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Form	9	9	0

Department of the Treasury

Internal Revenue Service

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Α	For the	2022 calendar year, or tax year beginning $JUL 1$ , $2022$ and	ending J	UN 30, 2023				
	Check if applicable:			D Employer identific	ation number			
	Address							
	Name Doing business as 22-1487582							
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number				
	Final return/	3 SOUTH MOUNTAIN AVENUE		973-746-				
_	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	12,469,790.			
	Amende	MONICLAIR, NO 07042		H(a) Is this a group re				
	Applica- tion pending	F Name and address of principal officer: TIXA WAGNER			? Yes X No			
		SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in	cluded? Yes No			
<u> </u>	Tax-exer	mpt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions			
	Website			H(c) Group exemption				
		organization: X Corporation Trust Association Other	L Year	of formation: 1914 N	I State of legal domicile: ${f NJ}$			
Pa		Summary						
e	1 B	Briefly describe the organization's mission or most significant activities:	MONTCL	AIR ART MUS	EUM,			
Activities & Governance	I –	TOGETHER WITH ITS VANCE WALL ART EDUCATI						
ern		Check this box if the organization discontinued its operations or dispo	sed of more	1 1				
20					40			
<u>ه</u>		lumber of independent voting members of the governing body (Part VI, line 1b)		40				
ies		otal number of individuals employed in calendar year 2022 (Part V, line 2a) $\ldots$		157				
ivit		otal number of volunteers (estimate if necessary)			280			
Act		otal unrelated business revenue from Part VIII, column (C), line 12			0.			
	b N	let unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.			
				Prior Year 4,962,641.	Current Year			
ne		Contributions and grants (Part VIII, line 1h)		732,937.	3,710,226.			
Revenue		Program service revenue (Part VIII, line 2g)		1,175,019.	1,063,072.			
Be		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		1,000,299.	537,121. 325,944.			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,870,896.	5,636,363.			
	1	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		21,547.	20,720.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		21,547.	20,720.			
		Benefits paid to or for members (Part IX, column (A), line 4)		2,877,626.	3,091,375.			
Expenses	15 S	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	······	2,077,020.	0.			
Den	16a P	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 525, 1	21	0.	0.			
Ĕ		•••••••••••••••••••••••••••••••••••••••		2,263,987.	2,427,699.			
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,163,160.	5,539,794.			
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,707,736.	96,569.			
Or Ces		Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year			
ance	00 T	Total associa (Dart X, lina 16)		23,752,572.	24,220,081.			
Asse		otal assets (Part X, line 16)		3,209,104.	2,910,489.			
Net Assets ( Fund Balanci		otal liabilities (Part X, line 26)		20,543,468.	21,309,592.			
		let assets or fund balances. Subtract line 21 from line 20		20, 313, 100.	<u>21,307,372</u> .			

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer	Date						
	IRA WAGNER, EXECUTIVE DIRECTOR							
	Type or print name and title							
	Print/Type preparer's name Preparer's signature Date	Check PTIN						
Paid	THOMAS R. DARTNELL CPA/PFTHOMAS R. DARTNELL C11/1	L3/23 self-employed P00224464						
Preparer	Firm's name NISIVOCCIA LLP	Firm's EIN 22-1914888						
Use Only	Firm's address 200 VALLEY RD. SUITE 300							
	MT. ARLINGTON, NJ 07856	Phone no. (973) 328-1825						
May the IRS discuss this return with the preparer shown above? See instructions								
232001 12-1	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2022) THE MONTCLAIR ART MUSEUM	22-14875	82 Pa
Par	t III Statement of Program Service Accomplishments		
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	<u></u>	
'	SEE SCHEDULE O		
2	Did the organization undertake any significant program services during the year which were not listed on the	_	-) (==
	prior Form 990 or 990-EZ?	L	Yes X
_	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?	· L	Yes X
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as	e modeurod by ov	000000
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth		
4a	(Code:) (Expenses \$1,942,323 •including grants of \$) (Rever	1ue \$ 1	37,24
	CURATORIAL:		
	THE MONTCLAIR ART MUSEUM INSPIRES AND ENRICHES THE LIVE		
	VISITORS (81,196 IN-PERSON AND 150 VIRTUAL) THROUGH EXH		
	THE MUSEUM OR SELF-ORGANIZED NATIONALLY TRAVELING SPECI THE MUSEUM'S PUBLICATIONS OFTEN ACCOMPANY THESE EXHIBIT		
	DEPARTMENT ALSO MANAGES THE DISPLAY, PRESERVATION, AND		
	MUSEUM'S PERMANENT COLLECTION OF OVER 12,000 AMERICAN A		
	AMERICAN WORKS OF ART, AS WELL AS LOANS OF SELECTED WOR		
	EXHIBITIONS IN THE UNITED STATES AND ABROAD.		
