	•		EXTENDED TO MAY 15, 202 Return of Organization Exempt Fro	5 om Ir	ncome Tax	OMB No. 1545-0047					
For	n g	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod	s) 2023							
			Do not enter social security numbers on this form as it n		Open to Public						
Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information.											
AF	or th	e 2023 calenda	ar year, or tax year beginning $ m JUL1$, 2023 and endi	ing J	<u>UN 30, 2024</u>						
B Check if applicable: C Name of organization D Employer identification number											
	Addre		NAH MUSEUM OF ART								
	Name	ge Doing bu	usiness as		13-61615	48					
	Initial return	Number	and street (or P.O. box if mail is not delivered to street address) Root	m/suite	E Telephone number						
	Final		JAY STREET		914-232-	9555					
	termin ated	City or to	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,588,266.					
	Amen return	I KAIU	NAH, NY 10536		H(a) Is this a group re						
	Applio tion pendi		nd address of principal officer: MICHELLE YUN MAPPLETH	IORP	for subordinates	? Yes X No					
		SAME .	AS C ABOVE		H(b) Are all subordinates in						
		empt status:		527		list. See instructions					
	Vebsi				H(c) Group exemption						
	orm o art l	f organization: [Summary	X Corporation Trust Association Other	L Year (of formation: 1957	State of legal domicile: NY					
			e the organization's mission or most significant activities: PROMOTI	ית סי	HE IINDERSTAN						
e	1	ENJOYME									
Governance	2	Check this box				ote					
/err	3		ing members of the governing body (Part VI, line 1a)			14					
ĝ	4	Number of ind	14								
	-	Total number	30								
Activities &				59							
sti∕			of volunteers (estimate if necessary) I business revenue from Part VIII, column (C), line 12			0.					
Ă				0.							
					Prior Year	Current Year					
¢,	8	Contributions	and grants (Part VIII, line 1h)		1,002,663.	722,104.					
nue	9	Program servi	ce revenue (Part VIII, line 2g)		206,709.	167,297.					
Revenue	10	Investment inc	ome (Part VIII, column (A), lines 3, 4, and 7d)		-66,219.	83,154.					
£	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-89,873.	-132,246.					
	12	Total revenue	add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,053,280.	840,309.					
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)		1,500.	2,500.					
	14		o or for members (Part IX, column (A), line 4)		0.	0.					
es	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)		1,027,446.	1,013,902.					
Expenses	16a	Professional fu	Indraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) 159,682.		0.	22,964.					
ă×						0.0.4 1.0.0					
ш	''		es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,059,567.	994,100.					
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,088,513.	2,033,466.					
	19	Revenue less	expenses. Subtract line 18 from line 12		-1,035,233. ginning of Current Year	<u>-1,193,157.</u>					
Net Assets or		Total accests /	lert V line 16		6,084,039.	End of Year 5,683,196.					
Asse Rala	20	Total assets (F			225,743.	286,138.					
let A	21 22		(Part X, line 26)		5,858,296.	5,397,058.					
	art II	Signature	und balances. Subtract line 21 from line 20	••	5,050,290.						
		-	declare that I have examined this return, including accompanying schedules and	stateme	nts, and to the best of my	knowledge and belief, it is					

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date							
-	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		03/28	/25 self-employed	P00543254				
Preparer	Firm's name PKF O'CONNOR DAVI	ES ADVISORY	, LLC		Firm's EIN 87-	3231666				
Use Only	Firm's address 500 MAMARONECK AV	ENUE, SUITE	301							
	HARRISON, NY 1052	8-1633			Phone no.914-	381-8900				
May the IF	May the IRS discuss this return with the preparer shown above? See instructions									
LHAFor Paperwork Reduction Act Notice, see the separate instructions.332001 12-21-23Form 990 (2023)										

		JSEUM OF ART		13-6161548	Page
Pai	rt III Statement of Program Service	-			77
1	Check if Schedule O contains a respon Briefly describe the organization's mission:	ise or note to any line in this P	art III	<u></u>	🛛 🗙
'	THE KATONAH MUSEUM OF A	ART PROMOTES THE	UNDERSTANDING AND	ENJOYMENT OF	F
	THE VISUAL ARTS FOR DIV				
	THAT EXPLORE IDEAS ABOU				
	THROUGH INNOVATIVE EXHI	-	•	-	
2	Did the organization undertake any significan	t program services during the	year which were not listed on the		
	prior Form 990 or 990-EZ?		-	Yes	XN
	If "Yes," describe these new services on Scho	edule O.			
3	Did the organization cease conducting, or ma	ake significant changes in how	it conducts, any program services?	Yes	XN
	If "Yes," describe these changes on Schedule	e O.			
4	Describe the organization's program service a			• •	
	Section 501(c)(3) and 501(c)(4) organizations		ount of grants and allocations to other	s, the total expenses, an	ld
	revenue, if any, for each program service repo		2 500 57	<u> </u>	1 (1
4a	(Code:) (Expenses \$ / 1.2 MAJOR EXHIBITIONS: THEF	2,574. including grants of \$	2,500.) (Reven		161. THE
	21ST CENTURY, YOUNG ART				
	HERITAGE ACROSS TWO MIL				
	HONOR: ANDY WARHOL, WU				
	THE BLUEST OF BLUES.				
	LEARNING CENTER: STELLA	AR REVERBERATION	IS: AFRICAN MASKS I	N OUTER SPACE	Ξ,
	AN ODE TO TEXTILES: POE	ETRY AND ART, RE	IONDA KHALIFEH: IMM	ORTAL STITCH	,
	PORTRAIT MODE.				
	MAKE THE KMA'S EXHIBITI INTERESTS OF DIVERSE AU MUSEUM, OFFSITE AT LOCA VIRTUALLY.	JDIENCES. EDUCA	TION PROGRAMS ARE P	RESENTED AT 7	THE AND
	THE POLLACK FAMILY LEAF ACCESSIBLE, HANDS-ON LE				
	SEASONALLY TO ALIGN WIT				<u>ר</u>
	3 FAMILY DAY EVENTS, A				
	ROSTER OF COMMUNITY VOI				
4c	(Code:) (Expenses \$	including grants of \$) (Reven	ue \$	
4d	Other program services (Describe on Schedu	le O.)			
		Iding grants of \$) (Revenue \$)	
4e	Total program service expenses	1,178,737.			00
		קבר פרטברות ה ע	FOR CONTINUATION(S	Form 9 9	ອບ (202
32002	2 12-21-23	SEE SCHEDULE O	FOR CONTINUATION (S		
0,2	28 756359 1555023.000	•	5070 KATONAH MUSEUM	ር ለፑ ልዮጥ	1555
0.0	20 1J0JJJ TJJJ02J•000	2023.0	JAIA WATOWAII MOBEON	. OF ART	

Form 990 (2023) KATONAH MUSE
Part IV Checklist of Required Schedules KATONAH MUSEUM OF ART

