TTTT

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information. TIIN 30 2021 1

OMB No. 1545-0047 Open to Public Inspection

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В	Check if applicab	C Name of organization		D Employer identifie	cation number				
	Addre	e KATONAH MUSEUM OF ART							
	Name chang	Doing business as		13-61615	48				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	e E Telephone number					
	Final	13/ TAV CUDEEU		914-232-					
	return termir ated	<u> </u>							
	Amen			G Gross receipts \$	4,786,626.				
	return Appli	RATONAH, NY 10556		H(a) Is this a group re					
	tion	F Name and address of principal officer: MICHEDDE 10N MAFFUR	THORE	for subordinates? Yes X No					
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No				
1	Tax-ex	empt status: X 501(c)(3) 501(c) ( ) ( (insert no.) 4947(a)(1)	or 52	If "No," attach a	list. See instructions				
		te: ► WWW.KATONAHMUSEUM.ORG		H(c) Group exemptio	n number 🕨				
K	Form o	f organization: X Corporation Trust Association Other	<b>L</b> Yea	r of formation: 1957 N	1 State of legal domicile: NY				
	art I	Summary			-				
	<u> 1</u>	Briefly describe the organization's mission or most significant activities: PROMO	OTES '	THE UNDERSTAN	NDING AND				
e	3  -	ENJOYMENT OF THE VISUAL ARTS FOR DIVERSE							
Activities & Governance	2	Check this box if the organization discontinued its operations or dispose			noto.				
ērī	[			1 _ 1	16				
Š	3			3					
ø	4	Number of independent voting members of the governing body (Part VI, line 1b)			16				
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			33				
Ė	6	Total number of volunteers (estimate if necessary)		6	53				
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
⋖	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.				
				Prior Year	Current Year				
Revenue	8	Contributions and grants (Part VIII, line 1h)		1,005,140.	2,545,680.				
	9			189,096.	155,967.				
/en	3			1,281,304.	47,976.				
Se.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)							
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		96,734.	-7,417.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,572,274.	2,742,206.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	5,500.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
G	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,043,674.	919,800.				
se	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)   156,30	03.						
X	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		797,431.	1,192,418.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,841,105.	2,117,718.				
				731,169.	624,488.				
	19	Revenue less expenses. Subtract line 18 from line 12		•					
Net Assets or	별 -		<u> </u>	Beginning of Current Year	End of Year				
sset	ਬੂ 20	Total assets (Part X, line 16)		6,917,028.	6,423,736.				
t Age	21	Total liabilities (Part X, line 26)		396,635.	134,222.				
		Net assets or fund balances. Subtract line 21 from line 20		6,520,393.	6,289,514.				
P	art II	Signature Block							
Unc	der pena	alties of perjury, I declare that I have examined this return, including accompanying schedules	s and staten	nents, and to the best of my	knowledge and belief, it is				
true	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich prepare	er has any knowledge.					
Sig	ın	Signature of officer		Date					
He		MICHELLE YUN MAPPLETHORPE, EXECUTIVE D	IRECT	OR					
Type or print name and title									
				Date Check	PTIN				
Da:	_	Print/Type preparer's name  Preparer's signature		05/15/23 if self-employ					
Pai		SCOTT BRENNER SCOTT BRENNER		U J / L J / L J   self-employ	ed P01247233				
	parer	Firm's name CBIZ MARKS PANETH LLC	`	Firm's EIN ▶	87-3707167				
Use	Only	Firm's address 4 MANHATTANVILLE ROAD, SUITE 402	í		4 504 0000				
		PURCHASE, NY 10577		Phone no. 91	4.524.9000				
Ма	y the I	RS discuss this return with the preparer shown above? See instructions			X Yes No				
					- 000 (2224)				

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE KATONAH MUSEUM OF ART PROMOTES THE UNDERSTANDING AND ENJOYMENT OF
	THE VISUAL ARTS FOR DIVERSE AUDIENCES. THE MUSEUM PRESENTS EXHIBITIONS
	THAT EXPLORE IDEAS ABOUT ART, CULTURE AND SOCIETY - PAST AND PRESENT -
	THROUGH INNOVATIVE EXHIBITION AND EDUCATION PROGRAMS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	MAJOR EXHIBITIONS:
	CLADOGRAM: KMA INTERNATIONAL JURIED BIENNIAL
	ARRIVALS
	THE ROTHKO ROOM
	YOUNG ARTISTS 2022
	CONSTANT CARNIVAL: THE HAAS BROTHERS IN CONTEXT
	COMPLIMENTARY EXHIBITIONS IN THE SPOT GALLERY ON VIEW CONCURRENT TO
	MAJOR EXHIBITIONS NOTED ABOVE:
	NATURAL SYNERGY: CAROL BOUYOUCOS AND ANTOINETTE WYSOCKI (PROJECT
	GALLERY)
	ELENA GRAJEK (PROJECT GALLERY)
4b	(Code:) (Expenses \$ 532,772 • including grants of \$) (Revenue \$ 116,265 • )
	EDUCATION PROGRAMS:
	THE KMA'S EDUCATION DEPARTMENT DEVELOPS GROUP VISITS, SCHOOL PROGRAMS,
	EDUCATIONAL MATERIALS, FAMILY PROGRAMS AND COMMUNITY PARTNERSHIPS THAT
	MAKE THE KMA'S EXHIBITIONS ACCESSIBLE AND RELEVANT TO THE NEEDS AND
	INTERESTS OF DIVERSE AUDIENCES. THESE INITIATIVES SUPPORT AND SOLIDIFY
	THE KMA'S EDUCATION MISSION AS A "TEACHING MUSEUM." KMA'S EDUCATION
	PROGRAMS ARE PRESENTED AT THE MUSEUM, OFF-SITE AT LOCAL SCHOOLS AND
	COMMUNITY-BASED ORGANIZATIONS, AND VIRTUALLY, REACHING MORE THAN 10,000
	PARTICIPANTS IN 2021-2022. ACTIVITIES INCLUDE PROVIDING A FAMILY
	FRIENDLY, HANDS-ON LEARNING CENTER SPACE THAT IS TRANSFORMED SEASONALLY
	TO ALIGN WITH THE MAIN EXHIBITIONS; A ROBUST DOCENT TRAINING PROGRAM
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
<u>4e</u>	Total program service expenses ► 1,260,514.

