			** PUBLIC DISCLOSURE COPY *		OMB No. 1545-0047
-	0	90	Return of Organization Exempt From		0000
⊦or	n J	JU	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (		
Depa	rtment o	of the Treasury nue Service	Do not enter social security numbers on this form as it may Go to www.irs.gov/Form990 for instructions and the late:	•	Open to Public Inspection
			ar year, or tax year beginning JUL 1, 2022 and ending		mepeeden
	Check if	C Name of	organization	D Employer identifica	tion number
á	pplicab				
	Addre chang Name	ge KATO	NAH MUSEUM OF ART		
	chang	ge Doing bi	usiness as	13-6161548	3
	return Final		and street (or P.O. box if mail is not delivered to street address) Room/s JAY STREET	uite E Telephone number 914-232-9!	566
	lreturn termin ated		DAL SIREEL	<b>G</b> Gross receipts \$	3,560,508.
	Amen		NAH, NY 10536	H(a) Is this a group retu	
	_Applie		nd address of principal officer: MICHELLE YUN MAPPLETHO	RP for subordinates?	
	pendi		AS C ABOVE	H(b) Are all subordinates inclu	
1	Tax-ex	empt status:		527 If "No," attach a lis	t. See instructions
	Nebsi		KATONAHMUSEUM.ORG	H(c) Group exemption r	
		f organization:	X Corporation Trust Association Other L Y	/ear of formation: 1957 M	State of legal domicile: NY
Pa	art I	Summary			
e	1		e the organization's mission or most significant activities: <u>PROMOTES</u> NT OF THE VISUAL ARTS FOR DIVERSE AUDI		JING AND
Governance	2	Check this bo			\$
veri					<sup>3.</sup> 12
			ependent voting members of the governing body (Part VI, line 1b)		12
Activities &			of individuals employed in calendar year 2022 (Part V, line 2a)		36
vitie			of volunteers (estimate if necessary)		57
Acti			business revenue from Part VIII, column (C), line 12		0.
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		0.
		Oantributions	and swants (David ) //// line 1 h)	Prior Year 2,545,680.	Current Year 1,002,663.
ne	8		and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g)	155,967.	206,709.
Revenue		•	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)	47,976.	-66,219.
ž			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-7,417.	-89,873.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,742,206.	1,053,280.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)	5,500.	1,500.
			o or for members (Part IX, column (A), line 4)	0.	0.
es	15		compensation, employee benefits (Part IX, column (A), lines 5-10)	919,800.	1,027,446.
ens	16a		Indraising fees (Part IX, column (A), line 11e)	0.	0.
Expenses	D		ng expenses (Part IX, column (D), line 25) 236, 522. es (Part IX, column (A), lines 11a-11d, 11f-24e)	1,192,418.	1,059,567.
	1 ''		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,117,718.	2,088,513.
			expenses. Subtract line 18 from line 12	624,488.	-1,035,233.
or or				Beginning of Current Year	End of Year
Assets or	20	Total assets (F	Part X, line 16)	6,423,736.	6,084,039.
tAs			(Part X, line 26)	134,222.	225,743.
Plet,			iund balances. Subtract line 21 from line 20	6,289,514.	5,858,296.
	art II		BIOCK	tomonto and to the best of multi-	oulodge and heliof it is

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>D</b> ·	
Sign	Signature of officer			Date	
Here	MICHELLE YUN MAPPLETHORPE	, EXECUTIVE DIRECTOR			
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN
Paid	EVA MRUK	EVA MRUK	05/15/	/24 self-employed	P00543254
Preparer	Firm's name PKF O'CONNOR DAVI	ES ADVISORY, LLC		Firm's EIN 87-2	3231666
Use Only	Firm's address 500 MAMARONECK AV	ENUE, SUITE 301			
	HARRISON, NY 1052	8-1633		Phone no. $914 - 3$	381-8900
May the I	RS discuss this return with the preparer shown abc	ve? See instructions			X Yes No
					- 000 (2222)

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2022)

	990 (2022) KATONAH MUS			13-61615	548	Page
Pai	t III Statement of Program Service A	-				
	Check if Schedule O contains a response	or note to any line in this	Part III			. X
1	Briefly describe the organization's mission: THE KATONAH MUSEUM OF AR	ת המטעטעט שו	ירתא מיים מייד אני			7
	THE VISUAL ARTS FOR DIVE					
						6
	THAT EXPLORE IDEAS ABOUT THROUGH INNOVATIVE EXHIB				лит,	
2	Did the organization undertake any significant p					
2		с с	•		Yes	
	If "Yes," describe these new services on Schedu			L		INC
3	Did the organization cease conducting, or make		ow it conducts, any progra	m services?	Yes	XN
5	If "Yes," describe these changes on Schedule C		ow it conducts, any progra			
4	Describe the organization's program service acc		of its three largest program	services as measured by exp	enses	
-	Section 501(c)(3) and 501(c)(4) organizations are					d
	revenue, if any, for each program service reporte		······································		,	
4a		156 . including grants of	\$ 1,50	0 • ) (Revenue \$	41,7	/56.
	MAJOR EXHIBITIONS: TENAC	ITY & RESILI			IEY,	
	YOUNG ARTISTS 2023, JOHN	O'REILLY: S'	TUDIO VISITATI	CONS, AND THE RC	тнкс	)
	ROOM, MINIATURE WORLDS.					
	LEARNING CENTER: A SENSE				'S	
	LEGACY, VISUAL CONVERSAT	IONS: AN ASS	EMBLAGE STUDIO	).		
	469	470		0	<u> </u>	71 -
4b		478. including grants of			<u>.68,7</u>	
	EDUCATION PROGRAMS: THE					-
	SCHOOL PROGRAMS, EDUCATI					
	PARTNERSHIPS THAT MAKE T THE NEEDS AND INTERESTS					
	ARE PRESENTED AT THE MUS					15
	BASED ORGANIZATIONS, AND	•	AI DOCAD SCIIC	COMMONT	. 1 1	
	BADED CREATERITICAD, AND	VIRIOADDI.				
	THE POLLACK FAMILY LEARN	TNG CENTER O	FERS A FAMILS	FRIENDLY HAND		T
	LEARNING CENTER SPACE TH			-		
	MAIN EXHIBITIONS. OTHER					
	DOCENT TRAINING PROGRAM					
	TO GIVE ADULT AND SCHOOL					
4c	(Code: ) (Expenses \$	including grants of		) (Revenue \$	<u> </u>	
	(edde:) (Expended +	Mordaning grants of	¥			
4d	Other program services (Describe on Schedule 0	O.)				
	•	g grants of \$	) (Revenue \$	)		
4e	Total program service expenses	1,195,634.				
					Form <b>99</b>	<b>JU</b> (202)
32002	12-13-22 S		O FOR CONTINU	ATION (S)		
~ -		3	0F000			
05	15 756359 1555023.000	2022.	USUYU KATONAH	MUSEUM OF ART	-	1555

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 Form 990 (2022)
 KATONAH
 MUSEUM
 OF
 ART

 Part IV
 Checklist of Required Schedules
 OF
 ART

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>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	8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X V
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
α	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	14b		x
15	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<b></b>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<u> </u>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	х	
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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	0000	X
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 Form 990 (2022)
 KATONAH
 MUSEUM
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 Part IV
 Checklist of Required Schedules (continued)

			N.	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			<u> </u>
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	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 transportion with a discussified person during the versa 2 is 10 or 10	25a		x
h	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	208		- 23
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
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		X
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? <i>If</i>	28a		x
b	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
00	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		- 23
04	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		х	
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	л	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 29			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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<sup>2022.05090</sup> KATONAH MUSEUM OF ART 15550231

Form	990 (2022) KATONAH MUSEUM OF ART		13-6161	548	Р	age <b>5</b>
Par	t 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	2a	36			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
				3a		X X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthor	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?	4a		X
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 Ad	coun	ts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			5b		X X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u>5c</u>		├──
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons o	r gifts			
	were not tax deductible?			6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).				37	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	provided to the payor?	7a	X	<u> </u>
				7b	Х	├──
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	to file Form 8282?			7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d				37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		<u> </u>
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	e	-		
-				8		
9	Sponsoring organizations maintaining donor advised funds.			-		
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		├──
b				9b		
10	Section 501(c)(7) organizations. Enter:		1			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		1			
	Gross income from members or shareholders	11a				
D	Gross income from other sources. (Do not net amounts due or paid to other sources against	446				
10-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	1	10-		
				12a		
р 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1			
				13a		
d	Is the organization licensed to issue qualified health plans in more than one state?			154		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
U	organization is licensed to issue qualified health plans	13b	1			
~	Enter the amount of reserves on hand	13c				
14a				14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14a		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					<u> </u>
.0	excess parachute payment(s) during the year?			15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.					<u> </u>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	ne?	16		x
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitio	3			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
232005	12-13-22			Form	990	(2022)
						()