 3 Did the organization engage in direct or indirect political public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i> 4 Section 501(c)(3) organizations. Did the organization enduring the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part</i> 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c) similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," 	hedule of Contributors? See instructions campaign activities on behalf of or in opposition to candidates for ngage in lobbying activities, or have a section 501(h) election in effect	1 2	x x	
 Is the organization required to complete <i>Schedule B, Sc</i>. Did the organization engage in direct or indirect political public office? <i>If "Yes," complete Schedule C, Part I</i> Section 501(c)(3) organizations. Did the organization enduring the tax year? <i>If "Yes," complete Schedule C, Part</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c) similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," Yes,"</i> 	hedule of Contributors? See instructions campaign activities on behalf of or in opposition to candidates for ngage in lobbying activities, or have a section 501(h) election in effect			
 3 Did the organization engage in direct or indirect political public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i> 4 Section 501(c)(3) organizations. Did the organization enduring the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part</i> 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c) similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," 	campaign activities on behalf of or in opposition to candidates for ngage in lobbying activities, or have a section 501(h) election in effect	2	X	
 public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i> Section 501(c)(3) organizations. Did the organization eduring the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c) similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," 	ngage in lobbying activities, or have a section 501(h) election in effect			
 4 Section 501(c)(3) organizations. Did the organization e during the tax year? <i>If "Yes," complete Schedule C, Part</i> 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c) similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes,"</i> 	ngage in lobbying activities, or have a section 501(h) election in effect			
 during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c) similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," 		3		<u> </u>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c) similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes,"				37
similar amounts as defined in Rev. Proc. 98-19? If "Yes,"		4		<u> </u>
		_		х
C Did the event ation methods and denote advised funders		5		
	r any similar funds or accounts for which donors have the right to	6		х
7 Did the organization receive or hold a conservation ease	nts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
	s? If "Yes," complete Schedule D, Part II	7		х
	historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
Schedule D, Part III		8		х
	for escrow or custodial account liability; serve as a custodian for	-		
	, debt management, credit repair, or debt negotiation services?			
If "Yes," complete Schedule D, Part IV		9		х
10 Did the organization, directly or through a related organiz				
	Part V	10	x	
	ions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
as applicable.				
a Did the organization report an amount for land, buildings	, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
Part VI		11a	X	
	other securities in Part X, line 12, that is 5% or more of its total			
		11b		<u>X</u>
	program related in Part X, line 13, that is 5% or more of its total			
	F	11c		<u> </u>
	Part X, line 15, that is 5% or more of its total assets reported in			37
Part X, line 16? If "Yes," complete Schedule D, Part IX	F	11d	x	<u> </u>
	F	11e	-	
c	statements for the tax year include a footnote that addresses	4 4 4	x	
12a Did the organization obtain separate, independent audite		11f	-	
		12a	x	
Schedule D, Parts XI and XII b Was the organization included in consolidated, independent	F	120		
-	-	12b		х
)(A)(ii)? If "Yes," complete Schedule E	13		x
14a Did the organization maintain an office, employees, or ag		14a		Х
	es of more than \$10,000 from grantmaking, fundraising, business,			
	nited States, or aggregate foreign investments valued at \$100,000			
or more? If "Yes," complete Schedule F, Parts I and IV		14b		X
	more than \$5,000 of grants or other assistance to or for any			
	ts II and IV	15		X
	more than \$5,000 of aggregate grants or other assistance to			_
	Parts III and IV	16		<u> </u>
	of expenses for professional fundraising services on Part IX,			
	G, Part I. See instructions	17	X	
	ndraising event gross income and contributions on Part VIII, lines		Ţ,	
		18	X	
	ncome from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		v
		19 20a		<u>x</u> x
	F	20a 20b		
 b If "Yes" to line 20a, did the organization attach a copy of 21 Did the organization report more than \$5,000 of grants of 		200		
	i other assistance to any demostic organization of	~		
	Yes," complete Schedule I, Parts I and II	21	I	Х

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Form	990	(2023)
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 Form 990 (2023)
 KATONAH
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 OF
 ART

 Part IV
 Checklist of Required Schedules (continued)

	· (contracto)			<u>.</u>
00	Did the experimetion was at an #5 000 of monte or other excitations to an few demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	-		x
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	-	х	
~ ~	Schedule J	23	<u> </u>	<u> </u>
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	~ ~		x
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		x
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
	"Yes," complete Schedule L, Part IV	28c	v	X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	X	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			77
	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
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
~~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
0-	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			v
00	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		х	1
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Δ	Ĺ
	Check if Schedule O contains a response or note to any line in this Part V		 Va -	
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 51		Yes	No
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С				
	(gambling) winnings to prize winners?	1c	990	(2023)
332004	۶ 12-21-23 ۲ ۲	⊢orm	550	(2023)

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Form	990 (2023) KATONAH MUSEUM OF ART		13-6161	548	Р	age 5			
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 30								
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?								
				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		\vdash			
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	ccoun	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			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		──			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit			37			
	any contributions that were not tax deductible as charitable contributions?			6a		X X			
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons o	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	├──			
				7b	Х	<u> </u>			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was								
	to file Form 8282?		1	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 7g		X X			
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
-	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		<u> </u>			
9	Sponsoring organizations maintaining donor advised funds.			9a					
а									
b				9b					
10	Section 501(c)(7) organizations. Enter:		1						
a	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	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							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		? 	12a		<u> </u>			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40 -					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		<u> </u>			
L.	Note: See the instructions for additional information the organization must report on Schedule O.								
D	Enter the amount of reserves the organization is required to maintain by the states in which the	406	1						
_	organization is licensed to issue qualified health plans	13b							
	Enter the amount of reserves on hand	13c		44-		x			
14a				14a					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b	1	<u> </u>			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			45		x			
	excess parachute payment(s) during the year?			15					
16	If "Yes," see the instructions and file Form 4720, Schedule N.	in	202	46		x			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	1000	ne?	16					
47	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 active traction 4051, 4052 or 40522			47					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17					
	If "Yes," complete Form 6069.			Form	990	(2023)			
332005	12-21-23			LOUL	530	(2023)			

Form 990	(2023)
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090

KATONAH MUSEUM OF ART

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

13-6161548 Page **6**

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

A. Governing Body and Management									
					Yes	No			
the number of voting members of the governing body at the end of the tax year	1a		14						
are material differences in voting rights among members of the governing body, or if the governing									
elegated broad authority to an executive committee or similar committee, explain on Schedule 0.									
er the number of voting members included on line 1a, above, who are independent 1b 14									
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?									
e organization delegate control over management duties customarily performed by or under the		•							
cers, directors, trustees, or key employees to a management company or other person?				3		X			
e organization make any significant changes to its governing documents since the prior Form 9				4		X			
e organization become aware during the year of a significant diversion of the organization's ass	ets?			<u>5</u> 6		X X			
Did the organization have members or stockholders?									
e organization have members, stockholders, or other persons who had the power to elect or ap						77			
members of the governing body?				7a		X			
ny governance decisions of the organization reserved to (or subject to approval by) members, st	ockholo	ders, or				77			
ns other than the governing body?				7b		X			
e organization contemporaneously document the meetings held or written actions undertaken during the yea				-	77				
overning body?				<u>8a</u>	X X				
committee with authority to act on behalf of the governing body?				8b	_X				
re any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				•		v			
ization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		Х			
3. Policies (This Section B requests information about policies not required by the Internal Re	venue (Code.)			Vee	N			
			I	10-	Yes	No			
e organization have local chapters, branches, or affiliates?				10a		~			
s," did the organization have written policies and procedures governing the activities of such ch				10b					
and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
be on Schedule O the process, if any, used by the organization to review this Form 990.		ining the		<u>11a</u>	Х				
				12a	х				
 a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 									
e organization regularly and consistently monitor and enforce compliance with the policy? $ f $ "				12b	X				
	,			12c	x				
hedule O how this was done e organization have a written whistleblower policy?				13	X				
e organization have a written whistleblower policy?			1	14	X				
e process for determining compensation of the following persons include a review and approva									
ns, comparability data, and contemporaneous substantiation of the deliberation and decision?	i by ind	ependent							
rganization's CEO, Executive Director, or top management official				15a	х				
				15b		Х			
officers or key employees of the organization				150					
e organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent wit	ha							
e entity during the year?				16a		Х			
s," did the organization follow a written policy or procedure requiring the organization to evaluat				100					
t venture arrangements under applicable federal tax law, and take steps to safeguard the organ		-							
ot status with respect to such arrangements?				16b					
C. Disclosure									
e states with which a copy of this Form 990 is required to be filed $_{ m NY}$									
n 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, ar	nd 990-1	T (section	501(c)(3)s	only)	availat	ble			
blic inspection. Indicate how you made these available. Check all that apply.									
Own website Another's website X Upon request Other (explain	on Sch	nedule O)							
ibe on Schedule O whether (and if so, how) the organization made its governing documents, co			olicy, and	finand	cial				
nents available to the public during the tax year.		•							
State the name, address, and telephone number of the person who possesses the organization's books and records									
MICHELLE YUN MAPPLETHORPE - 914-232-9555									
JAY STREET, KATONAH, NY 10536									
3				Form	990	(202			
the HE J	name, address, and telephone number of the person who possesses the organization's boo CLLE YUN MAPPLETHORPE - 914-232-9555 AY STREET, KATONAH, NY 10536 7	name, address, and telephone number of the person who possesses the organization's books and CLLE YUN MAPPLETHORPE - 914-232-9555 AY STREET, KATONAH, NY 10536 7	name, address, and telephone number of the person who possesses the organization's books and records CLLE YUN MAPPLETHORPE 914-232-9555 AY STREET, KATONAH, NY 10536	name, address, and telephone number of the person who possesses the organization's books and records CLLE YUN MAPPLETHORPE - 914-232-9555 AY STREET, KATONAH, NY 10536 7	name, address, and telephone number of the person who possesses the organization's books and records CLLE YUN MAPPLETHORPE 914-232-9555 AY STREET, KATONAH, NY 10536 Form	name, address, and telephone number of the person who possesses the organization's books and records LLE YUN MAPPLETHORPE 914-232-9555 AY STREET, KATONAH, NY 10536 Form 990 7			

