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PLANNING & LAND MGT  
TOWN OF CONCORD, MA



**TOWN OF CONCORD**  
**COMMUNITY PRESERVATION COMMITTEE**  
141 KEYES ROAD, CONCORD, MA 01742  
TEL. (978) 318-3290 FAX (978) 318-3291

**Application for CPC Funding**

Due no later than 12:00 noon on Friday, September 8, 2023

Applicant\*: The Robbins House

Federal Tax Id. No.\*: 27-1631729

Co-Applicant (if applicable): \_\_\_\_\_

Project Name\*: The Robbins House: Ongoing Preservation Needs

Project Location/Address (if applicable): 320 Monument Street

Purpose\*: (Select all that apply)

- Open Space
- Community Housing
- Historic Preservation
- Recreation

Project Budget\*:

Amount of CPC Funds Requested: \$ 30,687.75

Amount from Other Funding Sources: \$ \_\_\_\_\_

Total Project Budget: \$ \_\_\_\_\_

(If multi-year project, note current phase only)

Please check which of the following is included with this Application:

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> One Paragraph Project Summary *             | <input checked="" type="checkbox"/> Architectural plans, site plans, photographs (if appropriate)                       |
| <input checked="" type="checkbox"/> Map (if applicable)                         | <input checked="" type="checkbox"/> Copy of IRS determination letter (Non-profit Organizations only)*                   |
| <input checked="" type="checkbox"/> Narrative *                                 | <input checked="" type="checkbox"/> Copy of Audit or most recent Financial Information (Non-profit Organizations only)* |
| <input checked="" type="checkbox"/> Selection Criteria and Needs Assessment     | <input checked="" type="checkbox"/> Letters of Support (if any)   |
| <input checked="" type="checkbox"/> Detailed Project Budget *                   |   |
| <input type="checkbox"/> Feasibility Assessment                                 |   |
| <input checked="" type="checkbox"/> Statement of Sustainability (if applicable) |   |
| <input checked="" type="checkbox"/> Timeline *                                  |   |

Project Contact Person\*: Jen Turner (Executive Director)

Project Contact Address\*: 35 Norman Road, Dunley, Ma, 02169

Project Contact Phone\*: (312) 401-0898 Email\*: jenniferturner1978@gmail.com

Authorized Signature of Applicant\*: Jennifer A Turner

Authorized Signature of Property Owner\* (if different): \_\_\_\_\_

\* Required

For Historic Preservation Projects Only – please check the box below left and acknowledge:

- I/We have read the U.S. Secretary of the Interior's Standards for the Treatment of Historic Properties and understand that planning for and execution of this project must meet these standards.

## CPA GRANT APPLICATION

### THE ROBBINS HOUSE: ONGOING PRESERVATION NEEDS

#### **Project Summary:**

The Robbins House is a 544-square foot historic early 19<sup>th</sup> century house formerly inhabited by the first generation of descendants of formerly enslaved African American Revolutionary War veteran Caesar Robbins, and by fugitive slave Jack Garrison. The Robbins House received three CPA grants between 2010-2012 which helped to restore the house to its mid-19<sup>th</sup> century appearance as well as funding the development of a historically appropriate landscape setting for the museum. In the selection of building materials for the restoration and rehabilitation of The Robbins House, every consideration was given to service life and cyclical maintenance costs. Throughout the past decade, the museum has systematically monitored the building and surrounding landscape for preservation needs. Recently, several preservation needs have arisen which the museum hopes to address with donations and grant funding, including a potential CPA fund allocation. The budget for the proposed preservation costs is \$30,687.75

#### **Narrative:**

Although The Robbins House would traditionally in the 19<sup>th</sup>-century have remained unpainted, when the house was restored in 2011, the Robbins House used the same water repellent/preservative coating that was applied to the Barrett House exterior. The Barrett House was restored around the same time as The Robbins House in 2011. The custom-made formula consisted of linseed oil, turpentine and zinc naphthenate. After a year or two of weathering, The Robbins House (as well as the Barrett House) developed contrasting areas of light and almost black surface coloring that did not give the desired appearance of naturally-weathered, untreated wood that would have been commonplace in the 19<sup>th</sup>-century. Based on a consultation with Larry Sorli, the architect who restored The Robbins House, he believes that the powdery black substance on the surface of the clapboards is mildew killed by the zinc. He recommends the application of a fungicide, followed by gentle power-washing to lighten the dark areas and achieve a more consistent overall appearance. The Robbins House will then be painted with a semi-solid commercial exterior stain in an appropriate shade of brown that will periodically have to be repainted but will provide a historically appropriate appearance to the house. There is also moss growing on the roof shingles that need to be removed to prevent the decay of the wood. This can be done by applying a fungicide and then power-washing to remove the moss.