4b	(Code:) (Expenses \$ 1,988,351. including grants of \$ 20,720. ) (Rever	1ue \$ 9	19,15
	EDUCATION:		
	THE MUSEUM OFFERS A DIVERSE SCHEDULE OF PROGRAMS DESIGN		
	BROAD RANGE OF AUDIENCES. THROUGH AN ACTIVE SCHEDULE O		-
	SCHOOL PARTNERSHIPS, COMMUNITY PARTNERSHIPS, TOURS AND		
	MUSEUM PROVIDES VISITORS WITH ACCESSIBLE AND UNIQUE OPP LEARN AND ENGAGE WITH THE ARTS. THE MUSEUM ALSO OFFERS		
	CLASSES, CAMPS AND STUDIO WORKSHOPS WHERE PARTICIPANTS		
	TYPES OF ART WHICH ARE OFTEN RELEVANT TO THE MUSEUM'S C		1(1000
	EXHIBITIONS.	оннын	
4c	(Code:) (Expenses \$ 418 , 794 . including grants of \$ ) (Rever	າue\$	6,67
	MEMBERSHIP:		
	THE MONTCLAIR ART MUSEUM INCLUDES MORE THAN 2,500-MEMBE		
	MEMBERS HAVE ACCESS TO EXCLUSIVE PROGRAMS AND EVENTS, D		
	CLASSES AND STORE PURCHASES, AND FREE ACCESS TO A NATIO		
	PARTICIPATING MUSEUMS. THE MUSEUM ALSO ENJOYS THE ACTIV		OF
	OVER 280 VOLUNTEERS WHO VOLUNTEER AS TRUSTEES, DOCENTS, ASSISTANTS AND EVENT GREETERS. TOGETHER, MAM WAS THE BE		
	OVER 10,000 HOURS OF VOLUNTEER ASSISTANCE ANNUALLY.	NEFICIARI	OF
	OVER 10,000 HOORS OF VOLONTEER ASSISTANCE ANNOALDI.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 198,099 • including grants of \$ ) (Revenue \$	33,604. <sub>)</sub>	
4e	Total program service expenses 4,547,567.	,	
		F	orm <b>990</b>
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⊢orm	990	(2022)

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)?		x	
2	If "Yes," complete Schedule A	1	X	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		
5	public office? If "Yes," complete Schedule C, Part I	3		x
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		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8	х	
9	Schedule D, Part III	0		
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	Х	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i>	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
h	Schedule D, Parts XI and XII	12a	Х	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> . See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			37
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	
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Form 990 (2	2022)	THE	MONTCLAIR	ART 1	l
Part IV	Checklist	of Require	d Schedules (co	ntinued)	

			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	X	
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	X	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	00-		x
00	"Yes," complete Schedule L, Part IV	28c 29	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20	x	
31	contributions? <i>If "Yes," complete Schedule M</i>	30 31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	31		
32		32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
04	Part V, line 1	34		x
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 37			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
232004	4 12-13-22	Form	990	(2022)
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Each file for the number of employees reported on Form W3, Transmittal of Wage and Tax Statements.     Is a list of the calendar year ending with or within the year covered by this return     Is a list of one streported on line 2a, did the organization list endined federal employment tax returns?     Is a Did the organization have ended business groups and on once during the year?     If ves, 'Intel till a Tom 960-T for this year // 'No' to <i>Inte</i> 3b, provide an <i>applanation</i> or Schodulo      In 'Yes, 'Intel till a Tom 960-T for this year // 'No' to <i>Inte</i> 3b, provide an <i>applanation</i> or Schodulo      In 'Yes, 'Intel till a more till or forming the same of \$1,000 more during the year?     If 'Yes, 'Intel till a more till for forming year, if dhe organization have an interest in, or a signature or other authority over, a financial account's or ther thancial accounts (FBAR),      Sa      If 'Yes, 'Intel the analy of the organization the IN TA, Report of Forsign Bank and Financial Accounts (FBAR),      Sa      Sa      Ves to a prohibit tax scheme 866-T?     So      Sa      Yes, 'In the organization have ennual gross receipts that are normally greater than \$100,000, and did the organization solitot any contributions that were not acharable contributions or Parity (Schemer 174, Schemer 1776, Schemer 174, Schemer 1776, Schemer 177, Schemer 174, Schemer 174, Schemer 1776, Sche	Form	990 (2022)         THE MONTCLAIR ART MUSEUM         22-1487	582	P	age <b>5</b>
2a         Entry the number of employees reported on from W4, Transmittal of Wage and Tax Statements, 2         1.57           bit a least one is reported on line 2a, did the organization file all required federal employment tax returns?         26         X           bit Wass, Thas I field a form 980 for this year?         Wass in the organization have unchasted business groups income of Strough year?         26         X           bit Wass, Thas I field a form 980 for this year?         Wass in the organization have enchasted business groups income of Strough year?         26         X           bit Wass, Thas I field a form 980 for this year?         Wass in the organization have enchasted business groups income of Strough Bank and Financial Accounts (FBAR), 5a         X         X           bit Wass, That the group of the this year?         5a         X         X           bit Wass, Table organization thar encomests to FICREN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), 5a         X         X           bit Wass, Table organization thar encomest year orchited tas short transcitution are current whether tarasection?         5a         X           bit Wass, Table organization thar encomest year orchited tas shorter transcitution are current whether tarasection?         5a         X           bit Wass, Table organization shorter any two or a partly that are normally greater than \$100,000, and did the organization solution are current what are normally greater than \$100,000, and did the organization solution aredus dithy dido oresolution are curren	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