Form 990 (2023)
Part VII	Col

Part VII	Co	mpensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Em	ployees, 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)	l	mea		C)	iper	louit	(D)	(E)	(F)
Name and title	Average	Position (do not check more than one					Reportable	Reportable	Estimated	
	hours per	box	box, unless pe			s both	n an	compensation	compensation	amount of
	week		cer an	dad	irecto	rector/trustee)		from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC/	compensation
	related	e or d	tee			sated		(W-2/1099-MISC/	1099-NEC)	from the organization
	organizations	truste	al trus		yee	mpen		1099-NEC)	1000 NEO)	and related
	below	idual 1	Institutional trustee	5	Key employee	est co oyee	er	,		organizations
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Former			
(1) MICHELLE MAPPLETHORPE	40.00									
EXECUTIVE DIRECTOR				Х				238,492.	0.	68,474.
(2) CRAIG INTINARELLI	8.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) RICHARD ZINMAN	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) VIDA FOUBISTER	1.00									
SECRETARY		Х		Х				0.	0.	0.
(5) MIKE DAVIES	1.00									
TREASURER		Х		Х				0.	0.	0.
(6) TARA CONIARIS	1.00									
TRUSTEE		Х						0.	0.	0.
(7) ELLEN GRIMES	1.00									
TRUSTEE		Х						0.	0.	0.
(8) ANDREA MILLER	1.00									
TRUSTEE		Х						0.	0.	0.
(9) DENIZ OZGENC	1.00									
TRUSTEE		Х						0.	0.	0.
(10) AMY PARSONS	1.00									
TRUSTEE		Х						0.	0.	0.
(11) THOMAS ROM	1.00									
TRUSTEE THRU SEPT 2023		Х						0.	0.	0.
(12) EMILY SAROKIN	1.00									
TRUSTEE		Х						0.	0.	0.
(13) SALLY SLATER	1.00									
TRUSTEE		Х						0.	0.	0.
(14) JAMES SNYDER	1.00									
TRUSTEE		Х						0.	0.	0.
(15) MARC WEIDNER	1.00									
TRUSTEE		Х						0.	0.	0.
(16) ALYSON WILLIAMS	1.00									
TRUSTEE		Х						0.	0.	0.
222007 12 21 22										Form 990 (2023)

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332007 12-21-23

Form 990 (2023)

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Form 990 (2023) KATONAH									13-6	1615	548	Page 8
Part VII Section A. Officers, Directors, Trust (A) Name and title	tees, Key Emp (B) Average hours per week (list any hours for related	(do box, offic	not c unles cer an	and (C Posi heck r ss per nd a di	C) ition more rson is irecto	than c s both r/trust	one an tee)	Compensated Employee (D) Reportable compensation from the organization (W-2/1099-MISC/	(continued) (E) Reportable compensation from related organization (W-2/1099-MIS 1099-NEC)	on d is SC/	Esti amo c comp fro	(F) imated ount of other ensation m the nization
	organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	1099-NEC)	10351120)		and	related
1b Subtotal c Total from continuation sheets to Part VII								238,492.		0.	68	<u>,474.</u> 0.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but no compensation from the organization 			<u></u>		<u></u>			238,492.	000 of reportable	0.		,474. 1 Yes No
 3 Did the organization list any former officer, line 1a? <i>If "Yes," complete Schedule J for su</i> 4 For any individual listed on line 1a, is the supervised of the supervised of	uch individual m of reportabl	e co	mpe	ensat	tion	and	oth	ner compensation from t	he organization		3	X
and related organizations greater than \$150 5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i> Section B. Independent Contractors	ccrue compen	Isatio	, on fr	roma	any	unre	elate	ed organization or individ	dual for services		4 5	X X
Complete this table for your five highest cor the organization. Report compensation for t (A)	he calendar ye	•						the organization's tax y (B)	ear.		(C)	
Name and business YOUR-PART TIME CONTROLLER WALNUT STREET, SUITE 1200	, LLC,			HI	Α,			Description of s			105	,638.
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	niteo	d to t	thos 1		ted	above) who received mo	ore than		Form 9	90 (2023)

	990 (2 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			
							(A) Total revenue	Related or exempt		(D) Revenue exclud from tax undo sections 512 - 5
ŝ	1 a	Federated campaigns		1a						
unc		Membership dues								
Åm		Fundraising events				269,246.				
ar /	d	Related organizations		1d						
imi	е	Government grants (contr	ibuti	ons) 1e		105,351.				
erS	f	All other contributions, gifts,								
Ğ		similar amounts not included				347,507.				
and Other Similar Amounts	-	Noncash contributions included in				108,062.	722 104			
a	h	Total. Add lines 1a-1f				Business Code	722,104.			
	2 a	MEMBERSHIP DUES				713990	117,486.	117,486.		
	z a h	ADMISSIONS/EXHIBITI	ONS			713990	28,161.	28,161.		
anc	c	EVENTS/OTHER PRGM R			_	713990	21,650.	21,650.		
evel	d							,		
Revenue	e									
	f	All other program service	rever	nue						
	g	Total. Add lines 2a-2f					167,297.			
	3	Investment income (inclue	-							
		other similar amounts)					118,561.			118,5
	4	Income from investment of		-		F				
	5	Royalties	·····	(i) Real		(ii) Personal				
	•	0	•			(II) Personal				
		Gross rents Less: rental expenses	6a 6b							
		Rental income or (loss)	6c							
		Net rental income or (loss)								
		Gross amount from sales of	<u> </u>	(i) Securit		(ii) Other				
		assets other than inventory	7a	1,514,5	551.					
	b	Less: cost or other basis								
ania		and sales expenses	7b		958.					
	с	Gain or (loss)	7c	-35,4	107.					
		Net gain or (loss)					-35,407.			-35,4
	8 a	Gross income from fundraisi	•							
		including \$								
		contributions reported on		,		59,200.				
	h	Part IV, line 18 Less: direct expenses			8a 8b	195,620.				
		Net income or (loss) from				,	-136,420.			-136,4
		Gross income from gamin					,			,
		Part IV, line 19			9a					
	b	Less: direct expenses			9b					
		Net income or (loss) from			s					
	10 a	Gross sales of inventory,	less r	returns		7				
		and allowances			10a					
		Less: cost of goods sold			10b	2,379.				
+	С	Net income or (loss) from	sales	s of inventor	ry	Durch C. i	3,305.	3,305.		
		OTHER THOOME				Business Code 900099	960			0
ne		OTHER INCOME				300033	869.			8
Revenue	b									
Be	c d									
		All other revenue				L	869.			
	6	- Jun Adu intes 11a-110						170,602.		-52,3