There has been significant woodpecker damage to a corner board trim board at the northwest corner of the house that should be replaced with a composite material trim board. In addition to the mold on the roof, the existing copper gutter along the north eave of the house should be replaced with a single, seamless, half-round copper gutter that will help to prevent water damage and decay to the Visitor Entrance side of the museum. The custom-made restoration window sashes are exhibiting loss of glazing putty due to direct weathering, so The Robbins House would like to install aluminum storm windows. Although aluminum storm windows are not historic to the house, most visitors will understand that they are installed to protect the integrity of the overall historic structure. In fact, the Department of Interior's Standards for Historic Homes include arguments for installing storm windows and replacing gutters to prevent further decay of historical structures. See <https://www.nps.gov/orgs/1739/upload/treatment-guidelines-2017-part1-preservation-rehabilitation.pdf> for more information.

One of the last major preservation goals for the outside of the museum includes building up the present walkway with the same original paving material used when the museum was established. The walkway from the parking lot to the museum's entrance ramp has settled in the decade since The Robbins House was founded. This has created a drop at the junction between the walkway and the stone ramp landing leading into the house that no longer meets the accessibility code. The original installation of the walkway was coordinated by David Fisher and was designed to create a historically appropriate landscape to complement the creation of the museum at its present location.

Within The Robbins House itself, CPA grant funds would also help to pay for the installation of a joint hanger for a cracked joist connection to a summer beam in the ceiling of the east room. This would help to stabilize the joint and prevent further damage.

These significant preservation interventions, that go beyond the ordinary maintenance requirements of preserving a historic house museum, will ensure protection of this important building's exterior for many more years. The Robbins House is a vital historical institution in Concord that reclaims the stories of the historically excluded voices of the town's past. The museum continues to tell stories that have both local and national resonance and importance. Ellen Garrison, the daughter and granddaughter of formerly enslaved men, was born in Concord in 1823 and lived in The Robbins House during her childhood. Ellen Garrison's Concord roots and training in civic activity prepared her for an influential life as a teacher and civil rights activist. Ellen went on to teach newly freed people in Rhode Island, Maryland, North Carolina, and Kansas. Throughout her life, she continued to find ways of

speaking out against racial injustice. A high point of her activism came in 1866 when she and a fellow teacher were evicted from a railroad in Baltimore. She filed a lawsuit to test “whether respectable people have rights which are to be respected” under the newly enacted Civil Rights Act. Decades before Rosa Parks, Ellen Garrison was acutely aware of the real and symbolic importance of her action: “I feel as though I ought to strive to maintain my rights,” she wrote in a letter. “It will be a stand for others.” The town of Concord has generously supported The Robbins House in the past and it is hoped that the residents of Concord will continue to support the valuable contributions The Robbins House continues to make to the local community.

**Selection Criteria and Needs Assessment:**

The Robbins House grant application for CPA funds falls under the category of historic preservation.

**Budget:**

Budget Estimates are provided by Godin Construction:

**Gutter:** Remove and replace existing copper gutter with a single, seamless, half round copper gutter using existing hangers **\$2550.00**

**Pressure-Washing:**

-Roof: Pressure wash areas of north facing roof slope to remove areas of moss and fungal growth on wood cedar shingles. Use a wide-angle fan nozzle with low pressure.

-Siding: Pressure wash the exterior of the building, using a low pressure and wide angle nozzle to avoid erosion of wood surfaces. After treatment, some areas may require hand scraping with a carbide blade, pull scraper. Contractor will supply water for pressure washing.

**\$2700.00**

**Exterior Wood Repairs**

Entirely replace the west-facing corner trim board at northwest corner of house with a composite material trim board manufactured by “ACRE by Modern-Mill”.

Fill with tinted “Dura-Fix” flexible wood epoxy (manufactured by Next Generation Systems): A number of carpenter bee holes in wood trim on the south and west walls of the house, as well as a few holes made by wood boring beetles in a clapboard on the south wall.