Form 990	(2022)
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### KATONAH MUSEUM OF ART

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

Section A. Governing Body and Management

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X

 

 Form 990 (2022)
 KATONAH MUSEUM OF ART
 13-6161548
 Page

 Part VI
 Governance, Management, and Disclosure.
 For each "Yes" response to lines 2 through 7b below, and for a "No" response
 Page

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

				(		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		12			
	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.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any	other				
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the						
					3		x
	Did the organization make any significant changes to its governing documents since the prior Form 99				4	Х	
	Did the organization become aware during the year of a significant diversion of the organization's asse				5		X
	Did the organization have members or stockholders?				6		x
	Did the organization have members, stockholders, or other persons who had the power to elect or ap			·····			
	more members of the governing body?				7a		x
	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto			·····  -	1a		- 11
					76		x
	persons other than the governing body?			·····	7b		
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	2	0		-	v	
	The governing body?				8a	X	
	Each committee with authority to act on behalf of the governing body?			·····	8b	Х	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	<u>enue Coc</u>	le.)				
				r		Yes	
10a	Did the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters, aff	liates,				
	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			E	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " $\gamma$			····· -			
	on Schedule O how this was done	,			12c	х	
	Did the organization have a written whistleblower policy?				13	X	
	Did the organization have a written document retention and destruction policy?				14	X	
				·····	14	- 23	
15	Did the process for determining compensation of the following persons include a review and approval	by indepe	endent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					v	
	The organization's CEO, Executive Director, or top management official			·····	15a	Х	37
b	Other officers or key employees of the organization			·····	15b		X
	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 arrangem	ent with a	l				
	taxable entity during the year?			ļ	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its partic	ipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation's					
	exempt status with respect to such arrangements?				16b		
Sect	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed <u>NY</u>						
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990-T (s	ection 501	i (c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website X Another's website X Upon request Other (explain	on Sched	ule ()				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con		,	v. and	finano	cial	
	statements available to the public during the tax year.			<i>,,</i> and			
		ke and roc	orde				
	State the name address, and telephone number of the person who persones the organization's bee		0105				
20	State the name, address, and telephone number of the person who possesses the organization's boo <b>MTCHELLE VIN MAPPLETHORPE</b> $-914-232-9555$						
20	MICHELLE YUN MAPPLETHORPE - 914-232-9555						
20						990	(000

Form 990	(2022)
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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.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer an I	id a d	irecto	r/trus T	tee)	from	from related	other
	(list any	ector			the	organizations	compensation			
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	tional		yolqr	t con	_	1099-NEC)		and related organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MICHELLE MAPPLETHORPE	40.00				-					
EXECUTIVE DIRECTOR EFF. AUG 2022				х				86,903.	Ο.	23,936.
(2) LESLIE G. SCHULTZ	40.00									
EXECUTIVE DIRECTOR THRU AUG 2022				Х				96,309.	0.	168.
(3) VIDA FOUBISTER	15.00									
PRESIDENT		Х		Х				0.	0.	0.
(4) CRAIG INTINARELLI	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(5) ELLEN GRIMES	1.00									
SECRETARY		Х		х				0.	0.	0.
(6) MIKE DAVIES	1.00									
TREASURER		Х		х				0.	0.	0.
(7) ELLEN ARCHER	1.00									
TRUSTEE THRU DEC 2022		Х						0.	0.	0.
(8) GAIL BRYAN	1.00									
TRUSTEE		Х						0.	0.	0.
(9) TARA CONIARIS	1.00									
TRUSTEE		Х						0.	0.	0.
(10) AMY PARSONS	1.00									
TRUSTEE		Х						0.	0.	0.
(11) THOMAS ROM	1.00									
TRUSTEE		Х						0.	0.	0.
(12) EMILY SAROKIN	1.00									
TRUSTEE		Х						0.	0.	0.
(13) JAMES SNYDER	1.00									
TRUSTEE		Х						0.	0.	0.
(14) ALYSON WILLIAMS	1.00									
TRUSTEE		Х						0.	0.	0.
(15) RICHARD ZINMAN	1.00									
TRUSTEE		Х						0.	0.	0.
										<b>600</b> (0000)

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232007 12-13-22

Form 990 (2022)

Form 990 (2022) KATONAH MUSEUM OF ART 13-6161548											Pa	age <b>8</b>		
Par	(A)	(B)	oloye		and (C Posi	C)		t C	(D)	(E)			(F)	
	Name and title	Average hours per week (list any hours for related organizations	(do not check more than one box, unless person is both an officer and a director/trustee)			than c s both r/trust	an ee)	Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	Reportable compensation from related organizations (W-2/1099-MIS 1099-NEC)	6	am comp fro orga	timate ount o other oensat om the anizati I relate	of tion e on	
		below line)	In dividual 1	Institutional trustee	Officer	Key employee	Highest co employee	Former	,				nizatio	
	Subtotal								183,212.		0.	2/	1 1 (	<u>٦</u> 4
с	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0.		0.	24,104. 0. 24,104.		
2	Total number of individuals (including but n compensation from the organization									000 of reportable				0
3	Did the organization list any <b>former</b> officer,				•	•		Ŭ	• •				Yes	No X
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportabl	e co	mpe	ensat	tion	and	oth	ner compensation from t	he organization		3 4		X
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." <i>com</i> tion <b>B. Independent Contractors</b>											5		Х
1	Complete this table for your five highest contractors the organization. Report compensation for the organization f	-	-								ensat	tion fro	m	
	(A) Name and business			ONE					(B) Description of s		С	(C omper	) Isatior	ר ו
2	Total number of independent contractors (in \$100,000 of compensation from the organiz	•	ot lin	nitec	d to t	thos C		ted	above) who received mo	ore than			000 /	

232008 12-13-22

	t VII	Statement of Re	ven	ue		M OF ART			13-6161	
		Check if Schedule O	conta	ains a respo	nse	or note to any line	e in this Part VIII			
							<b>(A)</b> Total revenue	Related or exempt	<b>(C)</b> Unrelated business revenue	(D) Revenue exclu- from tax und sections 512 -
ŝ	1 a	Federated campaigns		1a						
uno		Membership dues								
Am		Fundraising events				252,481.				
ar	d	Related organizations		1d						
imi		Government grants (contr				77,512.				
Ъ	f	All other contributions, gifts,				(70 (70				
Ģ		similar amounts not included			•	672,670. 60,032.				
and Other Similar Amounts	g	Noncash contributions included in <b>Total.</b> Add lines 1a-1f					1,002,663.			
Ø		Total. Add lines Ta-TT				Business Code	1,001,000.			
	2 a	MEMBERSHIP DUES				713990	146,103.	146,103.		
	b	ADMISSIONS/EXHIBITIO	ONS			713990	41,756.	41,756.		
nue	c	EVENTS/OTHER PRGM R	EV			713990	18,850.	18,850.		
eve	d				_					
Revenue	е									
		All other program service revenue								
	g	Total. Add lines 2a-2f					206,709.			
	3	Investment income (includ	•							124 5
	_	other similar amounts) Income from investment of tax-exempt bond proceeds				134,571.			134,5	
	4			•		F				
	5	Royalties		(i) Rea		(ii) Personal				
	6 2	Gross rents	6a	(1) 1104						
		Gross rents Less: rental expenses	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss		•						
	7 a	Gross amount from sales of		(i) Securit	ies	(ii) Other				
		assets other than inventory	7a	2,154,4	104.					
	b	Less: cost or other basis								
		and sales expenses	7b							
		Gain or (loss)	7c	•						
		Net gain or (loss)					-200,790.			-200,7
	8 a	Gross income from fundraisi including \$								
)		including \$ contributions reported on								
		Part IV, line 18		,	8a	54,990.				
	b	Less: direct expenses			8b	152,034.				
		Net income or (loss) from				,	-97,044.			-97,0
		Gross income from gamin								
		Part IV, line 19			9a					
	b	Less: direct expenses			9b					
	с	Net income or (loss) from	gami	ing activitie	s					
	10 a	Gross sales of inventory,								
		and allowances			10a					
		Less: cost of goods sold			10b	0.	2 7 6 9	2 800		
+	С	Net income or (loss) from	sales	s ot invento	ry	Business Orde	3,762.	3,762.		
	44 -	OTHER INCOME				Business Code 900099	3,409.			3,4
Revenue	11а b					500055	5,409.			5,4
ven	D D									
Be		All other revenue								
		Total. Add lines 11a-11d					3,409.			
-	12	Total revenue. See instruction					1,053,280.	210,471.	0.	-159,8

10

15550231

4 5

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Interest

Insurance

Check here

232010 12-13-22

KATONAH MUSEUM OF ART Part IX Statement of Functional Expenses

Benefits paid to or for members

trustees, and key employees

Compensation of current officers, directors,

Compensation not included above to disqualified

persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)

Other salaries and wages

Pension plan accruals and contributions (include

section 401(k) and 403(b) employer contributions)

Other employee benefits

Payroll taxes

Management

Legal

Accounting Lobbying

Professional fundraising services. See Part IV, line 17

Investment management fees Other. (If line 11g amount exceeds 10% of line 25,

column (A), amount, list line 11g expenses on Sch 0.)