2023.05070 KATONAH MUSEUM OF ART

15550231

Form 990 (2023) KATONAH MUSEUM OF ART
Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organizations must complete column (A)

	Check if Schedule O contains a respons			(2)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,000.	2,000.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	500.	500.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors,	283,720.	112 /00	85,116.	95 116
6	trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	203,720.	113,488.		85,116.
7	Other salaries and wages	596,646.	411,887.	184,759.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	<u>15,213.</u> 53,366.	8,092.	7,121.	
9 10	Other employee benefits Payroll taxes	64,957.	26,904. 31,611.	26,462. 30,168.	3,178.
11	Fees for services (nonemployees): Management				
с	Legal	172,547.		172,547.	
	Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees	22,964. 34,166.		34,166.	22,964.
	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	119,236.	100,949.		5.837.
12	Advertising and promotion	37,726. 96,824.	21,823. 30,191.	12,450. 9,738. 47,443.	5,837. 6,165. 19,190.
13 14	Office expenses	35,737.	13,692.	17,983.	4,062.
15 16	Royalties Occupancy	68,808. 25,113.	<u>48,166.</u> 9,123.	20,642.	4,682.
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials	<u> </u>	9,123.	11,500.	4,002.
19 20	Conferences, conventions, and meetings	1,206. 8,694.	344.	703. 8,694.	159.
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization	67,690. 19,896.	57,493. 17,906.	3,433. 1,990.	6,764.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
a	EXHIBITION EXPENSE MAINTENANCE & REPAIRS	201,568. 80,293.	201,207. 69,841.	<u> </u>	
b c	EDUCATION & PROGRAM EXP	11,367.	10,706.	485.	176.
d	CATERING	9,862.	2,814.	5,749.	1,299.
е 25	All other expenses	3,367. 2,033,466.	1,178,737.	<u>3,277.</u> 695,047.	<u>90.</u> 159,682.
<u>25</u> 26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	2,003,400.	1,1,0,1,0,1		100,002.
33201	Check here if following SOP 98-2 (ASC 958-720) 0 12-21-23				Form 990 (2023)

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1 4							
		Check if Schedule O contains a response or note	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			145,680.	1	37,312.
	2	Savings and temporary cash investments			394,966.	2	152,478.
	3	Pledges and grants receivable, net			271,479.	3	29,000.
	4					4	
	5	Loans and other receivables from any current or	former	officer, director,			
		trustee, key employee, creator or founder, substa	antial co	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ns		5	
	6	Loans and other receivables from other disqualif	ied pers	sons (as defined			
		under section 4958(f)(1)), and persons described	in secti	ion 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			1,575.	8	1,575.
Ř	9	Prepaid expenses and deferred charges			7,253.	9	5,272.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		4,441,277.			
	b	Less: accumulated depreciation	10b	4,109,000.	398,094.		332,277.
	11	Investments - publicly traded securities			4,602,410.		5,073,126.
	12	Investments - other securities. See Part IV, line 1	1		262,582.	12	6,763.
	13	Investments - program-related. See Part IV, line 1	1			13	
	14	Intangible assets			-	14	
	15	Other assets. See Part IV, line 11			0.	15	45,393.
	16	Total assets. Add lines 1 through 15 (must equa	al line 33	3)	6,084,039.	16	5,683,196.
	17	Accounts payable and accrued expenses		·····	207,720.	17	215,918.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		·····		20	
	21	Escrow or custodial account liability. Complete F	Part IV o	of Schedule D		21	
ŝ	22	Loans and other payables to any current or form	er office	er, director,			
iliti		trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of thes	e perso	ns		22	
	23	Secured mortgages and notes payable to unrelation	ted third	d parties		23	

l iahilitiae and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 18,023. 25 of Schedule D 225,743. 286,138. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 389,058. 27 27 Net assets without donor restrictions 5,469,238. Net assets with donor restrictions 5,314,489. 28 28 Organizations that do not follow FASB ASC 958, check here

and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 5,858,296. 5,397,058. Total net assets or fund balances 32 6,084,039. 5,683,196. 33 Total liabilities and net assets/fund balances

Form 990 (2023)

70,220.

82,569.

KATONAH MUSEUM OF ART

Form	990 (2023) KATONAH MUSEUM OF ART	13-61	61548	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	840),3(09.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,033	3,40	66.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,193	<u> </u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,858		
5	Net unrealized gains (losses) on investments	5	731	.,91	19.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
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	5,397	,0!	58.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		I		X
				Yes	No
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	0.			37
2a			2 a	_	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:				
	Separate basis Consolidated basis Both consolidated and separate basis			v	
b	Were the organization's financial statements audited by an independent accountant?		2 b	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			x	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	^	
•	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	eaule O.			
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				x
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			200	L

Form **990** (2023)

332012 12-21-23

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
2023
Open to Public Inspection

Name	of the	organization
------	--------	--------------

Nan	e of t	the organization							identification number	
			NAH MUSEUM						3-6161548	
Pa	rt I	Reason for Public C	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instruction	S.		
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)				
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2		A school described in section 170(b)(1)(A)(ii) . (Attach Schedule E (Form 990).)								
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(i	ii).			
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
		section 170(b)(1)(A)(iv). (C	Complete Part II.)	c		, ,				
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).			
7	\square	An organization that norma						e general i	oublic described in	
•		section 170(b)(1)(A)(vi). (C			onn a gove	Similar		ie general j		
8		A community trust describe		(1)(A)(vi) (Complete Par	+ 11)					
9	\square	An agricultural research org				ad in coniu	unction with a	land-grant	college	
5		or university or a non-land-g				-		-	-	
		university:	fram concyc or agric			name, eny	, and state of	the conege		
10	X	An organization that norma	Illy receives (1) more	than 33 1/3% of its supr	ort from o	ontribution	ne membershi	in fees an	d gross receipts from	
10		activities related to its exem	•					-	•	
		income and unrelated busir							-	
		See section 509(a)(2). (Cor				500 2040	red by the org			
11		An organization organized a		vely to test for public sa	fatu Saa	section 5	0(2)(4)			
12	\square	An organization organized a	•					rry out the	nurnoses of one or	
		more publicly supported or	-	•	-			•		
		lines 12a through 12d that	-							
а		Type I. A supporting orga	• •			-		-	aivina	
u		the supported organization	-		• • • •	-				
					majonty c				apporting	
b		organization. You must o			ion with it	ounnorte	dorachization	a(a) by bay	lina	
b		Type II. A supporting org	-				•		-	
		control or management o			ame perso	ns mai co	ntiol of manag	je i le sup	Joned	
		organization(s). You mus Type III functionally inte	-		in connoct	tion with		ly intograte	od with	
С								ly integrate	eu with,	
		its supported organization		-						
d		J Type III non-functionally						-		
		that is not functionally int			•		-	an attentiv	veness	
		requirement (see instructi								
е		Check this box if the orga					Type I, Type I	п, туре ш		
	E	functionally integrated, or		nally integrated supportil	ng organiz	ation.				
		er the number of supported on vide the following information	•	d organization(a)						
<u> </u>		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetarv	(vi) Amount of other	
	``	organization	(,	(described on lines 1-10	in your governi	1	support (see in	,	support (see instructions)	
		-		above (see instructions))	Yes	No				
Tota										
Tota										