**\$1560.00**

**Window Sash Re-Puttying**

Inspect all window sash (there are a total of 9 windows with 6-over-9 pane sash) for areas of loose and lost glazing putty. After removal of loose putty, re-putty those areas with

DAP 12120 33 white glazing compound to match existing. **\$3600.00\*** \$400 per window opening

### **Wall Sculpture:**

Remove wall-mounted, steel sculpture from north wall of house and reinstall after house is prepped and painted. **\$500.00**

### **Exterior Painting**

Apply "Wet & Forget" mold, mildew and stain remover to clapboards, trim and wood front door using a hand-pumped garden sprayer, in accordance with manufacturer's instructions for dilution with water. When treating window trim, avoid spraying directly onto window sash glass. Allow product to remain on building for two weeks for best results. [In addition to treating the wood building, apply "Wet & Forget" to the handicap-accessible ramp composite decking and associated Azek trim boards at back of house.] After two weeks following application of above, pressure-wash the exterior of the building using low pressure and wide-angle nozzle to avoid erosion of wood surfaces. There may be some areas not sufficiently cleaned by above methods, that require hand scraping with a carbide-blade, pull scraper.

After surfaces have sufficiently dried following pressure-washing, brush-paint all exterior wood surfaces (including front door and window sash) with one coat of: Benjamin-Moore "Arborcoat" acrylic-latex, semi-solid, flat stain (639), Oxford Brown (ES-67) color.

**\$6400.00**

### **Structural Reinforcement**

Provide and install a joist hanger for a cracked joist connection to summer beam in ceiling of east room. Hanger shall be custom made by "Timberplates" of Texas to the following specifications:

Constructed of 3/16-inch, A-36 plate steel, black powder coated; height of hanger = 4 in.; width of external mounting flanges = 2 1/4 in., clipped corners; beam width = 3 in.; width of beam flange (with angled saddle bottom) = 4 in.; and, 5/16 in. diameter fastener holes.

**\$325.00**

### **Gravel Walkway**

Resurface existing stone dust pathway. Excavate approx. 4" of existing material, haul away and dispose of properly.. Install 4" of stone dust mechanically compact material. Restore any damaged areas of lawn that may occur during construction of pathway.

**\$4100.00**

### **Exterior Storm Windows**

Provide and install aluminum storm windows to 9 window openings. Storm windows shall be two-track, oriel double hung, in "brown stone" standard color, as manufactured by Casco Industries (distributed locally through Lansing Building Products). Will provide shop drawing of window dimensions prior to ordering. **\$4950.00**

Total:	\$26,685.00
<b>Total + 15% O &amp; P:</b>	<b>\$30,687.75</b>

**Outreach Strategy:**

The Robbins House lies within the boundaries of the Minute Man National Historical Park. The NPS has been informed of The Robbins House's submission of a CPA application for preservation needs that will begin in the summer of 2024.

**Timeline for Project Completion:**

Based on the recommendations of Larry Sorli, The Robbins House's preservationist architect, the preservation of The Robbins House exterior will begin in the summer of 2024. Some of the applications, particularly of fungicide followed by pressure washing, are more optimal in the warmer months. The project should be completed in the fall of 2024. See attached Letter of Support.





INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: APR 03 2010

DRINKING GOURD PROJECT INC  
C/O LIZ CLAYTON  
107 BRISTERS HILL RD  
CONCORD, MA 01742

Employer Identification Number:  
27-1631729  
DLN:  
17053040301000  
Contact Person:  
GARY MUTHERT ID# 31518  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
June 30  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990 Required:  
Yes  
Effective Date of Exemption:  
January 12, 2010  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)

DRINKING GOURD PROJECT INC

Sincerely,

A handwritten signature in cursive script, appearing to read "Robert Choi".

Robert Choi  
Director, Exempt Organizations  
Rulings and Agreements

Enclosure: Publication 4221-PC

**Return of Organization Exempt From Income Tax**

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/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A For the 2022 calendar year, or tax year beginning** \_\_\_\_\_, 2022, and ending \_\_\_\_\_, 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization Robbins House Inc		<b>D</b> Employer identification number 27-1631729
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO Box 506		<b>E</b> Telephone number 9783719510
	City or town, state or province, country, and ZIP or foreign postal code Concord, MA 01742		<b>F</b> Group Exemption Number

**G** Accounting Method:  Cash  Accrual Other (specify): \_\_\_\_\_

**I** Website: [www.robbinshouse.org](http://www.robbinshouse.org) **H** Check  if the organization is not required to attach Schedule B (Form 990).

