990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2024

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.

Open to Public Inspection

Α	For the	2024 calen	dar year, or tax year beginnir	ng 01/01/2024 and end	ıng	12/31/	2024		
В	Check if	applicable:	C Name of organization SHELE	SURNE FALLS TROLLEY MUSEUM INC			D Emplo	yer identification	number
	Address	change	Doing business as					04-3133373	
	Name ch	ange	Number and street (or P.O. box	if mail is not delivered to street address)	Roor	m/suite	E Teleph	none number	
	Initial retu	ırn	14 Depot St PO Box 272					413-625-9443	
	Final retu	rn/terminated	City or town, state or province,	country, and ZIP or foreign postal code					
	Amended	d return	Shelburne Falls, MA 01370				G Gross	receipts \$	140,241
	Application	on pending	F Name and address of principal	officer: Robert Bartlett		H(a) Is this a gr	oup return fo	r subordinates? 🔲 Ye	es 🔽 No
			44 Ashfield Rd, Shelburne F	Falls, MA 01370		H(b) Are all s	ubordinate	es included? 🗌 Ye	es 🗌 No
ī	Tax-exen	npt status:	✓ 501(c)(3)) (insert no.) 4947(a)(1) or	527	If "No," attach	a list. See in	nstructions.	
J	Website:	www.sftr	m.org			H(c) Group e	xemption	number	
ĸ	Form of o			ciation Other L Year of	f formation	n: 1991	M State	of legal domicile:	MA
P	art I	Summa							
				ssion or most significant activities: To	preserv	ve railroad a	nd trolle	v history and ar	tifacts.
_		-		sachusetts area, and to educate the pub					
ည				tion, display, demonstration and interp					
'n									
Activities & Governance	2	Check this	box if the organization	discontinued its operations or dispos	sed of m	nore than 25	5% of its	s net assets.	
ၓ			_	verning body (Part VI, line 1a)			3		11
- დ				ers of the governing body (Part VI, lir			4		11
ij	1		,	in calendar year 2024 (Part V, line 2	•		5		0
€			ber of volunteers (estimate		-		6		30
¥	1		•	D 13/111 1 (O) 11 10			7a		1,469
				ne from Form 990-T, Part I, line 11 .			7b		0
_		140t di il ola	tod Eddinood taxable incom	io nomi om oco i, i diti, ino ii .	· i	Prior Yea		Current Ye	
	8	Contributio	ons and grants (Part VIII lin	e 1h)			81,860		108,745
Revenue			ervice revenue (Part VIII, lin	-			17,822		18,526
ě		_	-	(A), lines 3, 4, and 7d)			33		
æ			-	nes 5, 6d, 8c, 9c, 10c, and 11e)					16 4 F02
				(must equal Part VIII, column (A), line			8,278		6,592
	+			t IX, column (A), lines 1–3)			107,993		133,879
				IX, column (A), line 4)			0		0
	4-	-	-						0
Expenses	15			e benefits (Part IX, column (A), lines 5-			0		0
ē	16a		•	. (5) !!			0		0
Ä	b		raising expenses (Part IX, c		64		(0.400		00.005
	17	•	enses (Part IX, column (A), I	•	•		62,102		89,395
				st equal Part IX, column (A), line 25)	•		62,102		89,395
	19	Revenue ie	expenses. Subtract line	18 from line 12		-ii	45,891	Find of Vo.	44,484
Net Assets or	00	Tatal acces	to (Dout V. line 10)		Беі	ginning of Curr		End of Yea	
Sse	20		ts (Part X, line 16)		•		596,894		742,355
et d	21		ities (Part X, line 26)		•		59		1,036
			or fund balances. Subtrac	t line 21 from line 20			596,835		741,319
	art II		ire Block						
				is return, including accompanying schedules ar an officer) is based on all information of which p				my knowledge and	beliet, it is
	,	,	, , , , , , , , , , , , , , , , , , ,	,		,	3 -		
Si	an	0:	-f -ff:			D-4			
	_	Signature	of officer			Dat	te		
H	ere		Bartlett, President						
_			rint name and title	T	1_				
Pa	aid	Preparer's	name	Preparer's signature	Date		Check [if PTIN	
	epare	r					self-emp	oloyed	
	se Only	L Ciuma'a mar	ne			Firm's	s EIN		
		Firm's add				Phon	e no.		
Ma	v the IR	S discuss	this return with the prepare	r shown above? See instructions				Yes	□No

