

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

A For the 2021 calendar year, or tax year beginning _____ **and ending** _____

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

C Name of organization **FRIENDS OF THE OLD CROTON AQUEDUCT**
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
15 WALNUT STREET
 City or town State ZIP code
DOBBS FERRY NY 10522
 Foreign country name Foreign province/state/county Foreign postal code

D Employer identification number 13-3570850
E Telephone number 828-885-5015
G Gross receipts \$ 72,629

F Name and address of principal officer:
 Edward Brody 66 Pinecrest Dr, Hastings on Hudson, NY 10706

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions
H(c) Group exemption number ▶ _____

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

J Website: ▶ WWW.AQUEDUCT.ORG

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation 1990 **M State of legal domicile:** NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: To protect, preserve and promote the Old Croton Aqueduct and the Old Croton Aqueduct State Historic Park, and restore the Keepers House		
	2 Check this box <input type="checkbox"/> 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)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	39,456	63,871
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,674	5,580
	11 Other revenue (Part VIII, column (A), lines 5, 8b, 8c, 9c, 10c, and 11e)	1,820	2,849
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	51,950	72,629
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25)	0	0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	37,969	48,024
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	37,969	48,024
19 Revenue less expenses. Subtract line 18 from line 12	13,981	24,605	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	367,892	385,793
	22 Net assets or fund balances. Subtract line 21 from line 20	14,744	8,040
		353,148	377,753

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: Edward Brody Date: _____
 Type or print name and title: Treasurer

Paid Preparer Use Only

Print/Type preparer's name: WILLIAM A TOSCANI Preparer's signature: _____ Date: 3/8/2022 Check if self-employed PTIN: P01249050
 Firm's name ▶ WILLIAM TOSCANI Firm's EIN ▶ 13-6721662
 Firm's address ▶ PO BOX 240, CEDAR MOUNTAIN, NC 28718 Phone no. 828-885-5015

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

For Paperwork Reduction Act Notice, see the separate instructions.

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: To protect and promote the Old Croton Aqueduct and the Old Croton Aqueduct State Historic park, and to restore the Keepers House

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 [X] 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 [X] 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 \$ 14,999 including grants of \$) (Revenue \$) General Programs

4b (Code:) (Expenses \$ 10,005 including grants of \$) (Revenue \$) KEEPERS HOUSE RENOVATION

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

4d Other program services (Describe on Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses 25,004