**J** Tax-exempt status (check only one) -  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other: \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 123,200.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
 Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	107,400.
	2	Program service revenue including government fees and contracts	2	15,800.
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events:		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	123,200.	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	20,600.
	13	Professional fees and other payments to independent contractors	13	2,000.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	9,400.
	16	Other expenses (describe in Schedule O) See line 16, Stmt	16	58,900.
17	<b>Total expenses.</b> Add lines 10 through 16	17	90,900.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	32,300.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	90,400.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	122,700.

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	90,400.	122,700.
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	90,400.	122,700.
26 Total liabilities (describe in Schedule O)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	90,400.	122,700.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Restoration of the Caesar Robbins House

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
28 Continuing development and restoration and maintenance of The Caesar Robbins House.	(Grants \$ 0. ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 14,600.
29 Development of programming, exhibits and education programs.	(Grants \$ 0. ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a 44,800.
30 Institute of Museum and Library Services grant for historical research.	(Grants \$ 0. ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a 15,800.
31 Other program services (describe in Schedule O)	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)		32 75,200.

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Hadison, Maria Co-President	20.00	0.	0.	0.
Mungo, Robert Co-President	20.00	0.	0.	0.
Clayton, Elizabeth Vice President	20.00	0.	0.	0.
Pearson-Lo Rebecca Vice President	20.00	0.	0.	0.
Callahan, James Treasurer	6.00	0.	0.	0.
Forbes, Anne Clerk	8.00	0.	0.	0.
Azora, Punita Director	2.00	0.	0.	0.
Bellinger, Robert Director	2.00	0.	0.	0.
Clarke, Maura Director	2.00	0.	0.	0.
Frederick, Kimberly Director	2.00	0.	0.	0.
See Part IV Stmt	16.00	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	X	
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II, and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911: _____; section 4912: _____; section 4955: _____		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed: _____		
42a The organization's books are in care of: <u>James Callahan, Treasurer</u> Telephone no. <u>(978) 371-9510</u> Located at: <u>320 Monument St, Concord MA</u> ZIP + 4 <u>01742</u>		
b 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)? If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	X
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: _____	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	X

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	46	x

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

	Yes	No
47 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 . . . . .	47	x
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	x
49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	x
b If "Yes," was the related organization a section 527 organization? . . . . .	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000 . . . . .

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 . . . . .

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A . . . . .  Yes  No

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.

<b>Sign Here</b>	Signature of officer James Callahan, Treasurer	Date 05/09/2023			
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name David Asadoorian, CPA	Preparer's signature David Asadoorian, CPA	Date 05/09/2023	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Firm's name David Asadoorian, CPA	Firm's EIN 04-3178180			
	Firm's address 67 Peter Spring Rd., Concord, MA 01742	Phone no. (978) 371-2599			

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

## Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

## Part IV: List of Officers, Directors, Trustees, and Key Employees

## Continuation Statement

Name and Title	Average hours per week devoted to position	Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	Health benefits, contributions to employee benefit plans, and deferred compensation	Estimated amount of other compensation
Lincoln, David Director	2.00	0.	0.	0.
Martino, Heather Director	2.00	0.	0.	0.
Furrington, Michelle Director	2.00	0.	0.	0.
Rapo, Elaine Director	2.00	0.	0.	0.
Tcherepnin, Sarina Director	2.00	0.	0.	0.
Tursin, Niccolò Director	2.00	0.	0.	0.
Williams, Isabelle Director	2.00	0.	0.	0.
Williams, Kara Angeloni Director	2.00	0.	0.	0.
	<b>16.00</b>	<b>0.</b>	<b>0.</b>	<b>0.</b>

## Additional Information From Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

## Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

## Line 16: Other Expenses

## Continuation Statement

Description	Amount
Insurance	1,100.
Interpretation & Education	20,600.
Marketing & Public Relations	1,800.
Restoration & Maintenance of the House	14,600.
Web-Site Design	10,800.
<b>Total</b>	58,900.