Part		ice Accomplishments s a response or note to any line in this I	Part III	
1		nission: To preserve railroad and trolley his		
•		the public about these artifacts and historic		
	display, demonstration and interpreta			
2		significant program services during the y		
3		cting, or make significant changes in		
	services?	Schedule O.		☐ Yes
4	expenses. Section 501(c)(3) and 50	n service accomplishments for each of it 1(c)(4) organizations are required to repo any, for each program service reported.		
4a	(Code:) (Expenses \$	81,569 including grants of \$	0) (Revenue \$	18,525)
	Maintained museum, rolling stock, an	d other historic artifacts with 2,953 passen	gers/visitors and 130 members.	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	(/ (* * * * * *	/
4d	Other program services (Describe or		- ф - ^ \	
4e	(Expenses \$ 0 includication Total program service expenses	ng grants of \$ 0) (Revenue	9\$ 0)	
TU	i stai program sor vice expenses	81,569		

19

21

	90 (2024)		F	Page
Part	IV Checklist of Required Schedules		Vaa	NI.
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	V	
3	Did the organization required to complete Schedule B, Schedule of Contributors? See instructions	3		~
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? <i>If "Yes," complete Schedule C, Part II</i>	4		>
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		\
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	6		V
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	~	
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? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9	V	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V </i>	10		>
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	~	
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	11b		~
С	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	11c		~
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? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d	~	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	~	
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		>
12a	Schedule D, Parts XI and XII	12a		>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		~
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		\ \ \
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.	16		\ \
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	17		\ \
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	18		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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20a

20b

Part l	V Checklist of Required Schedules (continued)		-	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		,
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		~
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		,
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		,
26	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? <i>If "Yes," complete Schedule L, Part II</i>	26		,
27	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	27		V
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		,
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		,
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	~	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		,
34	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	34		~
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
b	If "Yes" to line 35a, 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.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		,
37	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		_
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	,	
Part	V Statements Regarding Other IRS Filings and Tax Compliance	, 55		
	Check if Schedule O contains a response or note to any line in this Part V			
,	E		Yes	No
b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		

Form 990 (2024)

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		~
b	If "Yes," enter the name of the foreign country			
- -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		V
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		-
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	50		
ou	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		•
7	Organizations that may receive deductible contributions under section 170(c).			
a	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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
0	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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
10-	against amounts due or received from them.)	10-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4 –		
	excess parachute payment(s) during the year?	15		~
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		.,
10	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		~
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 11 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. Enter the number of voting members included on line 1a, above, who are independent . 1b 11 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 V Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 1 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 1 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a 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 **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 Did the organization have a written document retention and destruction policy? 14 14 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? The organization's CEO, Executive Director, or top management official 15a 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a J 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed MA 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain on Schedule O) Own website Another's website ✓ Upon request Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 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. Betsy Wholey Osell, (413)369-4022

Part VI

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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.

				(0	C)					
(A)	(B)	Position (do not check more than one				(D)	(E)	(F)		
Name and title	Average		(do not check mo box, unless perso					Reportable	Reportable	Estimated amount
	hours					or/trust		compensation	compensation	of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
Robert G Bartlett	0.00									
President	0.00	'		~				0	0	0
Nash Bly	0.00									
Vice President	0.00	'		~				0	0	0
Betsy Wholey Osell	0.00									
Treasurer	0.00	~		~				0	0	0
Louis Musante	0.00									
Clerk	0.00	~		~				0	0	0
Jordan Helzer	0.00									
Director	0.00	~						0	0	0
William Kaiser	0.00									
Director	0.00	~						0	0	0
James Kessler	0.00									
Director	0.00	~						0	0	0
Alden Dreyer	0.00									
Director	0.00	~						0	0	0
Joshua Redenz	0.00									
Director	0.00	~						0	0	0
Dominic Vellucci	0.00									
Director	0.00	~						0	0	0
James Wholey	0.00									
Director	0.00	~						0	0	0

Co Description of such as the substitution of the compensation from the organization of the organization and related organizations (Report compensation from the organization in the organization and related organizations (Report compensation from the organization in the organization from the organization (Report compensation from the organization from the organization (Report compensation from the organization Report compensation from the organization Report compensation from the organization (Report compensation from the organization Report compensation from the	Part	VII Section A. Officers, Directors, 1	Trustees,	Key I	Em	plo	yee	s, an	d F	lighest Compe	nsated E	mplo	yees (continued)
Name and site Comparison C						(0	C)						
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Page 8