Advertising and promotion

Office expenses

Information technology

Royalties

Occupancy

Travel

Payments of travel or entertainment expenses for any federal, state, or local public officials

Conferences, conventions, and meetings

Payments to affiliates

Depreciation, depletion, and amortization

Other expenses. Itemize expenses not covered

EXHIBITION EXPENSE

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 0.)

MAINTENANCE AND REPAIRS

if following SOP 98-2 (ASC 958-720)

Fees for services (nonemployees):

51,150.

455.

470.

2,251.

99,074.

13,185.

25,116.

4,758.

458.

38.

7,417.

30,824.

1,326.

236,522.

nse or note to any line in t (A)	this Part IX (B)		[
	(B)		
Total expenses	Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1,000.	1,000.		
500.	500.		
	1,000.	Expenses           1,000.         1,000.           500.         500.	expenses         general expenses           1,000.         1,000.           500.         500.

255,752.

618,203.

16,242.

72,028.

65,221.

145,497.

34,565.

195,827.

116,116.

23,590.

29,807.

96,203.

9,018.

240.

3,095.

70,732.

17,562.

192,209.

64,756.

11

30,953. FUNDRAISING EXPENSES 13,285. d EXECUTIVE DIRECTOR EXP 16,112. e All other expenses 2,088,513. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

2022.05090 KATONAH MUSEUM OF ART

76,726.

496,726.

8,383.

34,653.

29,670.

82,319.

10,405.

33,775.

67,342.

59,243.

15,806.

192,209.

55,052.

2,318.

11,621.

1,195,634.

129.

8,026.

78.

9,653.

127,876.

121,022.

7,859.

36,905.

33,300.

145,497.

34,565.

14,434.

57,225.

15,396.

28,861.

534.

124.

3,095.

4,072.

1,756.

9,704.

10,967.

656,357.

3,165.

15550231

20040515 756359 1555023.000

Form 990 (2022)

Part X Balance Sheet

Form **990** (2022)

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

		Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	93,340.	1	145,680.
	2	Savings and temporary cash investments	253,197.	2	394,966.
	3	Pledges and grants receivable, net	297,987.	3	271,479.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	1,575.	8	1,575.
βŝ	9	Prepaid expenses and deferred charges	9,618.	9	7,253.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 4,439,404.			
	b	Less: accumulated depreciation 10b 4,041,310.	463,302.	10c	398,094.
	11	Investments - publicly traded securities	4,908,951.	11	4,602,410.
	12	Investments - other securities. See Part IV, line 11	379,243.	12	262,582.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	16,523.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	6,423,736.	16	6,084,039.
	17	Accounts payable and accrued expenses	121,699.	17	207,720.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Se	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iabi		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	4.0 5.00		4 9 9 9 9
		of Schedule D	12,523.	25	18,023.
	26	Total liabilities. Add lines 17 through 25	134,222.	26	225,743.
s		Organizations that follow FASB ASC 958, check here			
JCe		and complete lines 27, 28, 32, and 33.	600 120		
alar	27	Net assets without donor restrictions	608,130. 5,681,384.	27	389,058. 5,469,238.
ä	28	Net assets with donor restrictions	5,001,304.	28	5,409,230.
ň		Organizations that do not follow FASB ASC 958, check here			
л Т		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
SSE	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
∋tA	31	Retained earnings, endowment, accumulated income, or other funds	6,289,514.	31	5,858,296.
ž	32	Total net assets or fund balances	6,423,736.	32	6,084,039.
	33	Total liabilities and net assets/fund balances	0,443,/30.	33	<u>0,004,039</u> .