# Form 990 (2021) KATONAH MUSEUM OF ART Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	_X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			7.7
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			7.7
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			7.7
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			7.7
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			7.7
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			7.7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		7.7	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		37	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	_X_	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40.		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
Ø	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1/1		Х
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
IJ		15		х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10		16		х
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	''		<u> </u>
.5		18	Х	
19	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		<u> </u>
.5		19		х
20a	complete Schedule G, Part III	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del></del> -
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
- '	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	Germoule gereatine to the art is, containing by, into it: II Tes, complete scriedule I, Parts Land II		000	

Form 990 (2021) KATONAH MUSEUM OF ART Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
•	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	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			
		25b		x
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			<del></del>
_0	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			1
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
_	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		28a		x
h	"Yes," complete Schedule L, Part IV	28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
C	,	28c		x
20	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
29	, ,	29	-22	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
24	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		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			x
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
2E -	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
	• • • • • • • • • • • • • • • • • • • •	35a		<u> </u>
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		x
27	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37		27		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	х	
Par	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
. 41	Check if Schoolule O contains a response or note to any line in this Part V			
	Check if Schedule O contains a response of note to any line in this Part V		Yes	No
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	IAO
_				
b	Elici di chambel chi oma vi za molacca chi mo ta. Elici ci i nici applicable			
С		10	Х	
	(gambling) winnings to prize winners?	1c	42	Щ_

Form 990 (2021) KATONAH MUSEUM OF ART

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return 2a 33						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х			
b	If "Yes," enter the name of the foreign country						
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit						
	any contributions that were not tax deductible as charitable contributions?	6a		Х			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
_	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).	0.0					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
•	to file Form 8282?	7c		х			
d							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х			
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?						
h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h					
•	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
а	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.)						
I2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans						
С	Enter the amount of reserves on hand						
I4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
	excess parachute payment(s) during the year?	15		Х			
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х			
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any						
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17					
	If "Yes," complete Form 6069.						

Form 990 (2021) KATONAH MUSEUM OF ART 13-6161548 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 16			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(IIII COOLOT 2 TO GOOGLE III SI III S		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶NY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3))	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.	• •		
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MICHELLE YUN MAPPLETHORPE - 914-232-9555			
	134 JAY STREET, KATONAH, NY 10536			

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

See the instructions for the order in which to list the persons above.

(A)	(B)	organization compensate (C)						(D)	(E)	(F)
Name and title	Average	Position (do not check more than o					one	Reportable	Reportable	Estimated
	hours per	box,	ox, unless person is both an fficer and a director/trustee)					compensation	compensation	amount of
	week		001 411			17 11 40		from the	from related organizations	other compensation
	(list any hours for	ndividual trustee or director				-		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	l trust	Institutional trustee		oyee	Highest compensated employee		1099-NEC)	·	and related
	below	vidua	itutio	cer	Key employee	hest o	Former			organizations
	line)	Indi	Inst	Officer	Key	E Hig	For			
(1) MICHAEL GITLITZ	40.00							100 645		500
EXECUTIVE DIRECTOR	10.00			X				122,647.	0.	608.
(2) LESLIE G SCHULTZ	40.00							40 440		•
INTERIM ED	1 00			Х				49,119.	0.	0.
(3) AMY PARSONS	1.00									
TRUSTEE	1 00	Х						0.	0.	0.
(4) ANDREW MICHAEL DAVIES	1.00								•	•
TREASURER	1 00	Х		Х				0.	0.	0.
(5) CHRIS BURDICK	1.00								•	•
TRUSTEE	1 00	Х						0.	0.	0.
(6) CRAIG INTINARELLI	1.00			7.7					_	0
VICE PRESIDENT	1 00	X		X				0.	0.	0.
(7) ELLEN ARCHER	1.00	7.7							0	0
TRUSTEE	1 00	Х						0.	0.	0.
(8) ELLEN CALVES TRUSTEE	1.00	Х						0.	0.	0.
(9) ELLEN GRIMES	1.00	Λ						0.	0.	<u> </u>
TRUSTEE	1.00	Х						0.	0.	0.
(10) GAIL BRYAN	1.00	Λ						0.	0.	<u> </u>
TRUSTEE	1.00	Х						0.	0.	0.
(11) JAMES SNYDER	1.00							0.	0.	<u></u>
TRUSTEE	1.00	х						0.	0.	0.
(12) JEANNE MARKEL	1.00	25						•	•	
SECRETARY		х		Х				0.	0.	0.
(13) JERRY PINKNEY	1.00								•	
TRUSTEE (OUTGOING)		х						0.	0.	0.
(14) JULIE ROSENBERG	1.00									
TRUSTEE		Х						0.	0.	0.
(15) LA RUTH HACKNEY GRAY	1.00									
TRUSTEE (OUTGOING)		Х						0.	0.	0.
(16) MARYANN CARR	1.00								-	
TRUSTEE (OUTGOING)		Х						0.	0.	0.
(17) MIKE DAVIES	1.00									
TREASURER		Х		Х				0.	0.	0.

Form 990 (2021) KATONAH M	MUSEUM C	F	AR	T					13-61	615	548	Pa	ge <b>8</b>
Part VII Section A. Officers, Directors, Trust		oloy	ees,			ghes	st C	ompensated Employee	s (continued)				
(A)	(B)	(C) Position						(D) (E)				(F)	
Name and title	Average hours per		not c	heck	more	than o		Reportable	Reportable			imated	
	week					is both or/trus		compensation from				ount o other	T
	(list any	tor						the	organizations			ensati	on
	hours for	r direc				ь		organization	(W-2/1099-MISC	)/		m the	
	related	tee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)		orga	nizatio	nc
	organizations	al trus	nal tr		loyee	comp		1099-NEC)				relate	
	below line)	Individual trustee or director	Institutional trustee	Officer	sey employee	Highest compensated employee	Former				orgar	nizatio	ns
(10) 777767 667777		ılı	si Si	#0	Xe)	E E	굔						
(18) NANCY SCHERL TRUSTEE (OUTGOING)	1.00	х						0.		٥.			0.
(19) RICHARD ZINMAN	1.00	Δ						0.		•			<u> </u>
TRUSTEE	1.00	Х						0.		٥.			0.
(20) SHARON CAVAGNOLO	1.00	-25				$\vdash$		· ·		•			•
TRUSTEE (OUTGOING)	1,00	х						0.		0.			0.
(21) TARA CONIARIS	1.00	T											<del></del>
TRUSTEE		Х						0.		0.			0.
(22) THOMAS ROM	1.00												
TRUSTEE		Х						0.		0.			0.
(23) VIDA FOUBISTER	15.00												
PRESIDENT		Х		Х				0.		0.			0.
			_			┞				$\dashv$			
		-											
1b Subtotal	l						<b></b>	171,766.		0.		60	8.
c Total from continuation sheets to Part VII							<b>•</b>	0.		0.			0.
d Total (add lines 1b and 1c)							<b>•</b>	171,766.		0.		60	8.
2 Total number of individuals (including but no							o re	eceived more than \$100,	000 of reportable				
compensation from the organization													1
											,	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,	director, truste	ee, k	кеу е	empl	loye	e, or	hig	ghest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for so	uch individual										3	_	X
4 For any individual listed on line 1a, is the su													7.7
and related organizations greater than \$150											4		<u>X</u>
5 Did any person listed on line 1a receive or a	•				•			•			_		Х
rendered to the organization? <i>If</i> "Yes," com Section B. Independent Contractors	plete Schedule	e J f	or st	ıch <u>ı</u>	oers	on					5		
Complete this table for your five highest cor	mneneated inc	lone	nder	nt co	ntr	acto	re tl	hat received more than	\$100,000 of compa	neat	ion from	m	
the organization. Report compensation for t	•	•							•	noat	1011 1101	"	
(A)	ino odioridai y	Jul C	, i i Gii	<u> </u>		<u> </u>		(B)	- Land		(C)		
Name and business	address	N	ONE	3				Description of s	services	C	ompen		
2 Total number of independent contractors (in	ncludina but n	ot lir	nited	d to	thos	se lis	ted	above) who received me	ore than				
\$100,000 of compensation from the organiz	ŭ				(							00 (-	