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization Robbins House Inc	Employer identification number 27-1631729
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**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)(ii).** (Attach Schedule E (Form 990).)
- 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)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally 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).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - 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).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**Part I 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	33,400.	59,700.	32,900.	71,400.	107,400.	304,800.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 <b>Total.</b> Add lines 1 through 3 . . . . .	33,400.	59,700.	32,900.	71,400.	107,400.	304,800.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
6 <b>Public support.</b> Subtract line 5 from line 4						97,200.
						207,600.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4 . . . . .	33,400.	59,700.	32,900.	71,400.	107,400.	304,800.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	0.	0.	0.	0.	0.	0.
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	50,700.	25,200.	0.	0.		75,900.
11 <b>Total support.</b> Add lines 7 through 10						380,700.
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . .	14	54.53%
15 Public support percentage from 2021 Schedule A, Part II, line 14 . . . . .	15	65.66%
16a <b>33 1/3% support test—2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
b <b>33 1/3% support test—2021.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
17a <b>10%-facts-and-circumstances test—2022.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
b <b>10%-facts-and-circumstances test—2021.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests—2022.** 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—2021.** 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 on line 12 of 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**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b 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 <b>Part VI</b> when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
4a 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.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c 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 <b>Part VI</b> 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.		
5a 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 <b>Part VI</b> , 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).		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6 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 <b>Part VI</b> .		
7 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).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a 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 <b>Part VI</b> .		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
c Did a disqualified person (as defined on 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 <b>Part VI</b> .		
10a 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.		
b 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)

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

**Section B. Type I Supporting Organizations**

		Yes	No
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 <b>Part VI</b> 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.		
2	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? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

		Yes	No
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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

		Yes	No
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?		
2	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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described on 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/>	The organization satisfied the Activities Test. Complete line 2 below.	
b	<input type="checkbox"/>	The organization is the parent of each of its supported organizations. Complete line 3 below.	
c	<input type="checkbox"/>	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).	
2	Activities Test. Answer lines 2a and 2b below.		
a		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 <b>Part VI</b> 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.		
	Did the activities described on 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	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 <b>Part VI</b> .		
b	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 <b>Part VI</b> the role played by the organization in this regard.		

**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		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
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)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017 . . . . .		
b	From 2018 . . . . .		
c	From 2019 . . . . .		
d	From 2020 . . . . .		
e	From 2021 . . . . .		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018 . . . . .		
b	Excess from 2019 . . . . .		
c	Excess from 2020 . . . . .		
d	Excess from 2021 . . . . .		
e	Excess from 2022 . . . . .		

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part II Ln 10: Other Income Part II, Line 10 Description: Program Service Revenue

2018: 50700. 2019: 25200. 2020: 0. 2021: 0.

**SCHEDULE O  
(Form 990)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

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

**2022**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

**Open to Public  
Inspection**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

Robbins House Inc

27-1631729

Pt I, line 34: The Board voted to change the fiscal year-end to December 31.

Pt VI, line 7a: Members of the governing body are elected by the sitting Board  
of Directors.

Pt VI, line 11b: The Board of Directors have delegated the authority for the  
review and signing of Form 990 to the Treasurer.

Pt VI, line 19: The Organization makes its governing documents and financial  
statements available to the general public upon request.

Pt I, line 16:

Description: Insurance \$1,100

Description: Interpretation & Education \$25,600

Description: Marketing & Public Relations \$1,800

Description: Restoration & Maintenance of the House \$14,600

Description: Web-Site Design \$15,800

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September 4, 2023

To: The Community Preservation Committee, Concord, MA  
Re: The Robbins House 2024 CPA grant application

Dear Committee Members,

I was the architect for the restoration of the Robbins House back in 2011/12, funded by CPA grants. A little over a decade later, we have had a chance to see how the structure is aging. I am strongly recommending the following work items to ensure its preservation going forward, and which are the basis of the Robbins House's current application for a CPA grant.