	-		
Schedule A	(Form	990	2023

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi)
---	-----------------

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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						
_	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,						
6	Column (f) Public support, Subtract line 5 from line 4.						
-	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	(4) 2010		(0) 2021		(0) 2020	
8	Gross income from interest,						
•	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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 instructi	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
_	organization, check this box and stop						
See	ction C. Computation of Publi	c Support Pe	rcentage			<u> </u>	
	Public support percentage for 2023 (I					14	%
	Public support percentage from 2022					15	%
16a	33 1/3% support test - 2023. If the o				14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2022. If the o	-					
47-	and stop here. The organization qual						
1/8	10% -facts-and-circumstances test		-				
	and if the organization meets the fact meets the facts-and-circumstances te					-	
F	10% -facts-and-circumstances test	e e	• •	,	•	17a and line 15 is	
ĥ	more, and if the organization meets the		-				
	organization meets the facts-and-circl						
18	Private foundation. If the organization		•	-			
				, , a, o, m	, 2 a.io box c		(Form 990) 2023

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Schedule A (Form 990) 2023

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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) 2020 (c) 2021 (d) 2022 Calendar year (or fiscal year beginning in) (a) 2019 (e) 2023 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 973,067 1005140. 2545680. 1002663. 722,104. 6248654. 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 189,096. 155,967. 210,471. 172,981. 169,242. 897,757. 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 or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 1142309. 1194236. 2701647. 1213134. 895,085. 7146411. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 190,558. 200,383. 313,489. 189,936. 188,059. 1082425. 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. c Add lines 7a and 7b 188,059. 190,558. 200,383. 313,489 189,936. 1082425 6063986 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (e) 2023 (f) Total (a) 2019 (b) 2020 (c) 2021 (d) 2022 9 Amounts from line 6 1142309. 1194236. 2701647 1213134 7146411. 895,085 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 191,346. 169,896. 140,517. 134,571. 118,561. 754,891. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 169,896. 191,346. 140,517. 134,571. 118,561. 754,891. 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 53,003. 3,409. 869. 30,577. 125,232. 213,090. assets (Explain in Part VI.) 1342782. 1510814. 2895167. 1351114. 1014515. 8114392. **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 74.73 % Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 15 75.49 Public support percentage from 2022 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 9.30 17 17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) % 8.14 18 18 Investment income percentage from 2022 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is notX 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 - 2022. 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 gualifies 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) 2023 332023 12-21-23 16

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

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.)

332024 12-21-23

9a 9b 9b 9c 9c 10a 10b Schedule A (Form 990) 2023

17

Schedule A	(Form 990)	2023	KATONAH	MUSEUM	01
Part IV	Suppor	ting C	Drganizations (contir	nued)	

1

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization appoint or effectively operated, bey the power to appoint and/or remove officers, or trustees are allocated among the organization and the organization appoint or effectively operated approximate the organization of the organization appoint or effectively operated approximate the organization of the organization appoint o			

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	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised or controlled the supporting organization

SUDEIVISE			Ulganization.
Section C. 1	Type II Supp	oorting Orga	nizations

 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 supporting organization was vested in the same persons that controlled or managed
 Image: 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 suppo

Section D. /	All Type III Su	pporting Organizations
--------------	-----------------	------------------------

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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 organization used	to satisfy the Integral Part	Test during the year	(see instructions)
•		linal line organization used	to satisfy the integral Fart	rest during the year	1300 1130 000

- 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 governm	nental entity (see instruction <u>s).</u>
------------	--	---	-------------------------	-------------------------	---

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.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

3a

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Yes No

1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust or	n Nov. 20, 1970 (<i>explain in</i>)	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		

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

Schedule A (Form 990) 2023

6 emergency temporary reduction (see instructions). 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) 2023

13-6161548 Page 6

332026 12-21-23

6

Distributable Amount. Subtract line 5 from line 4, unless subject to

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j

5

line 7:

and 4c. 8 Breakdown of line 7: a Excess from 2019 b Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ued)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4 Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required - pr	rovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive			
	(provide details in Part VI). See instructions.			8	
9 Distributable amount for 2023 from Section C, line 6					
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				

13-6161548 Page 7

Schedule A (Form 990) 2023

i Carryover from 2018 not applied (see instructions)

4 Distributions for 2023 from Section D,

Part VI. See instructions.

a Applied to underdistributions of prior years b Applied to 2023 distributable amount

c Remainder. Subtract lines 4a and 4b from line 4.

than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2024. Add lines 3j

Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

Remaining underdistributions for years prior to 2023, if

any. Subtract lines 3g and 4a from line 2. For result greater

\$

Part IV, Section A, line 1; Part IV, Sec	Information. Provide the lines 1, 2, 3b, 3c, 4b, 4c, 5t tion D, lines 2 and 3; Part IN	a, 6, 9a, 9b, 9c, 11a, 11b, a /, Section E, lines 1c, 2a, 2	and 11c; Part IV, S b, 3a, and 3b; Parl	13-6161548 Page 8 art II, line 17a or 17b; Part III, line 12; ection B, lines 1 and 2; Part IV, Section C, t V, line 1; Part V, Section B, line 1e; Part V, t for any additional information.
SCHEDULE A, PART	III, LINE 12,	EXPLANATION	FOR OTHER	INCOME:
FUNDRAISING INCO	ME			
2019 AMOUNT: \$	-433.			
2020 AMOUNT: \$	83,550.			
2021 AMOUNT: \$	43,313.			
GROSS SALE OF IN	IVENTORY			
2019 AMOUNT: \$	30,826.			
2020 AMOUNT: \$	24,501.			
2021 AMOUNT: \$	7,896.			
MISCELLANEOUS IN	ICOME			
2019 AMOUNT: \$	184.			
2020 AMOUNT: \$	17,181.			
2021 AMOUNT: \$	1,794.			
2022 AMOUNT: \$	3,409.			
2023 AMOUNT: \$	869.			
332028 12-21-23		21		Schedule A (Form 990) 2023

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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. 2023

Employer identification number

13-6161548

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Filers of:	Section:
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not 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

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 totaling the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an exclusively set of the parts unless totaling \$5,000 or more during the year for an exclusively set of the parts unless total set of the parts unless

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).

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

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 1 X Person Payroll 65,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 48,500. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 35,120. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Person Payroll 35,000. Noncash Х \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 х Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Х 6 Person Payroll 22,500. Noncash \$ (Complete Part II for noncash contributions.)

25

Schedule B (Form 990) (2023)

Page **2**

323452 12-26-23

2023.05070 KATONAH MUSEUM OF ART

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_

Name of organization

KATONAH MUSEUM OF ART

Employer identification number

13-6161548

s 26,310. Payroli Noncash Complete Part II noncash contributions (a) (b) (c) (d) (a) Name, address, and ZIP + 4 Total contributions Type of contributions (a) Name, address, and ZIP + 4 Total contributions Person 2 (a) Name, address, and ZIP + 4 Total contributions Type of contributions Person 2 (a) Name, address, and ZIP + 4 Total contributions Type of contributions Type of contributions Complete Part II in noncash contributions Complete Part II in noncash contributions (a) Name, address, and ZIP + 4 Total contributions Type of contributions Complete Part II in noncash contributions (a) Name, address, and ZIP + 4 Total contributions Type of contributions Complete Part II in noncash contributions (b) Name, address, and ZIP + 4 Total contributions Type of contributions (a) Name, address, and ZIP + 4 Total contributions Type of contributions (b) Name, address, and ZIP + 4 Total contributions Type of contributions (a) Na	Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
7		.,		
No. Name, address, and ZIP + 4 Total contributions Type of contributions 8		Name, address, and ZIP + 4		Person X Payroll
image: second				(d) Type of contribution
No. Name, address, and ZIP + 4 Total contributions Type of contributions 9	8_		\$21,200.	Payroll
(a) (b) (c) (d) 10 (c) (d) (d) (a) (b) (c) (d) 10 (c) (d) (d) (a) (b) (c) (d) (a) (b) (c) (d) (a) (b) (c) Person Payroll (a) (b) (c) (d) Noncash (Complete Part II f (Complete Part II f (c) (d) (a) Name, address, and ZIP + 4 Total contributions Person Payroll 11				(d) Type of contribution
No. Name, address, and ZIP + 4 Total contributions Type of contributions 10	9		\$20,000.	Payroll
Image: second				(d) Type of contribution
No. Name, address, and ZIP + 4 Total contributions Type of contributions 11	10		\$20,000.	Payroll
(a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contributions 12 \$ 19,400. \$ 19,400. Person 2				(d) Type of contribution
No. Name, address, and ZIP + 4 Total contributions Type of contributions 12			\$20,000.	Payroll
Payroll \$\$_Noncash				(d) Type of contribution
noncash contribut			\$ <u>19,400.</u>	Payroll