Itel set and a repend on line 3, did the organization fie all regular default amply that tax rutures?       28       X         30       Did the organization have unrelated basiness gross income of \$1,000 or more during the year?       36       X         34       Did the organization have unrelated basiness gross income of \$1,000 or more during the year?       36       X         34       Did the organization field regularization have an interest in, or a signature or other authority over, a financial account in a foreign contry?       4a       X         35       Did any taxibility of the risk year?       5a       X         36       Was the organization have to organization for DFnCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), 5a       X         36       Was the organization in a porthited tax shefter transaction at any time during the tax year?       5a       X         36       Was the organization include with every solicitation at appress that sen contributions or diffic any contributions that were normally greater than \$100,000, and dithe organization solicit any contributions that were not advabuble contributions?       6a       X         37       Organization solicit and tay advabule as ontributions or diffic any contributions that may eceive deductible contributions under section \$70(c).       7a       X         36       Did the organization include with every solicitation an express statement that such contributions or diffic advabuble as advabuble ason transact advabuble as advabuble ason trans				Yes	No
b         It less one is reported on line 2a, did the organization is largelyzed testa employment tax returns?         gb         X           a         Did the organization have unstable business grows income of \$1,000 or more during the year?         gb         X           4         A my time during the calendar year, did the organization have an interest in, or a signature or other maturing two (a) a growther is a count, or control function as law have count, second the control function as law have count second the control function as law or the calendar year, did the organization at any time during the tax year?         gb         X           b         Did my taxable pary notify the organization that was or is a party to a prohibited tax shelter transaction at any time during the tax year?         gb         X           b         Did my taxable pary notify the organization tax any ormal greater than \$100,000, and did the organization solid any contributions that are normal greater than \$100,000, and did the organization solid any contributions that are normal greater than \$100,000, and did the organization solid any contributions that are normal greater than \$100,000, and did the organization solid any time during the sace and the organization normal function are services provide?         gc         X           0         If "Yes" to line 36 ar 65, did the organization tax were settement that such contributions or gifts were not tax deductible?         gc         X           0         If "Yes", indite organization notify the donor of the value of the goods and services provide?         To         X           0	2a				
3a       Dit har organization have unrelated business gross income of \$1,000 or more during the year?       Image: State of the symmetry of t					
b       1 (* vs: * has tilled a form 980 for this year? if % * to ins 3p, provide an explanation on Schedule 0       3p         4a       At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is a torsign country (such as a bank account, securities account, or other financial accounts (FBAR), 5a       4a       X         b       if * Yes, * enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR), 5a       5a       X         50       Did any total period bate tax shells tax on the any time during the tax year?       5a       X         50       Did any total period bate tax on the organization tax in wors is a party to a prohibited tax shells tax on ormality or a prohibited tax shells tax anomaly greater than \$100,000, and did the organization salid, any contributions that are orealized tax as a contribution and party for gools and services provided to the payer?       7a       X         0       If * vs: * indicate the number of Forms 2822 filed during the year       7d       X       X         0       If * vs: * indicate the number of Forms 2822 filed during the year       7d       X       X         0       If * vs: * indicate the number of Forms 2822 filed during the year?       7d       X         0       If * vs: * indicate the number of Forms 2822 filed during the year?       7d       X         1       If * vs: * indicate the number of Forms 2822 file	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
4         A any time during the calendary year, dif the organization have an interest in, or a signature or other submetry over a financial accountly is during the law services accountly or other financial accountly.         4a         X           b         If "ves," inter the name of the foreign country.         5a         X           b         If "ves," inter the name of the foreign country.         5a         X           b         If any taxable party northy the organization that it was or is a party to a prohibited tax shelfer transaction?         5a         X           c         If "ves," is the organization include with every solicitation are appress tatement that such contributions or gifts were nort tax deductibles contributions under section 170(c).         5a         X           c         If "ves," idid the organization include with every solicitation are express statement that such contributions or gifts were nort tax deductibles contributions under section 170(c).         7a         X           c         If "ves," idid the organization include with every solicitation are express statement that such contributions or gifts were nort tax deductibles and the goods or services provided?         7a         X           c         If "ves," idid the organization notify the donor of the value of the good services provided?         7a         X           c         If "ves," idid the organization notify the donor of the value of the good services provided?         7a         X           d         If "ves," indic	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