Part VIII Statement of Revenue

		Check if Schedule	Осо	ntains a re	spon	se or note to an	y line in this Pa	rt VIII		🗆
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Program Service Contributions, Gifts, Grants, Revenue and Other Similar Amounts	1a b c d e f g h	Federated campaig Membership dues Fundraising events Related organizatio Government grants All other contributior and similar amounts no Noncash contributio lines 1a–1f Total. Add lines 1a- Tickets Rental Income from Charter	ns . (contins, gitot included	ributions) fts, grants, uded above cluded in		9,788 284 0 17,473 81,200 \$ 28,622 Business Code 712100 531120 712100	9,406 8,350 550	9,406 0 550	0 0	
ram Reve	d					712100	220	220	0	0
Prog	e f g	All other program se Total. Add lines 2a-	ervice				0 18,526	0	0	0
	3 4 5	Investment income other similar amoun Income from investr	inclots) . ento	uding divid	dends npt bo	s, interest, and and proceeds	16,320 0 0	16 0	0 0	0 0
	6a b c	Gross rents Less: rental expenses Rental income or (loss)	6a 6b	(i) Real		(ii) Personal 0 0 0				
Φ	d 7a b	Net rental income of Gross amount from sales of assets other than inventory Less: cost or other basis	r (los:	S)	ies	(ii) Other	1,469	0	1,469	0
Other Revenue	d	and sales expenses . Gain or (loss) . Net gain or (loss) Gross income fro events (not including of contributions re 1c). See Part IV, line	m fu \$ porte	ndraising 284 d on line	0					
	с 9а	Less: direct expens Net income or (loss) Gross income di activities. See Part Less: direct expens) from from IV, lin	n fundraisin gaming e 19	9a 9b	nts				
	c 10a	Net income or (loss Gross sales of in returns and allowan) from nventa ices	gaming ad ory, less 		7,059				
	D C	Less: cost of goods Net income or (loss)				3,026	4.022	4.022	0	0
Miscellaneous Revenue	11a b	Miscellaneous Reve	nue			Business Code 900099	1,090	1,090	0	0
Sce	c d	All other revenue					0	0	0	0
Ξ	e	Total. Add lines 11a			-		1,090	0	0	0
	12	Total revenue. See					133,879	15,315	1,469	8,350

Part IX Statement of Functional Expenses

Section 50	1(c)(3)	and 50	1(c)(4)	organ	izations ı	nust comple	te all col	umns. i	All oth	er or	ganizat	ions must	comple	ete colu	ımn (A	l).	
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	Check if Schedule O contains a response		em mis Part IA .		<u> </u>
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(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 .	0	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	-	-		
3	Grants and other assistance to foreign	0	0		
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0	0	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)	0	0	0	0
7	Other salaries and wages	0	0	0	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	0	0	0	0
11	Fees for services (nonemployees): Management	0	0	0	0
a b	Legal	0	0	0	0
C	Accounting	0	0	0	0
d	Lobbying	0	0	0	0
е	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	0 3,576	0 3,576	0	0
13	Office expenses	2,851	2,741	81	29
14	Information technology	361	17	344	0
15	Royalties	0	0	0	0
16	Occupancy	17,846	17,846	0	0
17	Travel	75	75	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	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	19,525	19,525	0	0
23	Insurance	7,552	300	7,252	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.)				
а	Rolling Stock/Restoration/Track	32,033	32,033	0	0
b	Volunteer & Membership	2,499	2,499	0	0
С	Shop Equipment & Tools	1,990	1,990	0	0
d	Vistitor Experience - Museum & Events	762	727	0	35
е 25	All other expenses Total functional expenses. Add lines 1 through 24e	325	240	85	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 if following SOP 98-2 (ASC 958-720)	89,395	81,569	7,762	64