Form 990 (2021) KATONAH MUSEUM OF ART
Part VIII Statement of Revenue

		Check if Schedule O co	ntains a r	response (	or note to any lin	e in this Part VIII			
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							lunction revenue	business revenue	sections 512 - 514
ts ts	1 a	Federated campaigns		1a					
an		Membership dues	ľ	1b					
<u>2</u> 8		Fundraising events		1c	364,188.				
ifts ar A		Related organizations		1d					
nis,		Government grants (contrib	I	1e	315,989.				
Sis		All other contributions, gifts, gr	ľ						
outi her		similar amounts not included al		1f	1,865,503.				
를	q	Noncash contributions included in line		1g \$	967,401.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f				2,545,680.			
					Business Code				
Program Service Revenue	2 a	MEMBERSHIP DUES			713990	83,786.	83,786.		
	b	ADMISSIONS & EXHIBITIONS			713990	49,392.	49,392.		
Ser	С	EVENTS AND OTHER PROG	RAM REV	/ENUES	713990	22,789.	22,789.		
an	d								
Be	е								
Pr	f	All other program service re	evenue						
	g	Total. Add lines 2a-2f				155,967.			
	3	Investment income (includin	ng dividen	nds, intere	st, and				
		other similar amounts)				140,517.			140,517.
	4	Income from investment of							
	5	Royalties			<b>&gt;</b>				
			(i)	Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
	С	Rental income or (loss)	6c						
	d	Net rental income or (loss)_			<b>&gt;</b>				
	7 a	Gross amount from sales of	(i) Se	ecurities	(ii) Other				
		assets other than inventory	7a 1,8	91,460.					
	b	Less: cost or other basis							
ne		and sales expenses	<b>7b</b> 1,9	84,001.					
Revenue	С	Gain or (loss)	7c -	92,541.					
	d	Net gain or (loss)		<u></u>	<b></b>	-92,541.			-92,541.
her	8 a	Gross income from fundraising	events (n	ot					
ŏ		including \$36	54,188.	of					
		contributions reported on lir							
		Part IV, line 18			43,312.				
		Less: direct expenses			60,419.				
		Net income or (loss) from fu				-17,107.			-17,107.
	9 a	Gross income from gaming		- 1					
		Part IV, line 19							
		Less: direct expenses							
		Net income or (loss) from ga			<b>D</b>				
	10 a	Gross sales of inventory, les			7 006				
		and allowances			_				
		Less: cost of goods sold			0.	7 006	7 006		
$\overline{}$	С	Net income or (loss) from sa	ales of Inv	rentory	Business Code	7,896.	7,896.		
sn	44 -	OTHER INCOME			900099	1,794.	1,794.		
eo Tue	11 a				,,,,,,	1,154.	1,754.		
Miscellaneous Revenue	b								
Be	q C	All other revenue							
Σ		Total. Add lines 11a-11d				1,794.			
	12	Total revenue. See instructions			<b>&gt;</b>	2,742,206.	165,657.	0.	30,869.

# Form 990 (2021) KATONAH MUSEUM OF ART Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).								
	Check if Schedule O contains a response or note to any line in this Part IX											
	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	( <b>D</b> ) Fundraising expenses							
1	Grants and other assistance to domestic organizations											
	and domestic governments. See Part IV, line 21											
2	Grants and other assistance to domestic											
	individuals. See Part IV, line 22	5,500.	5,500.									
3	Grants and other assistance to foreign											
	organizations, foreign governments, and foreign											
	individuals. See Part IV, lines 15 and 16											
4	Benefits paid to or for members											
5	Compensation of current officers, directors,	176 000	66 000	00 005	00 001							
	trustees, and key employees	176,009.	66,003.	88,005.	22,001.							
6	Compensation not included above to disqualified											
	persons (as defined under section 4958(f)(1)) and											
_	persons described in section 4958(c)(3)(B)	618,067.	472 124	120 470	6 155							
7	Other salaries and wages	010,00/•	472,134.	139,478.	6,455.							
8	Pension plan accruals and contributions (include	A 552	2 200	2,258.	QE							
•	section 401(k) and 403(b) employer contributions)	4,552. 52,531.	2,209. 25,498.	26,048.	85. 985.							
9 10	Other employee benefits	68,641.	33,318.	34,036.	1,287.							
10	Payroll taxes	00,041.	33,310.	J±, UJU•	1,20/•							
11	Fees for services (nonemployees):											
	Management											
	Legal	63,748.	13,951.	35,639.	14,158.							
	Accounting	03,740.	13,331.	33,033.	14,150.							
e e	Lobbying Professional fundraising services. See Part IV, line 17											
f	Investment management fees	40,483.		40,483.								
g g	Other. (If line 11g amount exceeds 10% of line 25,	10,1000		10,1001								
9	column (A), amount, list line 11g expenses on Sch 0.)	260,422.	70,212.	179,372.	10,838.							
12	Advertising and promotion	21,930.	70,212. 8,932.	1,832.	10,838. 11,166.							
13	Office expenses	157,836.	65,633.	46,126.	46,077.							
14	Information technology											
15	Royalties											
16	Occupancy	64,429.	45,100.	19,329.								
17	Travel											
18	Payments of travel or entertainment expenses											
	for any federal, state, or local public officials											
19	Conferences, conventions, and meetings											
20	Interest	232.		232.	<del></del>							
21	Payments to affiliates											
22	Depreciation, depletion, and amortization	175,034.	148,779.	8,752.	17,503.							
23	Insurance	15,181.	13,662.	1,519.								
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.)											
а	EXHIBITION EXPENSES	181,862.	181,764.	98.								
b	EDUCATION AND PGM. EXP.	105,632.	18,034.	61,850.	25,748.							
c	MAINTENANCE & REPAIRS	105,629.	89,785.	15,844.	•							
d		,	·	·								
е	All other expenses											
25	Total functional expenses. Add lines 1 through 24e	2,117,718.	1,260,514.	700,901.	156,303.							
26	Joint costs. Complete this line only if the organization											
	reported in column (B) joint costs from a combined											
	educational campaign and fundraising solicitation.											
	Check here if following SOP 98-2 (ASC 958-720)											
10001	12-09-21				Form <b>990</b> (2021)							