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Part XI       Reconciliation of Net Assets         Check If Schedule O contains a response or note to any line in this Part XI       1         1       Total expenses (must equal Part VIII, column (A), line 22)       2       2,088,513.         2       2,088,513.       3       -1,035,233.         4       4       6,289,514.         5       604,015.       6         6       0       -1,035,233.         7       Net unrealized gains (losses) on investments       5       604,015.         6       0       6       -1       -1         7       Investment expenses       7       -1       -1         8       Prior period adjustments       6       -1       -1       -1         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.       -1         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       5,858,296.         Part XII       Financial Statements and Reporting       X       X       -1         Check if Schedule O contains a response or note to any line in this Part XII       X       -2       2         1       Accounting method used to prepare the Form 990:       Cash <x< td="">       X<!--</th--><th>Form</th><th>990 (2022) KATONAH MUSEUM OF ART</th><th>13-</th><th>6161548</th><th>Pag</th><th><sub>ge</sub> 12</th></x<>	Form	990 (2022) KATONAH MUSEUM OF ART	13-	6161548	Pag	<sub>ge</sub> 12			
1       Total evenue (must equal Part VIII, column (A), line 12)       1       1, 0, 0, 3, 280.         2       Total expenses (must equal Part IX, column (A), line 25)       2       2, 0, 0, 8, 5, 13.         3       -1, 0, 0, 3, 2, 23.       4       4       6, 2, 28, 5, 14.         5       6, 0, 4, 0, 15.       5       6, 0, 4, 0, 15.         6       6       7       7         7       6       6       7         8       Prior period adjustments       6       6         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       5, 858, 296.         Part XII       Financial Statements and Reporting       X       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X       Yes         1       Accounting method used to prepare the Form 990:       Cash       X       Check if Schedule O.       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Za       X         If 'Yes,'' check a box below to indicate whether the financial statem	Pa	rt XI Reconciliation of Net Assets							
2       Total expenses (must equal Part IX, column (A), line 25)       2       2,088,513.         3       Revenue less expenses. Subtract line 2 from line 1       3       -1,035,233.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       6,289,514.         5       604,015.       6       6       7         6       7       7       7         7       8       9       0.         9       0.       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)       5,858,296.         Part XII       Financial Statements and Reporting       X       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Za       X         1f "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis       Both consolidated and separate basis       Za <th></th> <th>Check if Schedule O contains a response or note to any line in this Part XI</th> <th></th> <th></th> <th></th> <th></th>		Check if Schedule O contains a response or note to any line in this Part XI							
2       Total expenses (must equal Part IX, column (A), line 25)       2       2,088,513.         3       Revenue less expenses. Subtract line 2 from line 1       3       -1,035,233.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       6,289,514.         5       604,015.       6       6       7         6       7       7       7         7       8       9       0.         9       0.       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)       5,858,296.         Part XII       Financial Statements and Reporting       X       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Za       X         1f "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis       Both consolidated and separate basis       Za <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>									
3       Revenue less expenses. Subtract line 2 from line 1       3       -1,035,233.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       6,289,514.         5       Bonated services and use of facilities       5       604,015.         7       8       7         8       7       8         9       Other changes in net assets or fund balances (explain on Schedule 0)       9       0.         10       5,858,296.       7         8       9       0.         9       Other changes in net assets or fund balances (explain on Schedule 0)       9       0.         10       5,858,296.       9       0.         Part XIII       Financial Statements and Reporting       X         11       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         11       H Yes, 'check a box below to indicate whether the financial statements for the year were accompiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         11       Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and independent accountant?       2b       X         11       Yes' to line 2a or 2b, does	1	Total revenue (must equal Part VIII, column (A), line 12)	1						
4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       6, 289, 514.         5       Net unrealized gains (losses) on investments       5       604, 015.         6       7       7         7       8       8       6         7       7       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       5, 858, 296.         Part XII       Financial Statements and Reporting       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other, " explain on Schedule O.         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       S Both consolidated and separate basis       Separate basis       Consolidated basis, or both:       Separate basis       Consolidated basis       Separate basis       Consolidated basis, or both:       Separate basis       Consolidated basis       Separate basis, consolidated basis	2	Total expenses (must equal Part IX, column (A), line 25)	2	2,088	,51	13.			
5       Net unrealized gains (losses) on investments       5       604,015.         6       7       6         7       7       8         8       9       0ther changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       5,858,296.         Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         Separate basis       Consolidated basis       Both consolidated and separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," tokek a box below to indicate whether the financial statements for the year were audited on	3	Revenue less expenses. Subtract line 2 from line 1							
6 Donated services and use of facilities   7 Investment expenses   8 Prior period adjustments   9 Other changes in net assets or fund balances (explain on Schedule O)   9 Other changes in net assets or fund balances (explain on Schedule O)   9 Other changes in net assets or fund balances (explain on Schedule O)   9 Other changes in net assets or fund balances (explain on Schedule O)   9 Other changes in net assets or fund balances (explain on Schedule O)   9 Other changes in net assets or fund balances (explain on Schedule O)   9 Other changes in net assets or fund balances (explain on Schedule O)   9 Other   10 5 , 858 , 296.   Part XII Financial Statements and Reporting   Check if Schedule O contains a response or note to any line in this Part XII   1 Accounting method used to prepare the Form 990:   1 Accounting method used to prepare the Form 990:   1 Accounting from a prior year or checked "Other," explain on Schedule O.   2a X   1 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:   Separate basis Consolidated basis   b Were the organization's financial statements and selection of an independent accountant?   1 'Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   Separate basis Consolidated basis   b <th>4</th> <th>Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))</th> <th>4</th> <th>6,289</th> <th>, 51</th> <th>14.</th>	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,289	, 51	14.			
7 Investment expenses 7   8 Prior period adjustments 9   9 Other changes in net assets or fund balances (explain on Schedule O) 9   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10   5 , 858, 296.   Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII T Accounting method used to prepare the Form 990: Cash X Accounting method used to prepare the Form 990: Cash X Accrual Other - If the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Ocnosolidated basis Doth consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Doth consolidated basis Doth consolidated basis Consolidated basis Both consolidated and separate basis C If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax	5	Net unrealized gains (losses) on investments	5	604	.,01	15.			
7 Investment expenses 7   8 Prior period adjustments 9   9 Other changes in net assets or fund balances (explain on Schedule O) 9   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10   5 , 858, 296.   Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII T Accounting method used to prepare the Form 990: Cash X Accounting method used to prepare the Form 990: Cash X Accrual Other - If the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Ocnosolidated basis Doth consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Doth consolidated basis Doth consolidated basis Consolidated basis Both consolidated and separate basis C If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax	6	Donated services and use of facilities	6						
8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       5,858,296.         Part XII       Financial Statements and Reporting       X       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes       No         2a       Wave the organization's financial statements compiled or reviewed 0 ther, "explain on Schedule 0.       2a       X       Image: Separate basis       Consolidated basis       Both consolidated and separate basis       2a       X       Image: Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X       Image: Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X       Image: Separate basis <th>7</th> <td></td> <td>7</td> <td></td> <td></td> <td></td>	7		7						
9 Other changes in net assets or fund balances (explain on Schedule O) 9 0.   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 5,858,296.   Part XII Financial Statements and Reporting X   Check if Schedule O contains a response or note to any line in this Part XII X   1 Accounting method used to prepare the Form 990: Cash X   1 Accounting method used to prepare the Form 990: Cash X   1 Accounting method used to prepare the Form 990: Cash X   1 Accounting method used to prepare the Form 990: Cash X   1 Accounting method used to prepare the Form 990: Cash X   1 Yes, "check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X   1 f" Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X   1 f" Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X   1 f" Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X   1 f" Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X   1 <th>8</th> <th></th> <th>8</th> <th></th> <th></th> <th></th>	8		8						
column (B)       10       5,858,296.         Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         2a       X       Yes       No         3a       X       Separate basis       Consolidated basis       Doth consolidated and separate basis       2b       X         b       If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Doth consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation	9		9			0.			
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Yes       No         2a       Ware the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," theck a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," theck a box below to indicate the audit the financial statements for the year were audited on a separate basis       2b       X         If "Yes," to ine 2a or 2b, does the organization have a committee that assumes res	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
Check if Schedule O contains a response or note to any line in this Part XII   1   Accounting method used to prepare the Form 990:   Cash   If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.   2a   Were the organization's financial statements compiled or reviewed by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:   Separate basis   Consolidated basis   B   Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis   b   Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   Separate basis   Consolidated basis   Both consolidated and separate basis   C   If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?   If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   3a   As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? </th <th></th> <td>column (B))</td> <td>10</td> <td>5,858</td> <td>, 29</td> <td>96.</td>		column (B))	10	5,858	, 29	96.			
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other	Pa	rt XII Financial Statements and Reporting							
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other		Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>		X			
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.   2a   Were the organization's financial statements compiled or reviewed by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:   Separate basis   Consolidated basis   Definition's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis   b   Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   X   Separate basis   Consolidated basis   Description   Separate basis   Consolidated basis   Both consolidated and separate basis   Consolidated basis   Separate basis   Consolidated basis   Both consolidated and separate basis   Consolidated basis   Both consolidated and separate basis   Consolidated basis   Consolidated basis   Both consolidated and separate basis   Consolidated basis   Consolidated basis   Both consolidated and separate basis   Consolidated basis   Consolidated basis   Consolidated basis   Both consolidated and separate basis <td< th=""><th></th><th></th><th></th><th></th><th>Yes</th><th>No</th></td<>					Yes	No			
2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a       X         If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit       3a       X	1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
If "Yes," cock a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Image: Consolidated basis		If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.						
separate basis, consolidated basis, or both:   Separate basis   Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   X   Separate basis   Consolidated basis   Both consolidated and separate basis   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   X   Separate basis   Consolidated basis   Both consolidated and separate basis   If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?   If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?   B   If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
<ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</li> <li>X Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidate</li></ul>		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
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If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       If "Yes," check a box below to indicate whether the financial statements and separate basis         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization		Separate basis Consolidated basis Both consolidated and separate basis							
consolidated basis, or both:       Image: Consolidated basis       Both consolidated and separate basis       Image: Consolidated basis	b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
X       Separate basis       Consolidated basis       Both consolidated and separate basis       Image: Consolidated basis       Description of the audit, and the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       Image: Consolidated basis       Image: Conso		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       2c       X         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit       If the organization did not undergo the required audit       If the organization did not undergo the required audit		consolidated basis, or both:							
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Uniform Guidance, 2 C.F.R. Part 200, Subpart F?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit       Image: Comparization of the organization of the organizatio of the organization of the organization of		If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O						
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
		Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X			
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed aud	it 🛛					
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>						

Form **990** (2022)

232012 12-13-22

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

## **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 for instructions and the latest information.

	OMB No. 1545-0047
	2022
	Open to Public Inspection
Employer	identification number