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this I	Part X		📙
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	98,591	1	46,191
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from any current or former officer, director	r,		
		trustee, key employee, creator or founder, substantial contributor, or 35%	6		
		controlled entity or family member of any of these persons	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined	d		
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
S	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	6,395	8	6,401
As	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 630,04	45		
	b	Less: accumulated depreciation 10b 160,07		10c	469,975
	11	Investments—publicly traded securities	0		0
	12	Investments—other securities. See Part IV, line 11	0	_	0
	13	Investments—program-related. See Part IV, line 11	0		0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	219,788	15	219,788
	16	Total assets. Add lines 1 through 15 (must equal line 33)	696,894		742,355
	17	Accounts payable and accrued expenses	0		0
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0		0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	0		950
S	22	Loans and other payables to any current or former officer, director	r,		
itie		trustee, key employee, creator or founder, substantial contributor, or 35%	6		
Liabilities		controlled entity or family member of any of these persons	0	22	0
Lį	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	X		
		of Schedule D	59	25	86
	26	Total liabilities. Add lines 17 through 25	59	26	1,036
es		Organizations that follow FASB ASC 958, check here 🔽			
nce		and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	655,960	27	736,085
J B	28	Net assets with donor restrictions	40,875	28	5,234
ın		Organizations that do not follow FASB ASC 958, check here			
гF		and complete lines 29 through 33.			
S	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds .		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	696,835	32	741,319
Z	33	Total liabilities and net assets/fund balances	696,894	33	742,355

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)			13	3,879
2	Total expenses (must equal Part IX, column (A), line 25)			8	9,395
3	Revenue less expenses. Subtract line 2 from line 1			4	4,484
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))			69	6,835
5	Net unrealized gains (losses) on investments				0
6	Donated services and use of facilities				0
7	Investment expenses				0
8	Prior period adjustments				0
9	Other changes in net assets or fund balances (explain on Schedule O)				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B)))		74	1,319
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other	in on			
	If the organization changed its method of accounting from a prior year or checked "Other," explain Schedule O.	in on			
_					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	If "Yes," check a box below to indicate whether the financial statements for the year were compile reviewed on a separate basis, consolidated basis, or both.	ea or			
	Separate basis Consolidated basis Both consolidated and separate basis		2b		~
D	Were the organization's financial statements audited by an independent accountant?		20		•
	separate basis, consolidated basis, or both.	on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversignment of the control	aht of			
C	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		20		
	Schedule O.				
За		n the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	o the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audit		3b		
			-	200	

Form **990** (2024)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

OMB No. 1545-0047

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 for instructions and the latest information.

Open to Public Inspection

Employer identification number Name of the organization SHELBURNE FALLS TROLLEY MUSEUM INC 04-3133373 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) 8 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: An organization that normally receives (1) more than 331/3% 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 33½% 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.) 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 12a, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а 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. 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. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (iii) Type of organization (v) Amount of monetary (vi) Amount of (i) Name of supported organization (ii) EIN (iv) Is the organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) **Total**

Schedule A (Form 990) 2024 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II

(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) **(b)** 2021 (a) 2020 (c) 2022 (d) 2023 **(e)** 2024 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 . . . 4 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) **Public support.** Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2020 **(b)** 2021 (c) 2022 (d) 2023 (e) 2024 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business 9 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.) **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) % 14 Public support percentage from 2023 Schedule A, Part II, line 14 15 331/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2023. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

Schedule A (Form 990) 2024 Page **3**

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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")	16,799	87,546	60,098	81,860	108,745	355,048
2	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			423	17,229	15,299	32,951
3	Gross receipts from activities that are not an unrelated trade or business under section 513	44.000			F 440	0.050	47.400
4		14,328	16,416	22,929	5,410	8,350	67,433
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	31,127	103,962	83,450	104,499	132,394	455,432
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
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						
•	Add lines 7a and 7b						
с 8	Public support. (Subtract line 7c from						
•	line 6.)						455,432
Secti	on B. Total Support						.007.02
	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9	Amounts from line 6	31,127	103,962	83,450	104,499	132,394	455,432
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources	19	19	36	33	16	123
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	19	19	36	33	16	123
11	Net income from unrelated business	17	17	30	33	10	123
	activities not included on line 10b, whether						
	or not the business is regularly carried on				3,462	1,469	4,931
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
10	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	21.147	102 004	02.404	107.004	122.070	440 404
14	First 5 years. If the Form 990 is for the	31,146 organization's	103,981 sfirst, second.	83,486 third, fourth.	or fifth tax ve	133,879 ar as a section	460,486 1 501(c)(3)
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor	t Percentage	•				
15	Public support percentage for 2024 (line 8	3, column (f), di	vided by line 1	3, column (f))		15	98.9 %
16	Public support percentage from 2023 Sch				<u> </u>	16	99.04 %
Secti	on D. Computation of Investment In			· · · · · ·			
17	Investment income percentage for 2024 (-		17	0.03 %
18	Investment income percentage from 2023					18	0.03 %
19a	331/3% support tests—2024. If the organ						
J-	17 is not more than 33 ¹ / ₃ %, check this box	_	_	-		_	_
b	33 ¹ /3% support tests—2023. If the organize line 18 is not more than 33 ¹ /3%, check this						
20	Private foundation. If the organization di	_	_		-	-	_