If mean account is a foreign country     4a     X       b If Yes, 'are the name of the foreign country     5a     X       5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?     5a     X       5b Dd any taxabile party notify the organization that tax so is a party to a prohibited tax shelter transaction?     5c     X       6a Does the organization tax and two or is a party to a prohibited tax shelter transaction?     5c     X       6b Dd any taxabile party notify the organization that tax so is a party to a prohibited tax shelter transaction?     5c     X       7b If Yes,' did the organization tax tax or is a party to a prohibited tax shelter transaction?     5c     X       7b If Yes,' did the organization necelve appront in excess of 37 made party as continuous on a grits     6a     X       7c Drainizations that may receive deductible contributions of the value of the goods or services provided?     7c     X       7c Did the organization necelve appront in excess of 37 made party as continuous on a personal benefit contract?     7c     X       7d If Yes,' did the organization nuclew shell were, pay premum, directly, on parsonal benefit contract?     7c     X       7d If Yes,' did the organization nuclew shell were, pay premum, directly, on pay combined on parization selecting organization selectis approxed by organization selecting organization selectin	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
b       If "Yes," enter the name of the foreign country       See instructions for ling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       See instructions for ling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       See instructions for ling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       Se instructions for ling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       Se instructions for ling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       Se instructions for ling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       Se instructions for ling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       Se instructions for ling requirements for FincEN	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
See instructions for fling requirements for FinOCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR),       Se       X         5a       Was the organization approximation the aron bins during the dax year?       Sa       X         5b       Did any taxable party notify the organization the form 8880 7.       Sa       X         6c       Does the organization the annual gross receives that are normally greater than \$100,000, and did the organization solicit any contributions that may receive ductible as charitable contributions?       Sa       X         9       If "Ves," id the organization in the organization make account and party for goods and services provided to the payor?       7a       X         9       If "Ves," id the organization neckers sol 575 mede party as a contribution and party for goods and services provided to the payor?       7a       X         9       If "Ves," id the organization neckers sol 575 mede party as a contribution of any and the organization neckers any funds, directly or indirectly, to pay prenums on a personal benefit contract?       7e       X         9       If "Ves," indicate the number of Forms 8282 field during the year       If d       7a       X         9       If the organization ceeves any funds, directly or indirectly, to pay prenums on a personal benefit contract?       7e       X         16       Did the organization neceves any funds, directly or indirectly, to pay prenums on a personal benefit contract?       7f       X		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
5a         Mass the organization a party to a prohibited tax shelfer transaction at any time during the tax year?         5a         X           5b         Did any taxable party notify the organization that twos or is a party to a prohibited tax shelfer transaction?         5b         X           6a         Desc the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible on this were not tax deductible on this work of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?         6a         X           7         Tyse,' did the organization neity the donor of the value of the goods or services provided?         7a         X           7         Tyse,' did the organization neity the donor of the value of the goods or services provided?         7a         X           7         Tyse,' did the organization neity the donor of the value of the goods or services provided?         7a         X           7         Tyse,' ridicate the number of Forms 8282 filed during the year         7d         7a         X           7         Form 8282?         7d         Td         X         7d         X           7         Form setting the year, pay premiums, directly or indirectly, on a personal benefit contract?         7a         X           7         Form setting donor advised funds. Did a donor advised fund manitation by th	b				