Form 990 (2021)
Part X Balance Sheet

	ILX		- 4	. line in this Dort V			
		Check if Schedule O contains a response or not	e to any	/ line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			196,373.	1	93,340.
	2	Savings and temporary cash investments		l l	336,255.	2	253,197.
	3	Pledges and grants receivable, net			•	3	297,987.
	4	Accounts receivable, net		4	•		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of these		5			
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described		6			
S	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use			1,575.	8	1,575.
As	9				6,118.	9	1,575. 9,618.
		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	4,433,880.			
	b	Less: accumulated depreciation	10b	4,433,880.	624,242.	10c	463,302.
	11	Investments - publicly traded securities	5,358,041.	11	4,908,951.		
	12	Investments - other securities. See Part IV, line	376,833.	12	379,243.		
	13	Investments - program-related. See Part IV, line	•	13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		17,591.	15	16,523.	
	16	Total assets. Add lines 1 through 15 (must equ		l l	6,917,028.	16	6,423,736.
	17	Accounts payable and accrued expenses		128,725.		121,699.	
	18	Grants payable		18			
	19	Deferred revenue			88,499.	19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
s	22	Loans and other payables to any current or form	ner offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
abil		controlled entity or family member of any of the	se perso	ons		22	
ت	23	Secured mortgages and notes payable to unrela	ted thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	d third p	oarties	165,820.	24	
	25	Other liabilities (including federal income tax, pa	yables t	to related third			
		parties, and other liabilities not included on lines	17-24).	. Complete Part X			
		of Schedule D			13,591.	25	12,523.
	26	Total liabilities. Add lines 17 through 25			396,635.	26	134,222.
		Organizations that follow FASB ASC 958, che	ck here	× X			
Ses		and complete lines 27, 28, 32, and 33.					
au	27	Net assets without donor restrictions			228,646.	27	608,130.
Ba	28	Net assets with donor restrictions	6,291,747.	28	5,681,384.		
pu		Organizations that do not follow FASB ASC 9					
Ę		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ed	quipmer	nt fund		30	
As	31	Retained earnings, endowment, accumulated in	come, c	or other funds		31	
Ret	32	Total net assets or fund balances			6,520,393.	32	6,289,514.
	33				6,917,028.	33	6,423,736.

Pa	T 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)		2,7 <u>4</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,11		
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>88.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,52		
5	Net unrealized gains (losses) on investments	5	-85	<u>5,3</u>	<u>67.</u>
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	5,28	9,5	<u>14.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				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	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	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				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	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	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2021)

#### 13

**SCHEDULE A** 

(Form 990)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization KATONAH MUSEUM OF ART 13-6161548

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

			,	y in organizations mast s	ompioto ti	no partij o	oo mondonono.	
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)		
1	$\bigcap$	A church, convention of ch	urches, or associatio	n of churches described	l in <b>sectio</b>	n 170(b)(1	I)(A)(i).	
2	$\Box$	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)						
3	一	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4	Ħ	A medical research organiza					=	the hospital's name
•		city, and state:	ation operated in our	ijanotion war a noopitar	docombod	ocouo	Trouby typymin. Enter	the respitar s riams,
5		An organization operated for	or the benefit of a col	llege or university owned	d or operat	ed by a go	vernmental unit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).	
7		An organization that norma	lly receives a substar	ntial part of its support fr	rom a gove	ernmental	unit or from the general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8	Ш	A community trust describe	ed in <b>section 170(b)(</b>	(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	ınction with a land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the college	or
		university:						
10	X	An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of its support f	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11	Ш	An organization organized a	and operated exclusi	vely to test for public sa	fety.See	section 50	09(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he function	ns of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	d in <b>section 509(a)(1)</b> d	r section	509(a)(2).	See section 509(a)(3).	Check the box on
		_lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and 12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	upporting
		organization. You must o	complete Part IV, Se	ections A and B.				
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	ed organization(s), by hav	ring
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	oorted
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions)	). You must complete I	Part IV, Se	ctions A,	D, and E.	
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	vith its supported organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and an attentiv	/eness
		requirement (see instructi	ions). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.		
f	Ente	er the number of supported o	organizations					
g		vide the following information	about the supporte	d organization(s).				
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
					-			
Tota	al							

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						_
	ction B. Total Support			•	•		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4						
	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						
	Gross receipts from related activities,	etc. (see instruction	ons)	•	•	12	
	First 5 years. If the Form 990 is for the	· ·				501(c)(3)	
	organization, check this box and <b>stop</b>	here			•		
Sec	ction C. Computation of Public	Support Per	centage				
14	Public support percentage for 2021 (lin	ne 6, column (f), d	ivided by line 11,	column (f))		14	%
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2021. If the o	rganization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this box	and
	stop here. The organization qualifies as a publicly supported organization						
b	33 1/3% support test - 2020. If the o	rganization did no	t check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qualit	ies as a publicly s	supported organiz	ation			▶□
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the facts	-and-circumstanc	es test, check this	box and stop he	<b>re.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances tes	t. The organizatio	n qualifies as a pu	ublicly supported o	rganization		▶□
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is 1	10% or
	more, and if the organization meets the	e facts-and-circum	nstances test, che	ck this box and st	<b>top here.</b> Explain i	in Part VI how the	
	organization meets the facts-and-circu	mstances test. Th	e organization qu	alifies as a publicly	supported organi	zation	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instructions	<u> </u>

