACRS Convention

Compute convention (result shown below)

When 'Compute convention' is checked, the program determines which convention applies to MACRS personal property assets placed in service in 2020, and checks the appropriate box below. The program uses the 'Half-year convention' unless the 'Mid-quarter convention' box is checked.

1 Half-year convention 2 Mid-quarter convention

MACRS Computation

Use IRS tables for all MACRS property placed in service this year?	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Treat all MACRS assets for this activity as qualified Indian reservation property?	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Treat all assets acquired after Aug 27, 2005 as qualified GO Zone property?	<input type="checkbox"/> Reg	<input checked="" type="checkbox"/> Ext
Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was this business located in a Qualified Disaster Area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Form 990-T Section 179 Information

1	Taxable income computed without the Section 179 or contribution deduction . . .	
2	Contribution deduction for purposes of Section 179 limitation . . .	
3	Taxable income computed for the Section 179 limitation . . .	
4	Elect to treat Qualified Real Property as "Section 179 Property" . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5 a	Calculated "Total cost of Section 179 property placed in service" . . .	
b	Additions or subtractions to calculated value . . .	

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Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) show on return Rokeby Museum

Business or activity to which this form relates Form 990 / Form 990EZ

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

OMB No. 1545-0172
Attachment Sequence No. 179
Identifying number 03-6011083

1	Maximum amount (see instructions)	
2	Total cost of section 179 property placed in service (see instructions)	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	
6	(a) Description of property (b) Cost (business use only) (c) Elected cost	

7	Listed property. Enter the amount from line 29	7
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	
9	Tentative deduction. Enter the smaller of line 5 or line 8	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions.

15 Property subject to section 168(f)(1) election

16 Other depreciation (including ACRS)

Part III MACRS Depreciation (Don't include listed property. See instructions.)

17 MACRS deductions for assets placed in service in tax years beginning before 2020

18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here

Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property						
h Residential rental property			25 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
20a Class life			12 yrs.		S/L	
b 12-year					S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions

23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Name: Rokeby Museum
 Employer Identification No. 03-6011083

Form 990
 Part IX, Line 24e

All Other Expenses

2020

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Honorarium	0.	0.	0.	0.
Calendar	0.	0.	0.	0.
Miscellaneous	320.	320.	0.	0.
Equipment	118.	118.	0.	0.
Professional development	598.	0.	598.	0.
Telephone	1,480.	1,480.	0.	0.
Newsletter	0.	0.	0.	0.
Pie & Ice Cream	0.	0.	0.	0.
Refreshments	0.	0.	0.	0.
Ed Program	6,867.	6,867.	0.	0.
Exhibit	1,380.	1,380.	0.	0.
Software	0.	0.	0.	0.
Repairs and maintenance	14,616.	0.	14,616.	0.
Total to Form 990, Part IX, line 24e	25,379.	10,165.	15,214.	0.

Additional information from your 2020 Federal Exempt Tax Return

Form 990: Return of Organization Exempt from Income Tax

Part XI, Line 9

Itemization Statement

Description	Amount
PPP Funds	8,903.
Total	8,903.