b       Delay it xable party notify the organization file Form 8886-17.       5b       X         c       If "Yes" to line 5a or 5b, did the organization file Form 8886-17.       5c       5c         a       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solutions that were not tax deductible as charitable contributions?       6a       X         b       If "Yes," did the organization near pareness statement that such contributions or gitts were not tax deductible?       7a       X         c       Organization sele, expansitation receive a pay premiums, directly or indirectly, on a personal benefit contract?       7a       X         d       If "Yes," did the organization flice term enhance of Forms 8282 filed during the year, any premiums on a personal benefit contract?       7a       X         d       If "Yes," did the organization meaker as distribution or ax, boats, aiplanes, or other vehicles, did the organization file Form 8989 as required?       7a       7a         f       If the organization neave and valued file distributions under section 4966?       9a       9a       9a		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c       If "Yes" to line 5a or 5b, did the organization file Form 8886-T7       56         6a       Oses the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solidt any contributions flat were not tax deductible ontributions or gifts       6a       X         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts       6a       X         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7a       X         c       Did the organization receive any much sciences of 357 made party as contribution and party for goods and services provided to the part       7a       X         c       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7a       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7a       X         g       If the organization receive a contribution of cars. boats, aripanes, or other vehicles, did the organization file a Form 1096-C?       7a       X         g       If the organization receive a excess business holdings at any the during the year?       9a       9a       9a         g       If the organization receive a contribution of cars. boats, aripanes, or other vehicles, did the organization file a Form 1096-C?       7a       X         g       If the orga	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
6a     Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may not tax deductible as charitable contributions?     6a     X       b     If 'Yes,'' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     6a     X       c     Organizations that may receive deductible contributions under section 170(c).     6b     6b       a     bit the organization notify the donor of the value of the goods or services provided 7     7a     X       c     Did the organization notify the donor of the value of the goods or services provided 7     7c     X       c     Did the organization notify the donor of the value of the goods or services provided 7     7c     X       d     If 'Yes, 'I did the organization notify the donor of the value of the goods or services provided 7     7c     X       d     If the organization notify the donor of the value of the goods or services provided 7     7c     X       f     Did the organization neceive any funds, directly or indirectly, no a personal benefit contract?     7c     X       g     If the organization maintaining donor advised funds. Did a donor advised fund maintaine by the sponsoring organization maintaining donor advised funds. Did a donor advised funds     7d     7d       d     Section 501(c)(7) organizations. Enter:     10a     10a     10a       a <t< th=""><td></td><td></td><td>5b</td><td></td><td>X</td></t<>			5b		X
any contributions that were not tax deductible as charable contributions?     6a     X       b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts     6b       7 Organizations that may receive deductible?     6b       7 Organizations that may receive deductible contributions under section 170(c).     7c       8 Did the organization neetice spement in excess of \$75 made party as contribution and party for goods and services provided to the particular to the form 8282?     7c     X       c Did the organization neetice spement in excess of the organization neetice services provided?     7d     7c     X       d If "Yes," indicate the number of Form 8282? filed during the year     7d     7d     X       f Did the organization neetice any funds, directly or indirectly, on a personal benefit contract?     7e     X       g If the organization neetice any funds, directly or indirectly, on a personal benefit contract?     7d     X       g If the organization neetices shofts, at a pipanes, or other vehicles, did the organization file a Form 808-C?     7h     X       g Sponsoring organization make any taxibid efficient with eduring the year?     8     8       g Did the sponsoring organization neetice any taxibid efficient with eduring the year?     8     8       g Sponsoring organization neetice any taxibid efficient with eduring the year?     8     8       g Did the sponsoring organization neetice any taxibid efficient with eduring the year?	с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