Schedule A (Form 990) 2024 Page 4

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.)

S

CCL	on A. All Supporting Organizations		Yes	Nο
1	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.	1		
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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	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.	3a		
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 Part VI when and how the organization made the determination.	3b		
С	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.	3c		
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.	4a		
b	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.	4b		
С	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.	4c		
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 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).	5a		
b	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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 Part VI.	6		
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).	7		
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).	8		
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 Part VI .	9a		
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 Part VI .	9b		
С	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 Part VI .	9c		
l0a	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.	10a		
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.)

10b

Schedule A (Form 990) 2024 Page 5 Part IV **Supporting Organizations** (continued) Yes No 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? 11a **b** A family member of a person described on line 11a above? 11b 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 Part VI. 11c 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 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 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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No 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 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? 1 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 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 Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. *Complete line 2 below.* The organization is the parent of each of its supported organizations. *Complete line 3 below.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. 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 b 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 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 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 Part VI. 3a

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

Schedule A (Form 990) 2024 Page **6**

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifying	tru:	st on Nov. 20, 1970 (expl	ain in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	izat	ions must complete Sect	ions A through E.
Sect	ion 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_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount 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	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional (see instructions).	ally i	integrated Type III suppo	rting organization

Schedule A (Form 990) 2024 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** 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 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2024 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2024 Amount for 2024 Distributable amount for 2024 from Section C, line 6 2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2024 a From 2019 From 2020 **c** From 2021 **d** From 2022 **e** From 2023 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2024 distributable amount Carryover from 2019 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2024 from 4 Section D, line 7: Applied to underdistributions of prior years Applied to 2024 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2025. Add lines 3j and 4c. Breakdown of line 7: Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . . Excess from 2023 . . . Excess from 2024 . . .

Schedule A (Form 990) 2024 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI 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.)

SCHEDULE D (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

Open to Public Inspection

Name o	of the organization		Employer identification number
SHELI	BURNE FALLS TROLLEY MUSEUM INC		04-3133373
Par		sed Funds or Other Similar Fund	
- ai	Complete if the organization answered "		
	Complete if the organization answered	(a) Donor advised funds	(b) Funds and ather security
_	Total according at an electronic	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor a	dvisors in writing that the assets held	in donor advised
	funds are the organization's property, subject to the	e organization's exclusive legal control	? □ Yes □ No
6	Did the organization inform all grantees, donors, an		
	only for charitable purposes and not for the benefit	5 5	
	conferring impermissible private benefit?		
Dow			☐ TES ☐ NO
Par	t II Conservation Easements		
	Complete if the organization answered "		
1	Purpose(s) of conservation easements held by the o	organization (check all that apply).	
	Preservation of land for public use (for example, recre	ation or education) Preservation of	f a historically important land area
	☐ Protection of natural habitat	☐ Preservation of	a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization he	ld a qualified conservation contribution	in the form of a conservation
	easement on the last day of the tax year.	·	Held at the End of the Tax Year
_			
a			
b	Total acreage restricted by conservation easements		- 1
C	Number of conservation easements on a certified h		
d	Number of conservation easements included on lin		
	on a historic structure listed in the National Register		Zu
3	Number of conservation easements modified, trans		
	the organization during the tax year		
4	Number of states where property subject to conserve	vation easement is located	
5	Does the organization have a written policy rega		
	violations, and enforcement of the conservation eas	sements it holds?	· · · · ·
6	Staff and volunteer hours devoted to monitoring,	inspecting, handling of violations, ar	nd enforcing
	_		=
7	Amount of expenses incurred in monitoring, in		
•	_		=
8	•		~
0	Does each conservation easement reported on line		
^	***************************************		
9	In Part XIII, describe how the organization reports c		•
	sheet, and include, if applicable, the text of the foot	-	terrients that describes the
	organization's accounting for conservation easeme		
Part	Organizations Maintaining Collections		Other Similar Assets
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FAS		
	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 t	o its financial statements that describe	es these items.
b	If the organization elected, as permitted under FAS	BB ASC 958, to report in its revenue st	tatement and balance sheet works of
	art, historical treasures, or other similar assets held	•	
	provide the following amounts relating to these item		,
			¢ ^
	(i) Revenue included on Form 990, Part VIII, line 1		
^		historical transverse or other similar	
2	If the organization received or held works of art,		assets for financial gain, provide the
	following amounts required to be reported under FA		
а	Revenue included on Form 990, Part VIII, line 1 .		
b	Assets included in Form 990, Part X		\$