### Name of the organization

LATONAH MUSEUM OF ART         13-6161548           Person for Public Charlify Status: (All organizations must complete this part.) See instructions.         Image: Charlify 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 schuches (Form 500)           A haspital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii).         Enter the hospital's name, chi/, and state:           (A) and ante:         Image: Charlify Status in conjunction with the lospital described in section 170(b)(1)(A)(ii).           (A) and state:         Image: Charlify Status in conjunction with a longital described in section 170(b)(1)(A)(i).           (A) A degradiation that normally receives a substantial part of its support from a governmental unit described in section 170(b)(1)(A)(i).           (C) An organization that normally receives (I) more than 33 1/3% of its support from contributions, embership 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 gors investment income and unrelated business tastle income (see section 509(a)(2). Complete Part II)           (A) An organization of an incomparized and operated exclusively to the sterior 509(a)(3).         See section 509(a)(3). Check the box on lines of the using section 511 tas (from businesses acquired by the organization described in section 509(a)(3). Check the box on lines 12 and roganization described in section 509(a)(3). Check the box on lines 12 and roganizatio	Nam		re organization	NAH MUSEUM	Оፑ ልጽጥ					3-6161548		
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)(i).         3       A medical research organization operated in conjunction with a hospital described in section 170(b)(1(A)(ii).         4       A medical research organization operated in conjunction with a hospital described in section 170(b)(1(A)(iii). Complete Part II.)         6       A federal, state, or local government or governmental unit described in section 170(b)(1(A)(ii).         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)(i). (Complete Part II.)         8       A community trust described in section 170(b)(1(A)(ii). (Complete Part II.)         9       An arganization described in section 170(b)(1(A)(ii). Complete Part II.)         9       An organization described in section 170(b)(1(A)(ii). Onerated in conjunction with a land grant college or university or an on-land-grant college of agriculture (see instructions, and (2) no more than 33 1/3% of its support from gores investment income and unrelated business taxable income (ses section 504(a)(2). Complete Part II.)         9       An organization organized and operated exclusively to test for public safety. See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of the discribes, and gross receipts from acintivities related business taxable income (s	Par	τI				omplete th	nis part ) S	ee instruction		5 0101540		
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)(ii).         4       A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii). Enter the hospital's name, city, and state:         5       An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v).         7       An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v).         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)(v). (Complete Part II.)         9       An angicultural research organization described in section 510(b)(1)(A)(v). (Complete Part II.)         9       An organization organization described in section 511 tax) from businesses acquired by the organization after June 30, 1976. See section 509(a)(2). (Complete Part III.)         11       An organization organized and operated exclusively to test for public safety. See section 509(a)(2).       See section 509(a)(2).         12       An organization organized and operated exclusively to test for public safety. See section 509(a)(2).       See section 509(a)(2).									0.			
<ul> <li>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)</li> <li>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</li> <li>A motical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state;</li> <li>An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>A community trust described in described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>A community trust described in described in section 170(b)(1)(A)(v).</li> <li>A community trust described in described in section 170(b)(1)(A)(v).</li> <li>Comgenization that normally receives a substantial part 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 500(a)(2). (Complete Part III.)</li> <li>An organization reganized and operated exclusively to test for public safety. See section 509(a)(2). (Complete Part III.)</li> <li>An organization and operated exclusively to test for public safety. See section 509(a)(2).</li> <li>An organization ad operated exclusively to test for public safety. 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.</li> <li>Type II. A supporting organization operated, supporting organization and complete lines 12e, 12f, and 12g.</li> <li>Type II. A supporting organization sperided or c</li></ul>	r	//yan		-	-	•	-	()(A)(i)				
<ul> <li>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</li> <li>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:</li> <li>An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>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)(v). (Complete Part II.)</li> <li>A norganization taxi described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>An agricultural research organization described in section 170(b)(1)(A)(v), 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 or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:</li> <li>An organization reganized and operated exclusively to test for public safety. See section 509(a)(2). (Complete Part III.)</li> <li>An organization organized and operated exclusively to the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization secribes and organization and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization secribes and supervised, or controlled by its support for granization (s), hypically by giving the supporting 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 organization spe</li></ul>	ŗ							•,~,')•				
<ul> <li>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:</li> <li>Ch 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 III.)</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>A roganization 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)(v). (Complete Part III.)</li> <li>A community trust described in section 170(b)(1)(A)(v). (Complete Part III.)</li> <li>A norganization 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 travable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>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). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12a, 12t, and 12g.</li> <li>Type II. A supporting organization operated, supporting organization of elect a majority of the directors or trustees of the supporting organization supervised, or controlled by its supported organization(s), thy align the supported organization supervised or controlled to necenction with its supported organization(s) the power t</li></ul>	, i						(h)(1)(A)(ii	::)				
<ul> <li>city, and state:</li> <li>An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>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)(v).</li> <li>A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>An agricultural research organization described in section 170(b)(1)(A)(v). portented in conjunction with a land-grant college or university:</li> <li>X 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.)</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(A). Check the box on lines 12a through 12d that described in section 509(a)(4) or section 509(a)(2). See section 509(a)(2). Check the box on lines 12a through 12d that describes the type of usporting organization and complete Part IV, Sections A and D.</li> <li>Type II. A supporting organization operated, supporting organization and complete lines 12e, 12d, and 12g, and 12g, the supporting organization (5) the power to regulary appoint or elect a majority of the directors or trustees of the supporting organization. (5) or unust complete</li></ul>		-						-	(iii) Enter	the hospital's name		
<ul> <li>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.)</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>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)(v). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>A n agricultural research organization described in section 170(b)(1)(A)(v) 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:</li> <li>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 bits 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.)</li> <li>An organization organized and operated exclusively to test for public safety. 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.</li> <li>Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), by giving the supported organization operated, supervised, or controlled by its supported organization (s), by giving the supporting organization operated, supervised, or controlled by its supported organization(s), by isolally by giving the supported organization supervised or controlled in connection with its supported organization(s) (see instructions). You</li></ul>	• 1								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ine neepital e name,		
<ul> <li>section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>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)(v). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>An agricultural research organization described in section 170(b)(1)(A)(v). perated in conjunction with a land-grant college or university or a nonhand-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university is a nonhand-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university is real-instant of granization described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>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.)</li> <li>An organization organized and operated exclusively to the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization described in section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization found (1), by call (1) or manage the supporting organization operated, supervised, or controlled by its supported organization(s), by naving control or management of the supporting organization operated, supporting organization (1), by our unst complete Part IV, Sections A and C.</li> <li>Type II no</li></ul>	5		•	or the benefit of a col	lege or university owned	l or operate	ed by a do	vernmental u	nit describe	ed in		
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)(vi). (Complete Part II.)         9       An agricultural research organization described in section 170(b)(1)(A)(vi). (Complete Part III.)         9       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 form gross investment income and unrelated business taxable income (less 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 or, to perform the functions of, or to carry out the purposes of one or more publicly supported organization sections 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, 12r, and 12g.         a       Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), by laving the supported organization supervised or controlled in connection with its support	•											
<ul> <li>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.)</li> <li>A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>An agricultural research organization described in section 170(b)(1)(A)(x) operated in conjunction with a land-grant college or university:</li></ul>	6				nental unit described in	section 17	70(b)(1)(A)	(v).				
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)(vi). (Complete Part II.)         9       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, 121, and 12g.         a       Type I. A supporting organization operated, supervised, or controlled by the supported organization(s), by giving the supported organization, supporting organization vested in connection with its supported organization(s), the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization supervised or controlled by the supported organization(s), by having control or management of the supporting organization vested in connection with its supported organization(s) (see instructions). You must complet	, i											
<ul> <li>8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university:</li> <li>10 X 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.)</li> <li>11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>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 organization operated, supervised, or controlled by its supported organization(s). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12t, and 12g.</li> <li>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 supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A and C.</li> <li>c Type III non-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 and D, and Part V.</li> <li>e Check t</li></ul>	•											
<ul> <li>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:</li> <li>10 X 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.)</li> <li>11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>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 organization 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.</li> <li>a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization supervised or controlled in connection with its supported organization(s). Type III A supporting organization vested in the same persons that control or manage the supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A and C.</li> <li>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 and C.</li> <li>c Type III non-funct</li></ul>	8				1)(A)(vi). (Complete Par	t II.)						
<ul> <li>or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:</li> <li>10 X 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.)</li> <li>11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>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 organization 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.</li> <li>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.</li> <li>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 operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A and C.</li> <li>c Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with, and functionally integrated with,</li></ul>	9		-				ed in conju	inction with a	land-grant	college		
<ul> <li>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.)</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>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.</li> <li>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.</li> <li>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 operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A and C.</li> <li>c Type III functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The orga</li></ul>							-		-	-		
<ul> <li>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.)</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>An organization organized 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.</li> <li>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.</li> <li>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.</li> <li>Type III functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not 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.</li> <li>Check this box if the organization supervised organization operated in connection with its a Type II, Type</li></ul>			university:						-			
<ul> <li>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.)</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>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.</li> <li>Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization supervised or controlled by 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.</li> <li>Type II. A supporting organization supervised or controlled in connection with its supported organization(s). You must complete Part IV, Sections A and C.</li> <li>Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not 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.</li> <li>Check this box if the organization received a written determination from the IRS that it is a Type I, Type III functionally integrated, or Type III non-functionally integrated supporting organization.</li> <li>f Enter the number of supported organizations</li> <li>(i) Name o</li></ul>	10	Х	An organization that normal	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from		
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 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 II. A supporting organization operated. 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			activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support fi	rom gross investment		
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			organization		(	Yes	No	support (see ir	nstructions)	support (see instructions)		
Total	Total											

	A (Form 990) 2022
Part II	Support Scl

(VI)	
ne organizatio	ation
le or	ganiza

fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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	Total. Add lines 1 through 3						
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.						
Sec	ction B. Total Support	1	1	1	1		
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 $\dots$						
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.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3)	
	organization, check this box and stop	o here					
Sec	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	livided by line 11, o	column (f))		14	%
	Public support percentage from 2021					15	%
16a	33 1/3% support test - 2022. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	k and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2021. If the o	organization did no	ot check a box on I	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	<b>re.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	-		• • • •			
b	10% -facts-and-circumstances test						10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2022

### KATONAH MUSEUM OF ART

### 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 (b) 2019 (c) 2020 (d) 2021 Calendar year (or fiscal year beginning in) (a) 2018 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 1366537 973,067. 1005140. 2545680. 1002663. 6893087. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 169,242. 189,096. 155,967. 210,471. 812,611. 87,835. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to 87,835. 169,242. 189,096. 155,967. 210,471. 812,611. or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 1542207. 1311551. 1383332. 2857614. 1423605. 8518309. 6 Total. Add lines 1 through 5 ..... 7a Amounts included on lines 1, 2, and 188,059. 190,558. 200,383. 313,489 421,104 1313593. 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 Ο. 313,489 1313593 c Add lines 7a and 7b 421,104. 188,059. 190,558. 200,383. 7204716 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (b) 2019 (c) 2020 (a) 2018 (d) 2021 (e) 2022 (f) Total 9 Amounts from line 6 1542207 1311551 2857614 1423605 1383332. 8518309. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 169,896. 191,346. 140,517. 134,571. 140,124. 776,454. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 140,124. 169,896. 191,346. 140,517. 134,571. 776,454. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on **12** Other income. Do not include gain or loss from the sale of capital 37,353. 30,577. 125,232. 53,003. 3,409. 249,574. assets (Explain in Part VI.) 1719684. 1512024. 1699910. 3051134. 1561585. 9544337. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 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) organization, check this box and **stop here** Section C. Computation of Public Support Percentage 75.49 % Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 15 74.53 Public support percentage from 2021 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 8.14 17 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) % 8.66 18 18 Investment income percentage from 2021 Schedule A, Part III, line 17 % 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 ....X 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 Schedule A (Form 990) 2022 232023 12-09-22

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<sup>16</sup> 

KATONAH MUSEUM OF ART

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3a

Yes No

### 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

- 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.
- 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).
- **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 **Part VI** 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 Part VI 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* **Part VI** *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* **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.*
- 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).
- **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?
- c Substitutions only. 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* Part VI.
- 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 **Part VI.**
- **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.**
- 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 Part VI.
- **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.)