b     If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     66       a     Did the organization stat may receive deductible contributions under section 170(c).     61       a     Did the organization stat may receive deductible contributions under section 170(c).     7a     X       b     If Yes," did the organization notify the donor of the value of the goods or services provided?     7b     X       c     Did the organization neceive a payment in excess of \$25 made party as a contribution of party for which it was required to file Form 8282?     7c     X       d     If Yes," did the organization neceive any funds, directly or indirectly, to pay premums on a personal benefit contract?     7e     X       f     Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1086-C?     7n     X       g     Sponsoring organization make any taxable distributions under section 4966?     9a     9b     9b       g     Sotion 501(c)(7) organizations. Enter:     a     10a     10a     10a       a     Instation fees and capital contributions inclued on Part VIII, line 12.     10a     10a     10a       g     Gooss income from other sources. (Do not net amounts due or pald to ther sources against amounts dout or paking during the year?     12a     12a       13     Section 501(c)(29) qualified nelty plans i	6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
were not tax deductible?     65       7     Organizations that may receive deductible contributions under section 170(c).     7a       8     Did the organization nective a payment in excess of \$75 made parity as a contribution and parity for goods and services provided?     7b       8     Tyes," idid the organization notify the donor of the value of the goods or services provided?     7b     X       0     If "Yes," idid the organization notify the donor of the value of the goods or services provided?     7c     X       10     If "Yes," indicate the number of Forms 8282 filed during the year     7d     X       10     Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?     7r     X       11     Horganization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?     7h     X       12     Sponsoring organization maintaining donor advised funds.     10a     10b     7h     X       13     Did the sponsoring organization maintaining donor advised funds.     10a     10a     9a     9b       13     Section 501(c)(7) organizations. Enter:     10a     10b     10a     10a       14     Section 501(c)(2) organizations. Enter:     10a     10b     10a       14     Section 501(c)(2) organizations. Enter:     10a     10a     10a       14		any contributions that were not tax deductible as charitable contributions?	6a		X
7       Organizations that may receive deductible contributions under section 170(c).       a) lid the organization receive a payment in secess of \$75 made party as a contribution and party for goods and services provided to the payment in secess of \$75 made party as a contribution and party for goods and services provided to the payment in secess of \$75 made party as a contribution and party for goods and services provided to the payment in secess of \$75 made party as a contribution and party for goods and services provided?       7a       X         C       Did the organization only the door of the value of the goods or services provided?       7d       X         d       If 'Yes,' indicate the number of Forms 8282 filed during the year       Td       Zd         d       Did the organization during the year, paymerniums, directly or indirectly, or a personal benefit contract?       7f       X         g       If the organization during the year, paymerniums, directly or indirectly, or a personal benefit contract?       7f       X         g       Sponsoring organization and poor advised fund maintained by the organization file a Form 1098-Cf       7n       X         g       Sponsoring organization make any taxable distributions under section 4966?       8a       9a       9a       9a       9a       9a       9b       9b       9b       9a       9b       9a       9a       9a       9a       9a       9a       9a       9a       9a       9b       9a       9a<	b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
a Uid the organization receive a payment in excess of \$76 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       X         c Did the organization sele, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       Te       X         f Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7r       X         g If the organization received a contribution of qualified intelectual property, did the organization file Form 8299 as required?       7n       X         g If the organization meake and a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098 C7       7n       X         g Did the sponsoring organization have excess business holdings at any time during the year?       8       8         g Sponsoring organization make any taxable distributions us any time during the year?       9a       9b       10         g If the organization make any taxable distributions or duried reliable provide?       9a       9b       11a       10a       10b       <		were not tax deductible?	6b		
b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       X         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If 'Yes,' indicate the number of Forms 8282 filed during the year       7d       X         d       If 'Yes,' indicate the number of Forms 8282 filed during the year       7d       X         d       Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7r       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C?       7h       X         f       If the organization received a contribution of cars, boats, aniphanes, or other vehicles, did the organization file Form 1098-C?       7h       X         8       Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b         9       Did the sponsoring organizations. Enter:       10a       10a       10a       10a       10a       10a       10a       11a       10a       11a       10a       11a       10a       11a       10a       11a       10a       11a       11a       11a       11a       11a       11a       11a <t< th=""><th>7</th><th>Organizations that may receive deductible contributions under section 170(c).</th><th></th><th></th><th></th></t<>	7	Organizations that may receive deductible contributions under section 170(c).			