Schedule B (Form 990) (2023)

26

KATONAH MUSEUM OF ART

Employer identification number

13-6161548

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
13		\$ <u>17,600.</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_		\$33,400.	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
15		\$ <u>15,351.</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> 16</u>		\$ <u>15,000.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$14,125.	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>13,600.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
323452 12-26	-23	1	Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

27

09030328 756359 1555023.000

Page **2**

KATONAH MUSEUM OF ART

Employer identification number

13-6161548

Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$13,500.	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		\$13,490.	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
21		\$13,100.	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
22		\$12,650.	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
		\$12,400.	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
24		\$11,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

15550231

Employer identification number

KATONAH MUSEUM OF ART

13-6161548

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
25		\$ <u>11,000.</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
26		\$ <u>10,000.</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
27		\$ <u> </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
28		\$ <u>10,000.</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
29		\$9,675.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	· · ·	\$9,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

323452 12-26-23

Employer identification number

KATONAH MUSEUM OF ART

13-6161548 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 31 X Person Payroll 8,600. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 32 X Person Payroll 8,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 33 X Person Payroll 8,213. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 34 Х Person Payroll 8,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 35 х Person

Schedule B (Form 990) (2023)

323452 12-26-23

Part I

Employer identification number

13-6161548

KATONAH MUSEUM OF ART

(a) (d) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 37 X Person Payroll 6,275. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 38 X Person Payroll 5,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 39 X Person Payroll Noncash 25,000. \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 40 Х 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 41 х Person Payroll 5,500. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 42 Х Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) 323452 12-26-23 Schedule B (Form 990) (2023)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

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2023.05070 KATONAH MUSEUM OF ART

31

Part I

Employer identification number

13-6161548

KATONAH MUSEUM OF ART

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 43 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 44 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. 45 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 46 Х 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 47 х 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 48 Х Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

323452 12-26-23

Part I

Employer identification number

13-6161548

KATONAH MUSEUM OF ART

(a) (d) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 49 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 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.) (d) (a) (b) (c) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 52 Х 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 53 х 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 Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Schedule B (Form 990) (2023)

323452 12-26-23

33 2023.05070 KATONAH MUSEUM OF ART

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	AH MUSEUM OF ART		13-6161548
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
	ARTWORK		
4_		\$35,0	00. 11/11/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
	ARTWORK		
11		\$20,0	00. 11/11/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
	ARTWORK		
<u> 16 </u>		\$15,0	00. 11/11/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
	FLOWER ARRANGEMENTS		
29		\$9,6 [*]	75. 11/11/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	Schedule B (Form 990) (2023

34

Schedule B (Form 990) (2023) Name of organization

2023.05070 KATONAH MUSEUM OF ART

15550231

Page 3

Employer identification number

Schedule	B (Form 990) (2023)		Page 4
Name of o	organization		Employer identification number
KATON	AH MUSEUM OF ART		13-6161548
Part III	Exclusively religious, charitable, etc., contribution		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, or	charitable, etc., contributions of \$1,000 or le	ess for the year. (Enter this info. once.) \$
(a) No.	Use duplicate copies of Part III if additional s	space is needed.	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	t
	Transferee's name, address, a	and $7IP \pm 4$	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 01 3	
		e) Transfer of gifl	
		(1)	-
	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	t
	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			
		(e) Transfer of gift	t
		Balationship of transforms to transform	
	Transferee's name, address, a		Relationship of transferor to transferee
323454 12-26	l 6-23	I	Schedule B (Form 990) (2023)

SCI	HEDULE D	Supplementa	al Financial Statement	S		OMB No. 1545-0047
(Forn	n 990)		nization answered "Yes" on Form 990,), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 1			2023
Departi	ment of the Treasury		Attach to Form 990.	20.		Open to Public
	Revenue Service	Go to www.irs.gov/Form99	0 for instructions and the latest inform	ation.		Inspection
Nam	e of the organizati	on KATONAH MUSEUM OF J	ART		Emp	bloyer identification number 13-6161548
Par	t I Organiza	ations Maintaining Donor Advise		or Ac	coun	
	organizatio	n answered "Yes" on Form 990, Part IV, lin	ie 6.			·
			(a) Donor advised funds	(1	b) Fun	ds and other accounts
1	Total number at er	nd of year				
2		f contributions to (during year)				
3	Aggregate value of	f grants from (during year)				
4		t end of year				
5	-	on inform all donors and donor advisors in	-			
		on's property, subject to the organization's				Yes No
6	0	on inform all grantees, donors, and donor a	0 0		,	
		poses and not for the benefit of the donor o			•	
Par	impermissible priv	ate benefit? ation Easements. Complete if the org	anization answord "Vos" on Form 000	Dort IV	lino 7	Yes No
1		servation easements held by the organization		Fait IV,	line 7.	
•		of land for public use (for example, recrea	· · · · · · · · · · · · · · · · · · ·	of a histo	rically	important land area
		of natural habitat	, <u> </u>		-	storic structure
		n of open space				
2		through 2d if the organization held a quali	fied conservation contribution in the form	of a cor	nservat	tion easement on the last
	day of the tax year					Held at the End of the Tax Year
а	Total number of co	onservation easements			2a	
b		ricted by conservation easements			2b	
с		vation easements on a certified historic stru			2c	
d	Number of conser	vation easements included on line 2c acqu				
	on a historic struct	ture listed in the National Register			2d	
3		vation easements modified, transferred, rel			zation	during the tax
	year					
4	Number of states	where property subject to conservation eas	sement is located	-		
5	Does the organiza	tion have a written policy regarding the per	riodic monitoring, inspection, handling of			
	,	forcement of the conservation easements it				
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	servatio	n ease	ments during the year
7	Amount of expens	 ses incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conserv	ation eas	ement	s during the year
	Amount of expens	is meaned in monitoring, inspecting, nare			CITICIT	s during the year
8	Does each conser	vation easement reported on line 2d above	e satisfy the requirements of section 170(h)(4)(B)(i)		
	and section 170(h))(4)(B)(ii)?	• • •			Yes No
9		be how the organization reports conservation				
	balance sheet, and	d include, if applicable, the text of the footr	note to the organization's financial statem	nents tha	t desc	ribes the
_	organization's acc	ounting for conservation easements.				. .
Par		ations Maintaining Collections of		ther Si	mila	r Assets.
		f the organization answered "Yes" on Form				
1 a	•	elected, as permitted under FASB ASC 95				
		easures, or other similar assets held for put			ce of p	public
	· •	Part XIII the text of the footnote to its finar				
b	-	elected, as permitted under FASB ASC 95				
		sures, or other similar assets held for public	exhibition, education, or research in fur	nerance	orput	JIIC SERVICE,
	•	ing amounts relating to these items.				¢
		ided on Form 990, Part VIII, line 1 ed in Form 990, Part X				⊅ \$
2	.,	received or held works of art, historical tre	asures, or other similar assets for financi			
2	-	unts required to be reported under FASB A		u yanı, þ	. ovide	
а	-	on Form 990, Part VIII, line 1	-			\$
						\$
	b Assets included in Form 990, Part X IA For Paperwork Reduction Act Notice, see the Instructions for Form 990.					