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3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2022

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chedule A	(Form 990	) 2022	KATONAH	MUSEUM	OF	ART
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Pa	Part IV Supporting Organizations (continue	ed)			
		_		Yes	No
11	11 Has the organization accepted a gift or contribution	from any of the following persons?			
а	a A person who directly or indirectly controls, either a	lone or together with persons described on lines 11b and			
	11c below, the governing body of a supported orga	nization?	11a		
b	<b>b</b> A family member of a person described on line 11a	above?	11b		
с	c A 35% controlled entity of a person described on lir	e 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.		11c		
Sec	Section B. Type I Supporting Organizations				
				Yes	No
1	more supported organizations have the power to re directors, or trustees at all times during the tax year effectively operated, supervised, or controlled the or	body, officers acting in their official capacity, or membership of one or gularly appoint or elect at least a majority of the organization's officers, ? If "No," describe in <b>Part VI</b> how the supported organization(s) ganization's activities. If the organization had more than one supported nd/or remove officers, directors, or trustees were allocated among the			

the organization operate for the benefit of any supported organization other than the supported
anization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
t VI how providing such benefit carried out the purposes of the supported organization(s) that operated,
9

<u>supervised, or controlled the supporting organization.</u>	
Section C. Type II Supporting Organizations	

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

			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		
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 Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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 Part VI the role the organization's			
	supported organizations played in this regard.	3		

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

1	Check the box next to the method that the org	anization used to satisfy	the Integral Part Test durin	a the year (see instructions).
-				

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** \_\_\_\_\_ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c		The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instructions	).
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18

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- 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.
- **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 **Part VI.**
- 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 Part VI the role played by the organization in this regard.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

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Yes No

chedule A	(Form 990)	) 2022

1	Check here if the organization satisfied the Integral Part Test as a qualifying		•	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must c	omplet	e Sections A through E.	1
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):			
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	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		

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

Schedule A (Form 990) 2022

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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

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 9 9 Distributable amount for 2022 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Amount for 2022 Pre-2022 Distributable amount for 2022 from Section C, line 6 1 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 Total 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 Excess distributions carryover to 2023. Add lines 3j

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

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

Amounts paid to acquire exempt-use assets

Amounts paid to perform activity that directly furthers exempt purposes of supported

Administrative expenses paid to accomplish exempt purposes of supported organizations

Schedule A (Form 990) 2022

Section D - Distributions

2

3

4

Schedule A (Form 990) 2022

1

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5

**Current Year** 

Schedule A	(Form 990) 2022	KATONAH					13-6161548 Page &
Part VI	Supplemental Infor Part IV, Section A, lines 1	, 2, 3b, 3c, 4b, 4 lines 2 and 3; Pa	c, 5a, 6, 9a, 9b art IV, Section E	, 9c, 11a, 118 5, lines 1c, 2a	o, and 11c; Part N , 2b, 3a, and 3b;	V, Section B, lines <sup>·</sup> Part V, line 1; Part <sup>·</sup>	1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,
232028 12-09-2	2			21			Schedule A (Form 990) 202

### \*\* PUBLIC DISCLOSURE COPY \*\*

# Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

# 2022

Employer identification number

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Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

	KATONAH	MUSEUM	OF	ART
Organization type (che	eck one):			

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### **Special Rules**

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For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one
contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of the parts unless to the set of the parts unless the set of the parts unless to the set of the parts unless the set of the pa

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

13-6161548

### KATONAH MUSEUM OF ART

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>100,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>47,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$45,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$45,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>42,050.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_		\$35,060.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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Name of organization

Employer identification number

KATONAH MUSEUM OF ART

Page **2** 

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Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>35,000.</u> 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_		- \$ <u>33,373.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$31,305.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$31,272.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$29,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>12</u> 223452 11-15-		\$ <u>28,500.</u>	Person X Payroll (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Name of organization

Employer identification number

13-6161548

### KATONAH MUSEUM OF ART

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ <u>25,816.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$ <u>25,250.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$23,950.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$ <u>21,350.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$ <u>21,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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Name of organization

Employer identification number

KATONAH MUSEUM OF ART

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Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$19,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20_		\$17,380.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$17,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$15,500. 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$13,410.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$13,208.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization

Page **2** Employer identification number

KATONAH MUSEUM OF ART

13-6161548

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ <u>12,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$12,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$11,700.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$11,615.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$11,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$11,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

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Name of organization

Employer identification number

13-6161548

### KATONAH MUSEUM OF ART

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>10,700.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$10,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$10,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34_		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35_		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>36</u> 223452 11-15		\$9,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

13-6161548

### KATONAH MUSEUM OF ART

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$8,700.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$7,400.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>    39</u>		\$7,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>40</u>		\$7,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>7,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>42</u> 223452 11-15		\$ <u>6,850.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

13-6161548

### KATONAH MUSEUM OF ART

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$6,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44_		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>45</u>		\$5,300.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>46</u>		\$5,150.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$5,025.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>48</u> 223452 11-15		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

15550231

2022.05090 KATONAH MUSEUM OF ART

Page 2

Name of organization

Employer identification number

13-6161548

#### KATONAH MUSEUM OF ART

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 49 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 50 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 51 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 52 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 53 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 54 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) 223452 11-15-22

Schedule B (Form 990) (2022)

15550231

Page 2

Name of organization

Page **2** Employer identification number

KATONAH MUSEUM OF ART

13-6161548

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55_		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56_		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223452 11-15-		\$	Person Payroll Occupied Part II for noncash contributions.)

Schedule B (Form 990) (2022)

KATON.	AH MUSEUM OF ART	13-	-6161548
Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
10	PUBLICLY TRADED STOCK		12/29/22
(-)		\$30,272.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
46	PUBLICLY TRADED STOCK	—	
		\$5,150.	05/15/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
		*	

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Schedule B (Form 990) (2022)

### 20040515 756359 1555023.000

2022.05090 KATONAH MUSEUM OF ART

15550231

Schedule B (Form 990) (2022)

Name of organization

2 61 61 5 40

Schedule I	B (Form 990) (2022)		Page <b>4</b>				
Name of o	rganization		Employer identification number				
KATON	AH MUSEUM OF ART		13-6161548				
Part III	Exclusively religious, charitable, etc., contributi		ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year				
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious,	) through (e) and the following line entri- charitable etc. contributions of <b>\$1.000 or l</b>	ry. For organizations ess for the year (Enter this info_once.) \$				
	Use duplicate copies of Part III if additional	space is needed.					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
		(e) Transfer of gif	t				
	Transferee's name, address, a	na ZIP + 4	Relationship of transferor to transferee				
(a) No.							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I	() · ·	(0,000 0. g	(4)				
	(e) Transfer of gift						
	Transferee's name, address, a	nd <b>7I</b> P + 4	Relationship of transferor to transferee				
		[					
223454 11-15			Schedule B (Form 990) (2022)				

20040515 756359 1555023.000

36 2022.05090 KATONAH MUSEUM OF ART 15550231

SC	HEDULE D		OMB No. 1545-0047		
	n 990)		2022		
			), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to Public
	ment of the Treasury I Revenue Service		Inspection		
Nam	e of the organizati	Emp	loyer identification number		
Do		KATONAH MUSEUM OF	AR'I' d Funds or Other Similar Funds or A		13-6161548
Par		n answered "Yes" on Form 990, Part IV, lir		ccoun	<b>IS.</b> Complete if the
	organization		(a) Donor advised funds	(b) Fun	ds and other accounts
1	Total number at er	nd of year			
2		f contributions to (during year)			
3		f grants from (during year)			
4		t end of year			
5			writing that the assets held in donor advised fur	nds	
	are the organizatio	on's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	only	
	• •		r donor advisor, or for any other purpose confe	rring	
Par	impermissible prive				Yes No
			ganization answered "Yes" on Form 990, Part I	/, line /.	
1		servation easements held by the organizati n of land for public use (for example, recrea		torically	important land area
		f natural habitat	Preservation of a cer	-	
		n of open space		tined the	
2			fied conservation contribution in the form of a c	onservat	ion easement on the last
	day of the tax year	<b>o o</b> .			Held at the End of the Tax Year
а	Total number of co	onservation easements		2a	
b	Total acreage rest	ricted by conservation easements		2b	
С			ucture included in (a)	2c	
d		vation easements included in (c) acquired a			
				2d	
3		vation easements modified, transferred, re	eased, extinguished, or terminated by the organ	nization (	during the tax
4	year		amont is located		
4 5		where property subject to conservation ea tion have a written policy regarding the pe			
5	0	orcement of the conservation easements in			Yes No
6	,		handling of violations, and enforcing conservat		
					<b>ö</b>
7	Amount of expens	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation e	asement	s during the year
8	Does each conser	vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(E	3)(i)	
9	,	6	on easements in its revenue and expense state		
			note to the organization's financial statements t	nat desc	rides the
Par	t III Organiza	ounting for conservation easements. ations Maintaining Collections of	Art, Historical Treasures, or Other	Similar	Assets.
		f the organization answered "Yes" on Form			
1a			8, not to report in its revenue statement and ba	lance sh	eet works
	•	· •	blic exhibition, education, or research in further		
	service, provide in	Part XIII the text of the footnote to its final	ncial statements that describes these items.		
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and balance	e sheet	works of
		· · · · ·	exhibition, education, or research in furtherand	e of pub	lic service,
		ing amounts relating to these items:			
~	.,				§
2	-		asures, or other similar assets for financial gain	provide	
а	-	unts required to be reported under FASB A	SC 958 relating to these items:		8
					 6
		eduction Act Notice, see the Instruction			Schedule D (Form 990) 2022