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       H''esc, 'indicate the number of Forms 8282 filed during the year       7d       7e       X         d       H''esc, 'indicate the number of Forms 8282 filed during the year       7d       7e       X         d       H''esc, 'indicate the number of Forms 8282 filed during the year       7d       7e       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7       7h       7f       X         g       Sponsoring organization make any taxable distributions under section 49667       9a       9a       9a       9b       9a       9b       9c       9a       9b       9b       9c	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	
to file Form 8282?       7c       X         d If Yes, "Indicate the number of Forms 8282 filed during the year       7d       7d       X         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required?       N       Yf       X         g If the organization received a contribution of cars, boats, aipplanes, or other vehicles, did the organization file Form 8999 as required?       N       N         h If the organization received a contribution of cars, boats, aipplanes, or other vehicles, did the organization flae Form 1098-C7       N       N         8 Sponsoring organizations maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9a       9a         9 Sonsoring organization make a distribution to a donor, donor advisor, or related person?       9b       9b       9b         10 the sponsoring organization. Enter:       10a       10b       10b       10b         12 Soction 501(c)(12) organizations. Enter:       10a       10b       10b       12a         2 Gross income from members or shareholders       11a       10b       12a       12a       12a         13 Soction 501(c)(12) organizations. Encerive o	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
d if "Yes," indicate the number of Forms 8282 filed during the year       Td       Td         e Did the organization receive any funds, directly or indirectly, to pay presnums, on a personal benefit contract?       Te       X         g lif the organization receive a contribution of qualified intellectual property, did the organization file Form 8899 as required?       Td       X         g lif the organization received a contribution of qualified intellectual property, did the organization file a Form 1088-C?       Td       Xg         g Sponsoring organizations maintaining door advised funds.       Do the sponsoring organization make any taxabie distributions under section 4966?       9a       9b         9 Sponsoring organizations maintaining door advised funds.       Did the sponsoring organizations make a distribution to a donor, advised funds.       9a       9b         10 the sponsoring organizations. Enter:       India information make any taxabie distributions under section 4966?       9a       9b         11 Section 501(c)(12) organizations. Enter:       India       India       India       India         12 Section 501(c)(12) organizations. Enter:       India       India       India       India         13 Section 501(c)(12) organizations. Enter:       India       India       India       India         13 Section 501(c)(2) organizations. Enter:       India       India       India       India       India <t< th=""><td>с</td><td>Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required</td><td></td><td></td><td></td></t<>	с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7r       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7n       X         8       Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9         10       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9         10       B Gross income from members or shareholders       10a       10a       10a         11       Section 501(c)(12) organizations. Enter:       10a       11a       11b       12a         12       Section 601(c)(12) organizations functions the amounts due or paid to other sources against amounts due or received from them).       12a       12a       12a       12a         13       Section 501		to file Form 8282?	7c		Х
e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7r       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7n       X         8       Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9         10       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9         10       B Gross income from members or shareholders       10a       10a       10a         11       Section 501(c)(12) organizations. Enter:       10a       11a       11b       12a         12       Section 601(c)(12) organizations functions the amounts due or paid to other sources against amounts due or received from them).       12a       12a       12a       12a         13       Section 501	d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7t       X         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7g       7g         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       8       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a         10       the sponsoring organization make a distribution stude on Part VIII, line 12       10a       9a       9b       9a       9b       9a	е		7e		Х
h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds.       8         9       Sponsoring organizations maintaining donor advised funds.       8         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organizations. Enter:       10a       9b         a       Initiation fees and capital contributions included on Part VIII, line 12.       10a       9b         b       Gross income from members or shareholders       11a       10b       11b         12       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         13       Section 501(c)(2) organization is crucice do raccrued during the year       12b       13a       13a         14       Did the songanization information in formation the organization information the organization information the organization is closed to issue qualified health plans in more than one state?       13a       13a         13       Exter the amount of reserves the organization is closed tax on payments? If "No," provide an explanation on Schedule O       14b       14b       14b       14b       14b       14b       14b       14b       14b	f		7f		Х
h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds.       8         9       Sponsoring organizations maintaining donor advised funds.       8         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organizations. Enter:       10a       9b         a       Initiation fees and capital contributions included on Part VIII, line 12.       10a       9b         b       Gross income from members or shareholders       11a       10b       11b         12       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         13       Section 501(c)(2) organization is crucice do raccrued during the year       12b       13a       13a         14       Did the songanization information in formation the organization information the organization information the organization is closed to issue qualified health plans in more than one state?       13a       13a         13       Exter the amount of reserves the organization is closed tax on payments? If "No," provide an explanation on Schedule O       14b       14b       14b       14b       14b       14b       14b       14b       14b	g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make any taxable distributions under section 4966?       9a         10       Section 501(c)(7) organizations. Enter:       10a         11       Initiation form members or shareholders       10b         12       Section 501(c)(12) organizations. Enter:       10b         a       Gross income from members or shareholders       11a         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 501(c)(12) organization included the superson accrued during the year       12b       13a         13a       Intil bio       11a       12a         b       If "yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a         13a       Is the organization included to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state?       13a       13a         a       Is the organization receive any payments for indoor tanning services during the xay year? <td< th=""><th>h</th><th></th><th></th><th></th><th></th></td<>	h				