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36 2023.05070 katonah museum of art

Sche		MUSEUM OF					13-61	61548	3 р	age 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or	Other :	Similar	Assets	(contir	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that r	nake sigi	nificant u	ise of its			
	collection items (check all that apply).									
а	Public exhibition	d	Loan or exc	hange progran	n					
b	Scholarly research	e	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	e organization	i's exemp	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations of	f art, historical treas	sures, or other	similar a	issets				
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang	•	e if the organization	answered "Ye	es" on Fo	orm 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an, or other intermedi	ary for contribution	s or other asse	ets not ir	ncluded		_		_
	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 _		7		
	Did the organization include an amount on Fo		•			y?		Yes		No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds Complete if									
I ai		(a) Current year	(b) Prior year	(c) Two years			ears back		Voare	hack
	Destanting of completions of	5,264,543.	5,524,739.	6,071,	-				-	405.
	Beginning of year balance	103,000.	123,165.		134.	5,0	50,596.	5	, 295,	405.
b	Contributions	780,907.	503,231.	,		1 2	80 520		20	055.
C L	Net investment earnings, gains, and losses	780,907.	505,251.	-004,	,520.	1,2	80,529.		20,	055.
a	Grants or scholarships									
е	Other expenditures for facilities	914,756.	886,592.	404	240.	2	60 000		261	864
	and programs	514,750.	000,392.		760.	2	60,000.		204,	864.
	Administrative expenses	5 233 694	5,264,543.			6.0	71,125.	5	050	596.
g	End of year balance				,155.	0,0	/1,125.	5	,050,	550.
2	Provide the estimated percentage of the curr Board designated or quasi-endowment	ent year end balance		i) heid as.						
a h	Permanent endowment 100	%	_%							
u o		⁷⁰								
С	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should									
30	Are there endowment funds not in the posses		ion that are held an	d administered	d for the					
0a	organization by:	ssion of the organizat						l	Yes	No
	(i) Unrelated organizations?							3a(i)		x
								3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, I	Part X, lii	ne 10.				
	Description of property	(a) Cost or ot	her (b) Cost	or other	(c) Aco	cumulate	d	(d) Boo	k valu	e
		basis (investm	.,	(other)	• •	reciation		.,		
1a	Land		16	2,567.				16	2,5	67.
	Buildings			1,865.	3,7	65,79	94.			71.
	Leasehold improvements			8,834.		12,67				57.
	Equipment			8,011.		30,52			7,4	
	Other									
	. Add lines 1a through 1e. (Column (d) must e		Line 10c, column	(B))				33	2,2	77.
	<u></u>									

Schedule D (Form 990) 2023

332052 09-28-23

(b) Book value

24,320.

45,900

70,220.

Schedule D (Form 990) 2023

X

Schedule D (Form 990) 2023 KATONAH MUSE	UM OF ART	13-6161548 Pag
Part VII Investments - Other Securities Complete if the organization answered "Yes" o	n Form 990 Part IV line	11h See Form 990 Part X line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
· · · · · · · · · · · · · · · · · · ·		
2) Closely held equity interests		
3) Other		
(A) (B)		
(B) (C)		
(D)		
(E)		
(F)		
(G)		
(H) otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		
Part VIII Investments - Program Related. Complete if the organization answered "Yes" o (a) Description of investment	n Form 990, Part IV, line (b) Book value	 11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end-of-year market value
(1)	(0) 20011 10100	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
fotal . (Col. (b) must equal Form 990, Part X, line 13, col. (B))		
Part IX Other Assets		
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.
	Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		

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

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

(6) (7) (8) (9)

Part X

(1)

(2)

(3)

(4) (5) (6) (7) (8) (9)

<u>1.</u>

2.

Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

(a) Description of liability

DUE TO/FROM KATONAH MUSEUM ARTIST

Other Liabilities

LEASE LIABILITY

Federal income taxes

ASSOCIATION

Sche	dule D (Form 990) 2023 KATONAH MUSEUM OF ART			13-	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	1,538,062.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	731,919.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	731,919.
3	Subtract line 2e from line 1			3	806,143.
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	34,166.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	34,166.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	840,309.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	1,999,300.
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	1,999,300.
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	34,166.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	34,166.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,033,466.
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, GENERAL OPERATIONS, 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

39

PERIODS PRIOR TO FISCAL 2021.

332054 09-28-23

	(continueu)		
332055 09-28-23			Schedule D (Form 990) 2023
552055 65-20-23		40	

SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities							
(Form 990)	Complete if the	or if the	2023					
Department of the Treasury			Open to Public Inspection					
Internal Revenue Service Name of the organization		o www.irs.gov/Form990 for instru	ctions	and t	he latest information	n.	Employer id	entification number
Name of the organization		MUSEUM OF ART					13-6161	
		Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1		
 a X Mail solicitat b X Internet and c X Phone solici d X In-person so 2 a Did the organization key employees list 	tions email solicitations tations licitations on have a written o ed in Form 990, P) highest paid indiv	f X Solicita g X Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	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 c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
ALITHIA DUTSCHKE -			Yes	No	-			
HIGHMOUNT AVENUE, M NINA CURLEY - 31 SU		GRANTWRITING SERVICES		X	0.		11,369.	-11,369.
ROAD, NORTH SALEM,		GRANTWRITING SERVICES		x	0.		7,500.	-7,500.
								1
								1
								+
Total							18,869,	-18,869.
	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is (,	· · · · · ·
NY								
For Paperwork Reducti	ion Act Notice. se	e the Instructions for Form 990 or	990-E	Z.			Schedul	e G (Form 990) 2023

Γαρυι... SEE PART IV FOR CONTINUATIONS G (Form 990)

LHA 332081 09-13-23

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.

		of fundraising event contributions and gro	ss income on Form 990	-EZ, lines 1 and 6b. List e	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			GALA			col. (c))
a)			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	328,446.			328,446.
	2	Less: Contributions	269,246.			269,246.
	3	Gross income (line 1 minus line 2)	59,200.			59,200.
	4	Cash prizes				
		Noncash prizes	12,348.			12,348.
oenses	6	Rent/facility costs	21,500.			21,500.
Direct Expenses	7	Food and beverages	84,588.			84,588.
Ō		Entertainment	1,030. 76,154.			1,030.
	9	Other direct expenses	76,154.			1,030. 76,154.
	10	Direct expense summary. Add lines 4 through	9 in column (d)			195,620.
	11	Net income summary. Subtract line 10 from lin	ne 3, column (d)			-136,420.
Pa	irt I	II Gaming. Complete if the organization a	answered "Yes" on Form	n 990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
eve						
ď	1	Gross revenue				
Ś	2	Cash prizes				
kpenses						
é de	3	Noncash prizes				

9 Enter the state(s) in which the organization conducts gaming activities:

7 Direct expense summary. Add lines 2 through 5 in column (d)

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

4 Rent/facility costs

5 Other direct expenses

6 Volunteer labor

a Is the organization licensed to conduct gaming activities in each of these states?
b If "No," explain:

Yes

No

%

Yes

No

%

Yes

No

%

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
b If "Yes," explain: ______

332082 09-13-23

Direct Ex

Schedule G (Form 990) 2023

No

No

Sch	edule G (Form 990) 2023	KATONAH MUSEUM OF ART 13-	6161	548	Page 3
11	Does the organization conduct ga	ming activities with nonmembers?		Yes	No
		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		%
		person who prepares the organization's gaming/special events books and records:			
		· · · · · · · · · · · · · · · · · · ·			
	Name				
	Address				
15a	Does the organization have a cont	ract with a third party from whom the organization receives gaming revenue?		Yes	No No
Ь	If "Ves." enter the amount of dam	ng revenue received by the organization \$ and the amount			
, D	of gaming revenue retained by the				
~	If "Yes," enter name and address				
U	in res, entername and address	si tile tillitä party.			
	Name				
	Address				
	Address				
40					
16	Gaming manager information:				
	Nevee				
	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			—
			🗀	Yes	No No
b	Enter the amount of distributions	equired under state law to be distributed to other exempt organizations or spent in the			
De	organization's own exempt activiti				
Pa		nation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III, lin	es 9, 9	}b, 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 FUNDRAISER	<u>s:</u>		
<i>(</i> -					
(1) NAME OF FUNDRALS	ER: ALITHIA DUTSCHKE			
			•		
(1) ADDRESS OF FUNDE	AISER: 209 HIGHMOUNT AVENUE, NYACK, NY 1096	0		
33208	33 09-13-23	Sche	dule G (l	Form	990) 2023