LHA FO	or Paperwork Reduction Act Noti	ce, see the Instructions for	Form
232051 09	9-01-22		

Schedule D (Form 990) 2022

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2022.05090	KATONAH	MUSEUM	OF	ART

Sche		MUSEUM OF					3-61			age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Art,	Historical Tre	asures, or O	ther S	imilar	Assets	contii	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that ma	ıke signi	ificant u	se of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange program						
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's	exempt	purpos	e in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations of	art, historical treas	sures, or other si	milar ass	sets		_		_
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang		e if the organizatio	n answered "Yes	s" on Fo	orm 990,	Part IV,	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ary for contributions	s or other assets	not incl	luded		_		_
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the follo	owing table:							
								Amoun	t	
	Beginning balance					1c				
	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
	Did the organization include an amount on Fo				•	?	∟	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.									
Fai	<b>'t V Endowment Funds.</b> Complete i					Three ye	oro book	(e) Fou	r vooro	book
		(a) Current year	(b) Prior year	(c) Two years ba			ears back	. ,	,	
1a	Beginning of year balance	5,524,739. 123,165.	6,071,125. 996,134.	5,050,5	<u> </u>	5,25	95,405.	5	,4 <sup>31</sup> ,	070.
b	Contributions	,	-864,520.	1,280,5	20				100	752
с	Net investment earnings, gains, and losses	503,231.	-864,520.	1,280,5	29.	2	20,055.		100,	753.
	Grants or scholarships									
е	Other expenditures for facilities	886,592.	404 240	260 0	0.0	26	1 861		321	110
	and programs	880,592.	404,240.	260,0		20	54,864.		524,	418.
	Administrative expenses	5,264,543.	273,760.	6 071 1	25	5 05	0 506		205	405
g	End of year balance	, ,	5,524,739.		23.	5,03	50,596.	5	, 295,	405.
2	Provide the estimated percentage of the curr	ent year end balance		) neid as:						
a	Board designated or quasi-endowment Permanent endowment100	0/	_%							
D		%								
С		%								
2-	The percentages on lines 2a, 2b, and 2c shou		ion that are hold an	d administered t	for the					
Ja	Are there endowment funds not in the posses organization by:	ssion of the organizat		iu auministereu i					Yes	No
	0							3a(i)		X
	<ul><li>(i) Unrelated organizations</li></ul>							3a(ii)		X
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	d on Schedule B?					3b		<u> </u>
4	Describe in Part XIII the intended uses of the							00		L
Par	t VI Land, Buildings, and Equipm		ment lunus.							
	Complete if the organization answered		Part IV. line 11a. S	ee Form 990. Pa	art X. line	e 10.				
	Description of property	(a) Cost or ot				umulated	d	(d) Boo	k valu	
		basis (investme	. ,	(other)	• •	ciation	u	( <b>u</b> ) Boo	it valu	0
12	Land	`	,	2,567.				16	2.5	67.
	Buildings				3.75	6,57	2.			20.
	Leasehold improvements			8,834.		8,06			<u>0,7</u>	
	Equipment			8,011.		6,67			1,3	
	Other			,		.,.,			.,.	
	. Add lines 1a through 1e. (Column (d) must e		column (R) line 1	) ) )				39	8,0	94.
		quai i Uilli 330, Fall A		<i></i>		<u></u>	···· I	<u> </u>		

Schedule D (Form 990) 2022

232052 09-01-22

Schedule [	) (Form 990	) 2022	KATONAH	MUSEUM	OF	AR'I'

Part VII	Investments - Other Securities.	an Farma 000 Dart IV/ lines		
(a) Descrip	Complete if the organization answered "Yes" otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
				or year market value
	al derivatives held equity interests			
(2) Closely (3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (I Part VIII	b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related.			
	Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of year market value
(1)	(a) besonption of investment			or your market value
<u>(2)</u> (3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.		•	
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
<u>(9)</u>		(=)		
Part X	Imn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	e 15.)		
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability			(b) Book value
	deral income taxes			
(2) DU	JE TO/FROM KATONAH MUSEU	M ARTIST		
(3) AS	SOCIATION			18,023
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. <u>(Colu</u>	ımn (b) must equal Form 990, Part X, col. (B) line	e 25.)		18,023.
2. Liability	for uncertain tax positions. In Part XIII, provide	the text of the footnote to	the organization's financial statements th	at reports the

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

Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 KATONAH MUSEUM OF ART			13-0	6161548 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	1,622,730.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	604,015.		
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	604,015.
3	Subtract line 2e from line 1			3	1,018,715.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	34,565.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	34,565.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,053,280.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer	nts With	Expenses per F	Returi	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			· · · ·	
1	Total expenses and losses per audited financial statements			1	2,053,948.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	2,053,948.
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	34,565.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	34,565.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,088,513.
Pa	t XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

### PART V, LINE 4:

INCOME GENERATED FROM THE PERMANENTLY RESTRICTED NET ASSETS IS AVAILABLE

TO SUPPORT SPECIAL PROGRAMS, EXHIBITIONS, AND EDUCATION ACTIVITIES OF THE

ORGANIZATION.

PART X, LINE 2:

THE MUSEUM RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE

POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS

DETERMINED THAT THE MUSEUM HAD NO UNCERTAIN TAX POSITIONS THAT WOULD

REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. THE MUSEUM IS NO

LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR

40

#### PERIODS PRIOR TO FISCAL 2020.

232054 09-01-22

	(********		
			Schedule D (Form 990) 2022
232055 09-01-22			Soliedale D (FULII 330) 2022
		41	

SCHEDULE G								OMB No. 1545-0047		
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2022		
Department of the Treasury		Attach to Form 990						Open to Public		
do to www.iis.gov/i of instructions and the latest information.								Inspection lentification number		
KATONAH MUSEUM OF ART 13-61										
	complete this par	Complete if the organization answe t.	ered "Y	es" or	n Form 990, Part IV, I	ine 17	7. Form 990-E	Z filers are not		
<ul> <li>a X Mail solicitat</li> <li>b X Internet and</li> <li>c X Phone solicitat</li> <li>d X In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	tions email solicitations tations licitations on have a written o ed in Form 990, P ) highest paid indir	s f X Solicita g X Specia or oral agreement with any individual Part VII) or entity in connection with p viduals or entities (fundraisers) pursu	ation of ation of I fundra I (includ professio	non-g gover iising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Ye			
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have ci or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by fundraiser ed in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization		
ALITHIA DUTSCHKE -			Yes	No	-					
HIGHMOUNT AVENUE, 1	NYACK, NY	GRANTWRITING SERVICES		X	0.		26,400	26,400.		
							26,400			
or licensing.	ich the organizatio	on is registered or licensed to solicit	Contribi	utions	or has been notified	It is e	exempt from i	registration		
NY										
-		ice, see the Instructions for Form FOR CONTINUATIONS	990 or :	990-E	Ζ.		Schedu	le G (Form 990) 2022		