### 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.)

Sec	qualify under the tests listed betton A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1181464.	1366537.	973,067.	1005140.	2545680.	7071888.
0	, , , , , , , , , , , , , , , , , , , ,	11011011	1300337.	373,007.	1003140.	2343000.	7071000
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the	74 007	07 025	160 040	100 006	155 065	676 277
	organization's tax-exempt purpose	74,237.	87,835.	169,242.	189,096.	155,96/.	676,377.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	1255701.	1454372.	1142309.	1194236.	2701647.	7748265.
	Amounts included on lines 1, 2, and	12337010	1434372.	1142303.	1134230.	2701047	77402031
78	3 received from disqualified persons	253 001	421,104.	188 050	151,198.	37,200.	1050562.
<b>L</b>	Amounts included on lines 2 and 3 received	233,001.	421,104.	100,039.	131,190.	31,200.	1030302.
L	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year	252 221	101 101	400 050	454 400		0.
c	Add lines 7a and 7b	253,001.	421,104.	188,059.	151,198.	37,200.	1050562.
_8	Public support. (Subtract line 7c from line 6.)						6697703.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	1255701.	1454372.	1142309.	1194236.	2701647.	7748265.
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources	136,354.	140,124.	169,896.	191,346.	140,517.	778,237.
b	Unrelated business taxable income		•	•	•	•	,
-	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
,	Add lines 10a and 10b	136 354	140 124.	169,896.	191 346.	140 517.	778 237.
11	Net income from unrelated business	130,334.	140,124.	100,000	131,340.	140,517.	770,2374
• • •	activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital	014 227	25 252	20 555	105 000	F2 222	460 550
	assets (Explain in Part VI.)	214,387.	37,353.	30,577.		53,003.	460,552.
13	Total support. (Add lines 9, 10c, 11, and 12.)	1606442.	1631849.	1342782.	1510814.	2895167.	8987054.
14	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	on,
							<b>.</b>
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	ivided by line 13, c	olumn (f))		15	74.53 <u>%</u>
16	Public support percentage from 2020					16	65.28 %
Sec	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	<b>)21</b> (line 10c, colun	nn (f), divided by lii	ne 13, column (f))		17	8.66 <u>%</u>
18	Investment income percentage from					18	11.93 %
	19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not						
	more than 33 1/3%, check this box ar						<b>▶</b> [X]
h	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che	•				·	▶ □
20	Private foundation. If the organization			•		•	
20	rivate iounidation. Il the organization	in ala not check a l	JOA UIT III IE 14, 198	a, or rab, check th	is DUX at IU SEE ITIS		/Form 000\ 2021

### Supporting Organizations

(Complete only if you checked a box in line 12 on 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.
- 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")? |f "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?
- 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).
- 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.)

		Voo	Na
		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	Ŧ		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	10b		
ule	A (Forn	n 990)	2021

13-6161548 Page 5

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c be	elow, the governing body of a supported organization?	11a		
b	A fami	ily member of a person described on line 11a above?	11b		
С	A 35%	6 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	tion E	B. Type I Supporting Organizations			
				Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, ors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	_		
_		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec		vised, or controlled the supporting organization.  C. Type II Supporting Organizations			
				Yes	No
1	Were:	a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
•		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec	tion C	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organi	ization'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			
	organi	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organi	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	•	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	•	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
Sec	<i>suppo</i> tion E	rted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	3		
1		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
' a		The organization satisfied the Activities Test. Complete line 2 below.	•		
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
c		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	(2)	
2		ties Test. <b>Answer lines 2a and 2b below.</b>	oti doti ori	Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	apported 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 th	he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or	r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part V	$^{\prime\prime}$ the reasons for the organization's position that its supported organization(s) would have engaged in			
_		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
J.		es of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
a		e organization exercise a substantial degree of direction over the policies, programs, and activities of each supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
	טו ונס ל	supported organizations: If Tes. Describe in Fait VI trie role biaved by trie organization in this regard	JU	, ,	İ

Pa	rt v   Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on N	ov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ust complete S	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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrated	d Type III supporting orga	ınization (see

Schedule A (Form 990) 2021

instructions).

Par	t V	Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations <sub>(continu</sub>	ıed)	
Secti	on D -	Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes					
2	Amou	nts paid to perform activity that directly furthers exemp	t purposes of supported			
	organ	izations, in excess of income from activity			2	
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organizations	5	3	
4	Amou	nts paid to acquire exempt-use assets	4			
5	Qualif	ied set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6		distributions (describe in Part VI). See instructions.			6	
7	Total	annual distributions. Add lines 1 through 6.			7	
8	Distrik	outions to attentive supported organizations to which the	ne organization is responsive			
		de details in <b>Part VI</b> ). See instructions.			8	
9		outable amount for 2021 from Section C, line 6			9	
10		amount divided by line 9 amount			10	
		1	(i)	(ii)		(iii)
Secti	on E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	ns	Distributable Amount for 2021
1	Distrib	outable amount for 2021 from Section C, line 6				
2	Unde	distributions, if any, for years prior to 2021 (reason-				
	able c	ause required - explain in Part VI). See instructions.				
3	Exces	s distributions carryover, if any, to 2021				
а	From	2016				
b	From	2017				
С	From	2018				
d	From	2019				
е	From	2020				
f	Total	of lines 3a through 3e				
g	Applie	ed to underdistributions of prior years				
h	Applie	ed to 2021 distributable amount				
i	Carry	over from 2016 not applied (see instructions)				
j	Rema	inder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distrik	outions for 2021 from Section D,				
	line 7:	\$				
а	Applie	ed to underdistributions of prior years				
b	Applie	ed to 2021 distributable amount				
С	Rema	inder. Subtract lines 4a and 4b from line 4.				
		ining underdistributions for years prior to 2021, if				
		Subtract lines 3g and 4a from line 2. For result greater				
	-	tero, explain in <b>Part VI.</b> See instructions.				
6		ining underdistributions for 2021. Subtract lines 3h				
		b from line 1. For result greater than zero, explain in				
		/I. See instructions.				
7		ss distributions carryover to 2022. Add lines 3				
	and 4	-				
8		down of line 7:				
		s from 2017				
		s from 2018				
		s from 2019				
		s from 2020				
		s from 2021				
		Lot i				

Schedule A (Form 990) 2021

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,

Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.

(See instructions.)

Part VI

13-6161548 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME: FUNDRAISING INCOME 2017 AMOUNT: \$ 211,433. 2018 AMOUNT: \$ 32,340. 2019 AMOUNT: \$ -433. 83,550. 2020 AMOUNT: \$ 2021 AMOUNT: \$ 43,313. GROSS SALE OF INVENTORY 2017 AMOUNT: \$ 2,484. 2018 AMOUNT: \$ 1,731. 2019 AMOUNT: \$ 30,826. 2020 AMOUNT: \$ 24,501. 2021 AMOUNT: \$ 7,896. MISCELLANEOUS INCOME 470. 2017 AMOUNT: \$ 2018 AMOUNT: \$ 3,282. 2019 AMOUNT: \$ 184. 2020 AMOUNT: \$ 17,181. 1,794. 2021 AMOUNT: \$

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

► Attach to Form 990 or Form 990-PF.

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

21 OMB No. 1545-0047

Name of the organization	Employer identification number
KATONAH MUSEUM OF ART	13-6161548
Organization type (check one):	

Organization type (check one):						
Filers o	f:	Section:				
Form 99	90 or 990-EZ	$\overline{X}$ 501(c)( $\overline{3}$ ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		527 political organization				
Form 99	90-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		s covered by the <b>General Rule</b> or a <b>Special Rule</b> .  (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
Genera	l Rule					
X		n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
	sections 509(a)(1) contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 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; , line 1. Complete Parts I and II.				
	contributor, during	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one is the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering or instead of the contributor name and address), II, and III.				
	year, contributions is checked, enter I purpose. Don't co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the sexclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year				
answer	"No" on Part IV, line	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 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 g requirements of Schedule B (Form 990).				