09030328 756359 1555023.000

Cappientental III	(continued)		
			0.1
332084 04-01-23			Schedule G (Form 990)
		44	

SCHEDULE J	Compensation Information		OMB No. 1	545-004	47
(Form 990)	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest		20	ົງງ)
	Compensated Employees		20	ZJ)
Department of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Name of the organization			identificatio		nber
	KATONAH MUSEUM OF ART	13-6	6161548	8	
Part I Questi	ons Regarding Compensation				
				Yes	No
	ppriate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	or charter travel Housing allowance or residence for perso	nal use			
	ompanions Payments for business use of personal re-				
_	ification and gross-up payments				
Discretion:	ry spending account Personal services (such as maid, chauffer	ur, chef)			
	es on line 1a are checked, did the organization follow a written policy regarding payment or		41		
			1b		
	tion require substantiation prior to reimbursing or allowing expenses incurred by all directors,		2		
trustees, and of	icers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3 Indicate which.	f any, of the following the organization used to establish the compensation of the organization's				
	Director. Check all that apply. Do not check any boxes for methods used by a related organization of				
	ensation of the CEO/Executive Director, but explain in Part III.	01110			
X Compensa					
	nt compensation consultant X Compensation survey or study				
·	of other organizations I I I I I I I I I I I I I I I I I I I	ommittee			
	······································				
4 During the year	did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
organization or	a related organization:				
a Receive a sever	ance payment or change-of-control payment?		4a		X
b Participate in or	receive payment from a supplemental nonqualified retirement plan?		4b		X
c Participate in or	receive payment from an equity-based compensation arrangement?		4c		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
-	1(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
	ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	on			
contingent on t					77
	l?				X
	inization?		5b		X
	ia or 5b, describe in Part III.				
•	ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	e net earnings of:		0.		x
	l?				X
	nization? Sa or 6b, describe in Part III.		6b		
	ed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments n lines 5 and 6? If "Yes," describe in Part III		7		x
	nts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
-			8		x
 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 					
	tion 53.4958-6(c)?		9		
	uction Act Notice, see the Instructions for Form 990.		ule J (Forn	1 990	2023
apointoin neu		Conet			_020

LHA 332111 11-06-23

13-6161548

Page **2**

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of W-2 and/or 1099-MISC and/or compensation		C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MICHELLE MAPPLETHORPE	(i)	238,492.	0.	0.	7,950.	60,524.	306,966.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2023

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

 $\mathbf{23}$

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

Department of the Treasury Internal Revenue Service

Devit

	-	Attach	to Form 990).		
Go to ww	w.irs.gov/F	orm990 for	instructions	and the	latest ir	formation.

Inspection Employer identification number

13-6161548

ſ ΖU **Open to Public**

Name of the organization

KATONAH MUSEUM OF ART

Par	TI Types of Property							
		(a)	(b)	(c)		(d)		
		Check if applicable	Number of contributions or	Noncash contributio amounts reported or		lethod of determi ash contribution a	•	~
		applicable		Form 990, Part VIII, line			amounts	5
1	Art - Works of art	Х	5	77,50	0.OPINI	ONS OF EX	PER'	ГS
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	X	1	20 60	2 37/0	SELLLING	DDTO	יסי
9	Securities - Publicly traded	Δ	<u>+</u>	20,00	<u>2. Avg.</u>	2ETTTTIG	FKI	- <u>C</u>
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	Х	2	28	5.COST			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (FLORAL CENTERPI)	X	1	9 67	5.COST			
26				5707	510001			
20 27	· /							
	Other ()							
28	Other ()	ation duning						
29	Number of Forms 8283 received by the organiz		, ,				0	
	for which the organization completed Form 828	33, Part V, L	onee Acknowledg	ement 29				••
							Yes	No
30a	During the year, did the organization receive by					t		
	must hold for at least 3 years from the date of t		•					
	exempt purposes for the entire holding period?					<u>30a</u>		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p							X
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell nonc	ash			
	contributions?							Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is	checked,			
	describe in Part II.							
Ear D	approverk Reduction Act Nation, see the Inst	untions for	Form 000			Sebadula M (Ear		2022

uction Act Notice, see the Instructions for Form 990.

dule M (Form 990) 202

LHA 332141 09-11-23

Schedule M (Form 990) 2023 KATONAH MUSEUM OF ART

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

SCHEDULE M, PART I, COLUMN (B):

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

COLUMN (B).

Schedule M (Form 990) 2023

332142 09-11-23

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.



13-6161548

KATONAH MUSEUM OF ART

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROGRAMS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: ANNUAL YOUNG ARTISTS HIGH SCHOOL 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, SENIOR PROGRAMS, AND ADULT ART MAKING WORKSHOPS. THE KMA SERVED OVER 20,000 PEOPLE THROUGH EDUCATION AND PUBLIC PROGRAMS IN FY 2024.

FORM 990, PART VI, SECTION B, LINE 11B: THE 990 IS PREPARED BY AN OUTSIDE TAX PREPARER WITH THE ASSISTANCE OF MEMBERS OF THE ORGANIZATION. ONCE A DRAFT IS COMPLETED, 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

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2023
 Schedule O (Form 990) 2023

 LHA
 332211 11-14-23
 50
 Schedule O (Form 990) 2023
 Schedule O (Form 990) 2023

50

Schedule O (Form 990) 2023	Page 2
Name of the organization	Employer identification number
KATONAH MUSEUM OF ART	13-6161548
WHICH IT ANNUALLY MONITORS AND ENFORCES. THE BOARD CURRENT	LY MANDATES THAT
ALL DIRECTORS, OFFICERS, AND KEY EMPLOYEES ANNUALLY SIGN A	CONFLICT OF
INTEREST POLICY AND DISCLOSE ANY POTENTIAL OR ACTUAL CONFL	ICTS THAT MAY
EXIST. THE SIGNED CONFLICT OF INTEREST POLICY IS SUBMITTED	TO THE BOARD
SECRETARY WHO REVIEWS THE SIGNED ATTESTATIONS FOR POTENTIA	L OR ACTUAL
CONFLICTS. IF A POTENTIAL OR ACTUAL CONFLICT EXISTS, THE B	OARD OR COMMITTEE
WILL INFORM THE MEMBER OF THE BASIS OF SUCH BELIEF AND AFF	ORD THE MEMBER AN
OPPORTUNITY TO RESPOND. THE BOARD OR COMMITTEE WILL DISCLO	SE THE CONFLICT
OF INTEREST AND HOW THE CONFLICT WAS HANDLED. THE PERSON W	ITH THE ACTUAL
CONFLICT 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 BOA	RD 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 FOR DETERMINING THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED USING DATA FROM THAT OF COMPARABLE ORGANIZATIONS. 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:
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\underline{THE}	ORGANIZATION	HAS	AN	AUDIT	COMMITTEE	WHICH	IS	RESPONSIBLE	FOR
332212 1	1-14-23								Schedule O (Form 990) 2023
					51				

Schedule O (Form 990) 2023	Page 2
Name of the organization KATONAH MUSEUM OF ART	Employer identification number 13-6161548
OVERSIGHT OF THE AUDIT AND SELECTION OF THE INDEPENDENT A	CCOUNTANT. THE
CHAIR OF THE FINANCE COMMITTEE ALSO REVIEWS THE AUDIT. TH	E PROCESS HAS
NOT CHANGED FROM THE PRIOR YEAR.	
332212 11-14-23	Schedule O (Form 990) 2023
52 30328 756359 1555023.000 2023.05070 KATONAH MUSI	EUM OF ART 15550