232081 10-27-22

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
		GALA (event type)	(event type)	(total number)	col. <b>(c)</b> )
	1 Gross receipts	307,471.			307,471
	2 Less: Contributions	252,481.			252,481
	3 Gross income (line 1 minus line 2)	54,990.			54,990
	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	9,225.			9,225
	7 Food and beverages	91,328.			91,328
	8 Entertainment	16,300.			16,300 35,181
!	9 Other direct expenses	35,181.			
1	10 Direct expense summary. Add lines 4 through	9 in column (d)			152,034
	11 Net income summary. Subtract line 10 from lir				-97,044
ar	<b>t III</b> Gaming. Complete if the organization a	nswered "Yes" on Form	990, Part IV, line 19, or	reported more than	
<b>–</b>	\$15,000 on Form 990-EZ, line 6a.			<b></b>	1
		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ad
			biligo/progressive biligo		col. (a) through col. (
	1 Gross revenue				
:	2 Cash prizes				
:	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	└── Yes % └── No	└── Yes % └── No	Yes %	
	7 Direct expense summary. Add lines 2 through	5 in column (d)			
	8 Net gaming income summary. Subtract line 7				
			<u></u>		1
	Enter the state(s) in which the organization conduc	cts gaming activities:			
					Yes N
E a la	Is the organization licensed to conduct gaming ac If "No," explain:				
E a la	Is the organization licensed to conduct gaming ac				
E al: bl: - aV	Is the organization licensed to conduct gaming ac If "No," explain:	voked, suspended, or te	rminated during the tax y	/ear?	Yes N
- - - - -	Is the organization licensed to conduct gaming ac	voked, suspended, or te	rminated during the tax y	/ear?	Yes N

Schedule G (Form 990) 2022

232082 10-27-22

Sch	edule G (Form 990) 2022	KATONAH MUSEUM OF ART 13-6	161	548	Page 3
11	Does the organization conduct ga	ming activities with nonmembers?		Yes	No
12		ficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?			Yes	No No
13	Indicate the percentage of gaming				
		· · · · · · · · · · · · · · · · · · ·	13a		%
			13b		%
		e person who prepares the organization's gaming/special events books and records:			
	Name				
	Address				
15a	Does the organization have a cont	tract with a third party from whom the organization receives gaming revenue?		Yes	No No
b	If "Yes," enter the amount of gam	ng revenue received by the organization \$ and the amount			
		e third party \$			
с	If "Yes," enter name and address				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation	\$			
	Description of services provided				
	Director/officer	Employee Independent contractor			
17	Mandatory distributions:				
а	Is the organization required under	state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?			Yes	🗌 No
b	Enter the amount of distributions	required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activiti	es during the tax year \$			
Pa	rt IV Supplemental Inform	mation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part	III, lin	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also provide any additional information. See instructions.			
SC	HEDULE G, PART I,	LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	:		
(I	) NAME OF FUNDRAIS	SER: ALITHIA DUTSCHKE			
(I	) ADDRESS OF FUNDE	RAISER: 209 HIGHMOUNT AVENUE, NYACK, NY 10960			
23208	33 10-27-22	Schedu	ie G (	Form	990) 2022

Tartiv		(continued)		
232084 04-01-2	22			Schedule G (Form 990)
			45	

SCHEDULE	Μ
(Form 990)	

# **Noncash Contributions**

OMB No. 1545-0047

2

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Inspection						
Employer identification number						
13-6161548						

ſ ΖU **Open to Public** 

Name of the organization

### KATONAH MUSEUM OF ART

Par	t I Types of Property							
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermin	•	\$
1	Art - Works of art			, , <u>,</u>				
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	Х	5	59,382.	AVG. SELLLI	NG I	PRIC	Έ
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 $_{\dots}$							
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		1	650	000			
25	Other ( <u>WINE BASKET</u> )	X	1	. 050	COST			
26	Other ()							
27	Other ()							
28	Other ( )							
29	Number of Forms 8283 received by the organiz for which the organization completed Form 824						0	
	for which the organization completed rolfin oz	00, Fait V, L	onee Acknowledg	ement 29			Yes	No
30a	During the year, did the organization receive by	v contributio	n any property rep	orted in Part L lines 1 throug	ıh 28 that it		103	
000	must hold for at least 3 years from the date of							
						30a		х
b	exempt purposes for the entire holding period? 30a X b If "Yes," describe the arrangement in Part II.							
31	A Description being a gift accontance believ that requires the review of any panetandard contributions?							
	a Does the organization have a gift acceptance poincy that requires the review of any nonstandard contributions?							
						х		
b	b If "Yes," describe in Part II.							
33								
_	describe in Part II.							
I HA	For Paperwork Beduction Act Notice, see	the Instruct	tions for Form 990	).	Schedule M	/ (Forn	n 990)	2022

### Schedule M (Form 990) 2022 KATONAH MUSEUM OF ART

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization Part II 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 I, COLUMN (B):

### THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS IN PART I,

COLUMN (B).

Schedule M (Form 990) 2022

20040515 756359 1555023.000

232142 09-09-22

SCHEDULE O (Form 990)

#### 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 the latest information.

Employer identification number

13-6161548

OMB No. 1545-0047

KATONAH MUSEUM OF ART

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

EXHIBITION, AND MULTI-SESSION PARTNERSHIP PROGRAMS WITH SCHOOLS AND

COMMUNITY SERVICE ORGANIZATIONS. NOTABLE EXAMPLES INCLUDE ARTE

JUNTOS/ART TOGETHER A BILINGUAL ART AND LITERACY PROGRAM FOR LATINX

FAMILIES AND THINKING THROUGH THE ARTS, A MULTI-SESSION WRITING AND ART

PROGRAM FOR GRADES 2-6, AND PROFESSIONAL DEVELOPMENT WORKSHOPS FOR K-12

EDUCATORS.

ADULT PROGRAMS: THE MUSEUM OFFERS FREE GUIDED TOURS DAILY AS WELL AS GROUP TOURS FOR COMMUNITY ORGANIZATIONS. IN ADDITION, A ROBUST SERIES OF IN-PERSON AND VIRTUAL PUBLIC PROGRAMS ARE PRESENTED THROUGHOUT THE YEAR, INCLUDING ARTIST TALKS, PANEL DISCUSSIONS, AND ADULT ART MAKING WORKSHOPS. THE KMA SERVED 10,000 PEOPLE THROUGH EDUCATION AND PUBLIC PROGRAMS IN 2023.

FORM 990, PART VI, SECTION A, LINE 4:

THE BOARD OF DIRECTORS AMENDED THE BY-LAWS DURING THE FISCAL YEAR 2023. THE CHANGE TO THE BY-LAWS INCLUDE THE CHANGE IN COMPOSITION OF THE GOVERNING BODY VOTING MEMBERS, UPDATES TO THE ROLES AND RESPONSIBILITIES OF BOARD OF TRUSTEE MEMBERS, AND THE ADDITION OF THE DEVELOPMENT COMMITTEE AS A STANDING COMMITTEE OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS PREPARED BY PKF O'CONNOR DAVIES. A PDF VERSION OF THE FORM 990

IS DISTRIBUTED VIA EMAIL TO EACH OFFICER AND DIRECTOR BEFORE THE FORM 990

IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

KATONAH MUSEUM OF ART CURRENTLY HAS IN PLACE A CONFLICT OF INTEREST POLICY WHICH IT ANNUALLY MONITORS AND ENFORCES. THE BOARD CURRENTLY MANDATES THAT ALL DIRECTORS, OFFICERS, AND KEY EMPLOYEES ANNUALLY SIGN A CONFLICT OF INTEREST POLICY AND DISCLOSE ANY POTENTIAL OR ACTUAL CONFLICTS THAT MAY EXIST. THE SIGNED CONFLICT OF INTEREST POLICY IS SUBMITTED TO THE BOARD SECRETARY WHO REVIEWS THE SIGNED ATTESTATIONS FOR POTENTIAL OR ACTUAL CONFLICTS. IF A POTENTIAL OR ACTUAL CONFLICT EXISTS, THE BOARD OR COMMITTEE WILL INFORM THE MEMBER OF THE BASIS OF SUCH BELIEF AND AFFORD THE MEMBER AN OPPORTUNITY TO RESPOND. THE BOARD OR COMMITTEE WILL DISCLOSE THE CONFLICT OF INTEREST AND HOW THE CONFLICT WAS HANDLED. THE PERSON WITH THE ACTUAL CONLFLICT OF INTEREST WILL BE PROHIBITED FROM VOTING ON THE MATTER THAT GIVES RISE TO THE CONFLICT. IF THERE HAS BEEN SUBSTANTIAL AND REPEATED FAILURES TO DISCLOSE ACTUAL CONFLICTS OF INTEREST, THE BOARD MAY TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION, INCLUDING REMOVAL OF THE MEMBER.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE COMMITTEE SERVES AS THE COMPENSATION COMMITTEE AND UNDERTAKES COMPARATIVE SALARY REVIEWS FOR THE EXECUTIVE DIRECTOR. THE PROCESS LAST OCCURRED IN 2022 AND WAS DOCUMENTED IN THE MINUTES OF THE ORGANIZATION.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY

AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C:

232212 10-28-22

Schedule O (Form 990) 2022 Name of the organization	Page 2 Employer identification number 13-6161548
KATONAH MUSEUM OF ART	•
THE ORGANIZATION HAS A FINANCE COMMITTEE WHICH IS RESPONSE	
OVERSIGHT OF THE AUDIT AND SELECTION OF THE INDEPENDENT AC	COUNTANT. THE
PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	
232212 10-28-22 50	Schedule O (Form 990) 2022