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

Schedule B (Form 990) (2021)

Name of organization 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
1		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 22,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_		\$ 57,500.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions  \$ 7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$5,472.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

# KATONAH MUSEUM OF ART

13-6161548

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	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
8		\$12,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$5,946.	Person X Payroll
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	\$ 23,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_		\$	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		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)	Page Z
Name of organization	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) (d) Total contributions Type of contribution					
13		\$ 5,000.  Person X Payroll  Noncash  (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution					
14		\$ 32,336. Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution					
15		\$ 46,238. Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution					
16		\$ 5,000.  Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution					
17		\$ 12,500.  Person X Payroll  Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution					
18		\$ 55,000.  Person X Payroll Noncash (Complete Part II for noncash contributions)					

3011cddic B (1 31111 300) (2021)	i age –
Name of organization	Employer identification number
KATONAH MUSEUM OF ART	13-6161548

Part I	Contributors (see instructions). Use duplicate copies of Part I if addi	tional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
19		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
20		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
21		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
22		Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
23		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
24		Person X Payroll Noncash (Complete Part II for

Name of organization

Employer identification number

# KATONAH MUSEUM OF ART

13-6161548

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$\$	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		\$10,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 28	Name, address, and ZIP + 4	* Total contributions	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

KATONAH MUSEUM OF ART

13-6161548

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) ype of contribution
31			Person X Payroll  Noncash  mplete Part II for  cash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) ype of contribution
32		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) ype of contribution
33		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) ype of contribution
34		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions T	(d) ype of contribution
35		_ \$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) ype of contribution
36		\$ \$ 28,200.	Person X Payroll

Name of organization

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
37		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	Hame, audiess, and ZIF + +	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Humo, audross, and ZIF T T	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

13-6161548

KATONAH MUSEUM OF ART

Page 3

Name of organization Employer identification number

#### Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I PUBLICLY TRADED STOCK 7 967,401. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$

Name of organization

Page 4

Employer identification number KATONAH MUSEUM OF ART 13-6161548 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and 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 Transferee's name, address, and 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 Transferee's name, address, and 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 Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

Inspection

Name of the organization

KATONAH MUSEUM OF ART

**Employer identification number** 13-6161548

Pa	rt I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor or		-
Pa	rt II Conservation Easements. Complete if the ord		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	·
	Preservation of land for public use (for example, recreated)	`	f a historically important land area
	Protection of natural habitat	· —	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			-
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	ire
	listed in the National Register		
3	Number of conservation easements modified, transferred, rele		
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(	h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial stateme	ents that describes the
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections of		her Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	nd balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in fu	rtherance of public
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that describes these item	IS.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and I	palance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
			· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financia	I gain, provide
	the following amounts required to be reported under FASB A	•	
а	, , , ,		<b>&gt;</b> \$
h	Assets included in Form 900 Part V		• •

Pai	rt III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or	Other:	Similar	Assets	(continued	<u> </u>
3	Using the organization's acquisition, accession	n, and other records	s, check any of the fo	ollowing that i	make sigi	nificant u	se of its		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exch	nange prograr	m				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further the	e organizatior	ı's exemp	ot purpos	e in Part	XIII.	
5	During the year, did the organization solicit or	receive donations of	of art, historical treas	ures, or other	similar a	ssets			
	to be sold to raise funds rather than to be ma							Yes	No
Pai	rt IV Escrow and Custodial Arrang	jements. Comple	ete if the organization	n answered "\	es" on F	orm 990,	Part IV, I	ine 9, or	
	reported an amount on Form 990, Part	X, line 21.							
1a	Is the organization an agent, trustee, custodia	n or other intermedi	ary for contributions	or other asse	ets not in	cluded			
	on Form 990, Part X?						$\square$	Yes	No
b	If "Yes," explain the arrangement in Part XIII a								
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo					/?		Yes	No
b	If "Yes," explain the arrangement in Part XIII.								
Pai	rt V Endowment Funds. Complete if	the organization an	swered "Yes" on For	rm 990, Part I	V, line 10	).			
		(a) Current year	(b) Prior year	(c) Two years	back (	<b>d)</b> Three y	ears back	(e) Four yea	rs back
1a	Beginning of year balance	6,071,125.	5,050,596.	5,295	,405.	5,43	31,070.	5,23	2,153.
b	Contributions	996,134.							
	Net investment earnings, gains, and losses	-864,520.	1,280,529.	20	,055.	18	38,753.	29:	3,904.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	404,240.	260,000.	264	,864.	32	24,418.	9	4,987.
f	Administrative expenses	273,760.							
g	End of year balance	5,524,739.	6,071,125.	5,050	,596.	5,29	95,405.	5,43	1,070.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a)	) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment   100	%							
С	Term endowment >	6							
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.							
За	Are there endowment funds not in the posses	sion of the organiza	tion that are held an	d administere	d for the	organiza	tion		
	by:							Ye	s No
	(i) Unrelated organizations							3a(i) X	
	(ii) Related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	ed on Schedule R?					3b	
4	Describe in Part XIII the intended uses of the		wment funds.						
Pai	rt VI Land, Buildings, and Equipme								
	Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11a. Se	ee Form 990,	Part X, lir	ne 10.			
	Description of property	(a) Cost or of	ther (b) Cost	or other	(c) Acc	cumulate	d	(d) Book va	lue
		basis (investm			depr	reciation			
1a	Land			2,567.				162,	
	Buildings			9,992.		43,83			160.
	Leasehold improvements			8,834.		23,44		165,	
d	Equipment		14:	2,487.	1	03,30	2.	39,	<u> 185.</u>
е	Other								
Total	I. Add lines 1a through 1e. (Column (d) must ed	aual Form 990. Part	X. column (B). line 10	Oc.)	<u></u>			463,	302.

Schedule D (Form 990) 2021 KATONAH MUSE	UM OF ART	13	5-6161548 Page <b>3</b>
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other	270 242		773 T TTT
(A) ALTERNATIVE INVESTMENTS	379,243.	END-OF-YEAR MARKET	VALUE
(B)			
(C)			
(D)			
(E)			
(G) (H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	379,243.		
Part VIII Investments - Program Related.	373,243.		
Complete if the organization answered "Yes" o	n Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)	. ,	. ,	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	T
(a) D	escription		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
Total (October (h) reserve a reset Forms 2000, Port V, and (P) line	15\		
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	15.)		
Complete if the organization answered "Yes" o	n Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25	i.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			,
(2) DUE TO KATONAH MUSEUM ARTI	ST		
(3) ASSOCIATION			12,523.
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	<b></b>	12,523.