Part	Organizations Maintaining	Collections of A	Art, His	torical	Treasures,	, or Ot	her Similar As	sets (cc	ontinued)
3	Using the organization's acquisition, a collection items (check all that apply).	accession, and oth	ner reco	rds, ched	ck any of the	e follow	ing that make s	significan	t use of its
а	Public exhibition		d	☐ Loan	or exchang	e progr	am		
b	☐ Scholarly research		е	Other	•				
С	☐ Preservation for future generations								
4	Provide a description of the organizati XIII.	ion's collections a	ınd expl	ain how t	hey further	the org	anization's exer	npt purp	ose in Par
5	During the year, did the organization s assets to be sold to raise funds rather	than to be mainta							☑ No
Part	t IV Escrow and Custodial Arra								
	Complete if the organization 990, Part X, line 21.				•		•		n Form
1a	Is the organization an agent, trustee, or included on Form 990, Part X?								✓ No
b	If "Yes," explain the arrangement in Pa								
_	Designing belowed					4 -	_	mount	
C	Beginning balance					1c			
d	Additions during the year					1d	_		
e	Distributions during the year					1e			
f	Ending balance					1f		0 Z V-	
2a	Did the organization include an amoun						-		
	If "Yes," explain the arrangement in Pa	irt XIII. Check nere	e if the e	xpianatio	n nas been	provide	ed in Part XIII .		V
Par	t V Endowment Funds				D =t. IV . I'	- 10			
	Complete if the organization						(D T)	() =	
	,	(a) Current year	(b) Pr	ior year	(c) Two year	s back	(d) Three years bac	k (e) Four	years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the	ne current year en	d baland	ce (line 1g	g, column (a)) held a	as:	<u> </u>	
а	Board designated or quasi-endowmen	t %	ó						
b		%							
С	Term endowment %								
	The percentages on lines 2a, 2b, and 2	c should equal 10	00%.						
3a	Are there endowment funds not in the			zation th	at are held	and ad	ministered for th	ne	
	organization by:								Yes No
	(i) Unrelated organizations?							3a(i)	
	.,							3a(ii)	
b	If "Yes" on line 3a(ii), are the related or							3b	
4	Describe in Part XIII the intended uses	•						0.0	
Part			1100110	SWITTOTTE T	undo.				
·	Complete if the organization		on Fo	m 990	Part IV line	11a	See Form 990	Part X	line 10
	Description of property	(a) Cost or oth			or other basis		Accumulated	(d) Boo	
	besofibility of bloberty	(investme		1	other)		epreciation	(4) 500	n value
	Land	· ·	60,000	· `	0				60,000
_	Buildings						120 202		60,000
b	•		525,442		0		138,302		387,140
q C	Leasehold improvements		44.603		0		0		22.025
d	Equipment		44,603		0		21,768		22,835
E Total	Other	ust oaud Farm of	0 00 Part		0	D 11	0		4/0.075
ı otal.	. Add lines 1a through 1e. (Column (d) m	ust equal Form 99	ou, Part	∧, iirie 10	c, column (E	<i>)))</i>			469,975