Restoration of the Robbins House began after it was moved to its present site off Monument Street at the same time the Col. James Barrett farm house restoration by Save Our Heritage was nearing completion. We conferred with the Barrett House restoration team regarding their treatment of the pine clapboards and other exterior wood elements on the house that were not going to be painted a solid color. Both houses would have historically remained unpainted and untreated on the exterior for decades, and gradually age to take on a consistent dark brown color. Unlike new-growth tree lumber available today, old-growth pine trees used for lumber in the colonial period and into the early 19<sup>th</sup> century had superior rot resistance due to tighter growth rings and a build-up of tannins and other extractives in the tree's heartwood. Hence there was a need to provide a protective coating to the restoration, new-growth pine clapboards to ensure longevity.

The Robbins House used the same water repellent / preservative coating that was applied to the Barrett House exterior. It was a custom-mixed formula provided by a restoration specialist, mixed by the Camger Company of Norfolk, MA, a manufacturer of industrial coatings. The three components in the formula were linseed oil, turpentine and zinc naphthenate. The oil functioned as a water repellent, the turpentine thinned the mixture to allow for brush application, and the zinc naphthenate served as a fungicide.

After a year or two of weathering, both houses began to develop contrasting areas of light and almost black surface coloring that did not give the desired appearance of naturally-weathered, untreated wood. Linseed oil is food for all kinds of biological growth, and prolonged wetting allows fungus to grow on the surface. It is my opinion that the powdery black substance on the surface is mildew killed by the zinc. It can be scraped off with little effort. Earlier this year, the

NPS pressure-washed the Barrett House to remove the blackening, and recoated the house with gallons Camger coating left over from the initial restoration. Within months, the same unsightly pattern of blackening of the surfaces returned. The Park maintenance department informed me that Camger will no longer manufacture the custom coating, and they are currently looking into possibly using pine tar (available from Sweden) for future treatments.

For the Robbins House, I am recommending the application of a fungicide followed by gentle pressure-washing to lighten the dark areas and achieve a more consistent overall appearance. To better replicate historic, untreated, weathered wood, I further recommend an application of a semi-solid commercial exterior stain in an appropriate shade of brown. A stain coating is thin enough to allow the grain of the wood to show through, yet pigmented sufficiently to give the exterior overall color with less contrast. All of the major paint companies add a fungicide to their exterior stain products. Like solid-color opaque paint, the stain will eventually weather thin (but not peel) and require recoating, and it will be a task that a painter can accomplish using readily available commercial coatings.

In addition to washing and staining the Robbins House exterior, I am recommending the installation of two-track, aluminum storm windows with screens, factory finished in brown, for all windows. The custom-made restoration window sash are exhibiting loss of glazing putty due to direct weathering. This is an ongoing problem and can be ameliorated by the protection provided by storm windows. The convenience of having screens in the storm window frame will make it easier for the docents that now have to insert and remove expandable screens under the raised bottom sash when the house is open for visitation. Although aluminum storm windows are not historic to the house, most visitors will understand that they are there to protect the resource. Mounted with screws to the window frames, they are reversible with no permanent detrimental effect, and the brown finish will blend in with the stained wood of the house.

There is moss growing on the cedar roof shingles on the north slope of the roof that should be removed to prevent decay of the wood. This can be done, similar to the clapboards, by applying a fungicide first, letting it sit for a couple of weeks, and then use gentle pressure-washing to remove the moss.

The existing copper gutter along the north eaves of the house, providing protection to the handicapped-accessible ramp to the main entrance, consists of sections of gutter that leak at their connections. The gutter should be removed and replaced with a seamless copper gutter using the existing hangers.

There has been significant wood pecker damage to a corner board at the northwest corner of the house, the holes from which have been filled in the past with epoxy. The wood pecker continues to attack this particular board. Replacement with a board of composite (non-wood) material,

stainable to match the rest of the exterior, will hopefully deter further attacks. Additionally, there are a few areas where carpenter bees have burrowed into some of the exterior wood trim, leaving characteristic round holes, that should be filled with epoxy to discourage reinfestation.

Lastly, the stabilized-gravel walkway from the parking lot to the building's entrance ramp has settled, creating a drop at the junction of the walkway and the stone ramp landing, that no longer meets the accessibility code. The walkway must be built up with the same paving material to provide a level transition at this junction. It is recommended that the entire walkway be built up as it now lower than the lawn turf on either side and retains standing water.

These major interventions, that exceed ordinary maintenance procedures, will ensure protection of this important building's exterior for many more years.

Sincerely,

Lawrence A. Sorli

PHOTOS OF ROBBINS HOUSE PRESERVATION CONCERNS