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

Pa	rt XI	Reconciliation of Revenue per Audited Financial Statement	s With	Revenue per Ret	turn.	
		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	1,846,356.
2	Amou	unts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net u	nrealized gains (losses) on investments	2a	-855,367.		
b		ted services and use of facilities	2b			
С		veries of prior year grants	2c			
d		(Describe in Part XIII.)	2d			
е	Add li	ines 2a through 2d			2e	-855,367.
3	Subtr	act line 2e from line 1			3	2,701,723.
4		unts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	tment expenses not included on Form 990, Part VIII, line 7b	4a	40,483.		
b	Other	(Describe in Part XIII.)	4b			
С	Add li	ines <b>4a</b> and <b>4b</b>			4c	40,483.
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	40,483. 2,742,206.
Pa	rt XII	Reconciliation of Expenses per Audited Financial Statemer	nts Wit	h Expenses per R	eturr	າ.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total	expenses and losses per audited financial statements			1	2,077,235.
2	Amou	unts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donat	ted services and use of facilities	2a			
b	Prior	year adjustments	2b			
С	Other	losses	2c			
d	Other	(Describe in Part XIII.)	2d			
е		ines 2a through 2d			2e	0.
3	Subtr	act line <b>2e</b> from line <b>1</b>			3	2,077,235.
4		unts included on Form 990, Part IX, line 25, but not on line 1:		40 400		
а		tment expenses not included on Form 990, Part VIII, line 7b		40,483.		
b	Other	(Describe in Part XIII.)	4b			40 400
С		ines <b>4a</b> and <b>4b</b>			4c	40,483.
5	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,117,718.
		Supplemental Information.				
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV			; Part >	K, line 2; Part XI,
ines	2d and	d 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	onal info	rmation.		
זמס	от т <i>т</i>	, LINE 4:				
LAI	VI V	, DIND 4.				
TNO	OME	GENERATED FROM THE PERMANENTLY RESTRICT	א כישי	TET ASSETS T	7 A 7	/ATT.ART.E
	- OI1L	COMMINION THOU THE THREWOMINI RESIRTED	יו עם.	ULI MODELO I	<u> </u>	V1111111111111111111111111111111111111
TO	SUP	PORT SPECIAL PROGRAMS, EXHIBITIONS, AND	EDUC	CATION ACTIV	ITI	ES OF THE
ORO	GANI	ZATION.				
PAI	RT X	I, LINE 2:				
		·				
THI	E OR	GANIZATION BELIEVES IT HAD NO UNCERTAIN	TAX	Y POSITIONS	OF 3	JUNE 30,
						•
202	22 A	ND 2021 IN ACCORDANCE WITH ACCOUNTING ST	'ANDA	ARDS CODIFIC	ATIO	ON ('ASC")
<u>TO</u> I	PIC	740, WHICH PROVIDES STANDARDS FOR THE ES	TABI	JISHING AND	CLAS	SSIFYING
AN:	TA	X PROVISIONS FOR UNCERTAIN TAX POSITIONS	5.			

Schedule D (Form 990) 2021	KATONAH	MUSEUM OF	ART	13-6161548	Page 5
Schedule D (Form 990) 2021 Part XIII Supplemental Inform	mation (contin	ued)			
•	,				

# SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

36 OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Employer identification number

KATONAH	MUSEUM OF ART				13-6161	548	
Part I Fundraising Activities.	Complete if the organization an	swered "\	'es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not	
required to complete this part							
Indicate whether the organization raised funds through any of the following activities. Check all that apply.  a							
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	or co	Did raiser sustody atrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No				
			<b></b>				
3 List all states in which the organizatio or licensing.	n is registered or licensed to soli	cit contrib	utions	or has been notified	it is exempt from re	gistration	

13-6161548 Page 2

Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and groups.	-		· · · · · · · · · · · · · · · · · · ·			
		or iditarialsing event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through		
-			GALA (event type)	(event type)	(total number)	- col. <b>(c)</b> )		
Revenue			407 500			407 500		
Rev	1	Gross receipts	407,500.			407,500.		
	2	Less: Contributions	364,188.			364,188.		
	3	Gross income (line 1 minus line 2)	43,312.			43,312.		
	4	Cash prizes						
es	5	Noncash prizes						
sued	6	Rent/facility costs	52,519.			52,519.		
Direct Expenses	7	Food and beverages						
۵	8	Entertainment	7,900.			7,900.		
	9	Other direct expenses						
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		<b>&gt;</b>	60,419.		
Do	11 rt I					-17,107.		
Га	111	<b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or	reported more than			
		\$10,000 0111 0111 000 EZ, III10 0d.		(b) Pull tabs/instant		(d) Total gaming (add		
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))		
Reve								
_	1_	Gross revenue						
ses	2	Cash prizes						
=xpen	3	Noncash prizes						
Direct Expenses	4	Rent/facility costs						
	5	Other direct expenses						
			Yes %	Yes %	Yes %			
	6	Volunteer labor	No	No No	No			
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>			
9	Ent	ter the state(s) in which the organization condu	icts gaming activities:					
		the organization licensed to conduct gaming a				Yes No		
	<b>b</b> If "No," explain:							
	_							
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No		
J	_	100, Охріант.						

11	Does the organization conduct gaming activities with nonmembers?		Yes		No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?		Yes		No
13	Indicate the percentage of gaming activity conducted in:	ı			
а	The organization's facility	13a			%
	An outside facility	13b			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name				
	Address ►				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes		No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount				
	of gaming revenue retained by the third party   \$\bigseleft\ \bigseleft\ \bigs				
С	If "Yes," enter name and address of the third party:				
	Name				
	Address ▶				
40					
16	Gaming manager information:				
	Name				
	Gaming manager compensation ▶ \$				
	Description of continuous stated N				
	Description of services provided				
	<u> </u>				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to				
u	retain the state gaming license?		Yes		No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the				
	organization's own exempt activities during the tax year 🕨 \$				
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par	t III, lin	es 9, 9	9b, 10	b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

KATONAH M	USEUM OF .	ART					13-6161548
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selectior	
criteria used to award the grants or assi	stance?						X Yes No
2 Describe in Part IV the organization's pre	ocedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990, Part I	V, line 21, for any
recipient that received more than	T .				(f) Method of		
Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) a	nd government or	ı ganizations listed in th	ue line 1 table	I	l		<b>•</b>
3 Enter total number of other organization	-						•

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	5	5,500.	0.		
SCHOLLANDILLES		3,300.	0.		
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:					
THE KAI BROUARD SCHOLARSHIP IS GIVE	EN AT FOX	LANE HS I	N BEDFORD,	NY AND	
KATHERINE B. COURREGES SCHOLARSHIP	TS GIVEN	ат дони д	TAY HS TN C	ROSS RIVER.	
NY. BOTH AWARDS GO TO GRADUATING SI					
				1. Inc	
RESPECTIVE SCHOOLS ADMINISTER THE A	AWARDS AN	D THERE IS	S NO		
MONITORING/REPORTING REQUIRED.					
THE CLADOGRAM PRIZES WERE AN AWARD	FOR A JU	RIED EXHIE	BITION HELD	AT THE	
MUSEUM. NO MONITORING WAS REQUIRED					

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

42 OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

➤ Attach to Form 990.