Part VII	Investments – Other Securities Complete if the organization answered "Yes" on Form 990, Part	IV line 11h See F	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 h	neld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	(A)		
	mn (b) must equal Form 990, Part X, line 12, col. (B))		
Part VIII	Investments—Program Related	N/ 15 44- O F	000 Dart V line 10
	Complete if the organization answered "Yes" on Form 990, Part		
	(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)			
	mn (b) must equal Form 990, Part X, line 13, col. (B))		
Part IX	Other Assets Complete if the organization answered "Yes" on Form 990, Part	IV, line 11d. See F	Form 990, Part X, line 15.
	(a) Description		(b) Book value
(1) Historic	Trolley / Rolling Stock		219,788
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	(b)		
Part X	mn (b) must equal Form 990, Part X, line 15, col. (B))		219,788
	Complete if the organization answered "Yes" on Form 990, Part line 25.	iv, line Tie or Tif.	See Form 990, Part X,
1.	(a) Description of liability		(b) Book value
(1) Federal in			0
	s Tax Payable		86
(3)			
_(4)			
_(5)			
_(6)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, line 25, col. (B))		86
	r uncertain tax positions. In Part XIII, provide the text of the footnote to the orgar s liability for uncertain tax positions under FASB ASC 740. Check here if the text		

Part	XI Reconciliation of Revenue per Audited Financial Statem	ents	With Revenue per	Retu	rn
	Complete if the organization answered "Yes" on Form 990,	Part I	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	· ·		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_	
b	Other (Describe in Part XIII.)	4b		4-	
с 5	Add lines 4a and 4b			4c 5	
Part				_	turn
rait	Complete if the organization answered "Yes" on Form 990,			or ne	tuiii
1			ν, iiie 12α.	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			•	
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b		-	
C	Other losses	2c		-	
d	Other (Describe in Part XIII.)	2d		_	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)		5	
	XIII Supplemental Information				
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an				
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	-	ovide any additional in	IIOIIIE	llion.
Sched	ule D, Part III, Line 4 - Trolley, rail cars, and track equipment for viewing and ri	des.			
C-1	D. D. d. W. Live Ob. D. and Law and Law				
	ule D, Part IV, Line 2b - Rental payments collected at beginning of lease which	are a	ccounted for and may i	be rett	irnable to the tenant
wnen	the lease ends.				
		-			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

SHELBURNE FALLS TROLLEY MUSEUM INC

Types of Property

Employer identification number 04-3133373

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			
1	Art—Works of art							
2	Art—Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
10	Securities—Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities-Miscellaneous .							
13	Qualified conservation							
	contribution-Historic							
	structures							
14	Qualified conservation							
	contribution-Other							
15	Real estate - Residential							
16	Real estate - Commercial .							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (Sch M, Stmt 1)						
26	Other ()						
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received							
	which the organization completed	Form 8283	3, Part V, Donee Acknowled	dgement	29	0		
							Yes	No
30a	During the year, did the organizat							
	28, that it must hold for at least 3							
	used for exempt purposes for the		ing period?			30a		
b	If "Yes," describe the arrangement							
31	Does the organization have a			es the review of any no	onstandard			
						31		
32a	Does the organization hire or us	•	_		ell noncash			
	contributions?					32a		_
b	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in	column (c) for a type of pro	perty for which column (a)	s checked,			
	describe in Part II.							

Schedule M (Form 990) 2024 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M, Part II, Statement 1

SHELBURNE FALLS TROLLEY MUSEUM INC

Form: **Schedule M (2024)** EIN: **04-3133373**

Page: 1

Description of Other Types of Property

Part I, Line 25-28

		lines on Part I	Contributions	Revenues
Description	Donated Timbers and Ties	Yes	1	5,610
Method of determining	Cost of donated property			
revenues				
Description	Trackmobile	Yes	1	12,000
Method of determining revenues	Sale of comparable properties and/or opinion of expert			
Description	Grove Crane	Yes	1	8,000
Method of determining	Sale of comparable items and/or opinion of expert			
revenues				

SCHEDULE O (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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 Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** SHELBURNE FALLS TROLLEY MUSEUM INC 04-3133373 Form 990, Part VI, Section A, Line 2 - Directors James Wholey and Betsy Wholey Osell are related (father and daughter) Form 990, Part VI, Section A, Line 6 - Organization has a membership. Form 990, Part VI, Section A, Line 7a - The members receive ballot to vote for president, vice president, and directors prior to the annual meeting. Form 990, Part VI, Section B, Line 11b - Form 990 is reviewed by president and treasurer before filing. Form 990 is made available to directors on the organization website. Form 990, Part VI, Section C, Line 19 - Governing Documents are available to the public upon written request.