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

Inspection

Name of the organization KATONAH MUSEUM OF ART Employer identification number 13-6161548

Par	t I Types of Property				•			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of dete noncash contributi	_		
1	Art - Works of art			, ,				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	1	967,401.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other							
26	Other							
27	Other							
28	Other ( )							
29	Number of Forms 8283 received by the organization	zation durino	the tax vear for c	ontributions				
	for which the organization completed Form 82							
	3	,	3			Ye	es	No
30a	During the year, did the organization receive by	v contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date							
	exempt purposes for the entire holding period?		ŕ	'		30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any nonstandard contribut	ions?	31 2	ζ	
	Does the organization hire or use third parties							
			•	sit, proceed, or con noneder		32a \	ζ	
b	If "Yes," describe in Part II.				·····			
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	r for which column (a) is chec	cked.			
	describe in Part II.	(5, 10	-, i= p. 5p 5i ()		,			
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990	).	Schedule M (	Form 9	90) :	2021

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 NUMBER IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTORS.
SCHEDULE M, LINE 32B:
FIDELITY PROCESSES AND SELLS NON-CASH CONTRIBUTIONS ON BEHALF OF THE
MUSEUM.

#### **SCHEDULE 0** (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.

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

KATONAH MUSEUM OF ART

**Employer identification number** 13-6161548

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
JEILA GUERAMIAN: LET'S STEP INSIDE (LEARNING CENTER)
ARTFUL HISTORY (LEARNING CENTER)
PICTURE OUR JOURNEY (LEARNING CENTER)
SUZANNE THORPE: BORDER FANDANGO (VESTIBULE)
CROSSING THE BORDER: BENEATH THE BLUE SKY (BUNDITH
PHUNSOMBATLERT-ATRIUM)
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
THAT PREPARES A ROSTER OF COMMUNITY VOLUNTEERS TO GIVE ADULT AND SCHOOL
TOURS; EXHIBITION-BASED YOUTH, SCHOOL, AND FAMILY PROGRAMS; AN ANNUAL
YOUNG ARTISTS HIGH SCHOOL EXHIBITION; MULTI-SESSION PARTNERSHIP
PROGRAMS WITH SCHOOLS AND COMMUNITY-SERVICE ORGANIZATIONS.
EXAMPLES OF THESE PROGRAMS INCLUDE THINKING THROUGH THE ARTS A
WRITING, DANCE AND ART PROGRAM OFFERED TO STUDENTS GRADES 2-6, KMA TEEN
COUNCIL IN WHICH HIGH SCHOOL STUDENTS PRODUCE EVENTS FOR THEIR PEERS;
AND ARTE JUNTOS/ART TOGETHER A BILINGUAL ART AND LITERACY PROGRAM FOR
LATINO FAMILIES. THE KMA'S EDUCATION DEPARTMENT ALSO CONDUCTS
PROFESSIONAL DEVELOPMENT FOR EDUCATORS.
ADULT PROGRAMS:
THE MUSEUM PROVIDES A CONTINUAL RESOURCE AND OPPORTUNITY FOR LIFE-LONG
LEARNING. WE OFFER FREE GUIDED TOURS DAILY WHEN THE MUSEUM IS OPEN AS
WELL AS GROUP TOURS TO ORGANIZED GROUPS SUCH AS ASSISTED LIVING
EXCTITUTES COMMINITURADA OPENNIZATIONS AND SIDE IN ADDITION

**Employer identification number** 

Schedule O (Form 990) 2021 Page 2

KATONAH MUSEUM OF ART 13-6161548

VIRTUAL TOURS ARE PRESENTED THROUGHOUT THE YEAR. ARTIST TALKS, PANEL

DISCUSSIONS, CURATOR-LED TOURS, AND ADULT ART-MAKING WORKSHOPS ARE

OFFERED VIRTUALLY AND IN-PERSON IN CONNECTION WITH EACH EXHIBITION. AT

OUR MONTHLY SENIOR SOCIALS AN EXPERT DOCENT SHARES IN-DEPTH INFORMATION

ABOUT EXHIBITIONS, ARTISTS, AND IDEAS FOLLOWED BY SOCIALIZING AMONG THE

PARTICIPANTS. DURING THE SUMMER, EVENING COMMUNITY EVENTS TAKE PLACE IN

OUR SCULPTURE GARDEN WHICH INCLUDE MUSIC PERFORMANCES, COMPLIMENTARY

REFRESHMENTS, AND FOOD TRUCKS. THE MUSEUM ALSO OFFERS EXPERT-LED DAY

TRIPS TO VISIT ARTIST STUDIOS AND EXPLORE OTHER CULTURAL INSTITUTIONS.

FORM 990, PART VI, SECTION A, LINE 3:

Name of the organization

THE SERVICES CUSTOMARILY PERFORMED BY MANAGEMENT WERE OUTSOURCED TO MAIER,

MARKEY AND JUSTICE LLP. THEY RECEIVED COMPENSATION FOR \$82,699

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

FORM 990 IS PREPARED BY CBIZ MARKS PANETH. 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:

THE MUSEUM'S CONFLICT OF INTEREST POLICY IS STATED IN THE TRUSTEE HANDBOOK;

ANY POTENTIAL CONFLICTS ARE DISCUSSED AND ADDRESSED BY THE FULL BOARD OF

TRUSTEES AS NEEDED. STAFF AND BOARD ARE REQUIRED TO READ A CONFLICT OF

INTEREST POLICY AND SIGN A RELATED DISCLOSURE FORM ANNUALLY.

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.

Schedule O (Form 990) 2021 Page **2** 

Name of the organization  KATONAH MUSEUM OF ART	Employer identification number 13-6161548
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT C	F INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQU	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER PROFESSIONAL FEES FOR SERVICES:	
PROGRAM SERVICE EXPENSES	70,212.
MANAGEMENT AND GENERAL EXPENSES	179,372.
FUNDRAISING EXPENSES	10,838.
TOTAL EXPENSES	260,422.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	260,422.
FORM 990, PART XII, LINE 2C: THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	