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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:       11a         a       Gross income from members or shareholders       11a         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a       13a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13c       14a         D id the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization an educational institution subject to the section 4960 tax on payment(s) of more than \$1,0	а				
11       Section 501(c)(12) organizations. Enter:       11a       11a         a       Gross income from members or shareholders       11a       11a         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         2       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a       13a         3       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a       14a       X         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       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?					
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13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       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.       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       13b       13b         c       Enter the amount of reserves on hand       13c       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization an educational institution 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       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       17       17         If "Yes," complete Form 6069.       17       17					
a 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.       Image: Comparization is licensed to issue qualified health plans         b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       Image: Comparization 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       X         If "Yes," see the instructions and file Form 4720, Schedule N.       Image: Comparization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         If "Yes," complete Form 4720, Schedule O.       Image: Comparization subject to the section 4951, 4952 or 4953?       Image: Complete Form 6069.       Image: Complete Form 6069.					
Note: See the instructions for additional information the organization must report on Schedule O.       Image: Description of the serves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	а		13a		
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       13b       13b         c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       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       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         If "Yes," complete Form 4720, Schedule O.       17       17         17       If "Yes," complete Form 6069.       17					
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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       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         16       X       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17         If "Yes," complete Form 6069.       10       10					
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16       X         16       X         16       Yes," complete Form 4720, Schedule O.         17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?         17       If "Yes," complete Form 6069.					
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If "Yes," complete Form 6069.			17		
	232005		Form	990	(2022)

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2022.05000 THE MONTCLAIR ART MUSEUM

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Form 990 (2022)	Form	990	(2022)
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#### THE MONTCLAIR ART MUSEUM

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

X

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.

					Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	40	2		
	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 0.					
		1b	4(	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					
	officer, director, trustee, or key employee?			2		
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or key employees to a management company or other person?			3		
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		$\vdash$
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		
6	Did the organization have members or stockholders?			6		Ľ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			7a		
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, st			78		H
b				7b		
0	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year			70		H
8		-	-	0.0	x	
	The governing body? Each committee with authority to act on behalf of the governing body?			8a 8b	X	┢
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			uo	- 23	┝
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re			5		
		- Ciriae	0000.)		Yes	
l0a	Did the organization have local chapters, branches, or affiliates?			10a		F
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					F
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	X	F
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	,	e ining the letter			F
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye					
	on Schedule O how this was done			12c	x	
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 approva					F
	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	F
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent w	rith a			
	taxable entity during the year?			16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		-			
	exempt status with respect to such arrangements?			16b		
ec	tion C. Disclosure					_
7	List the states with which a copy of this Form 990 is required to be filed $[NJ]$					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (section 501(c)(3	3)s only	) avail	ak
	for public inspection. Indicate how you made these available. Check all that apply.          X       Own website       X       Upon request       Other (explain of the complexity)	on Sc	hedule ()			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			nd fina	ncial	
	statements available to the public during the tax year.			ma		
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks an	d records			
	MICHAEL FRASCO, CFO - 973-259-5116					
	3 SOUTH MOUNTAIN AVENUE, MONTCLAIR, NJ 07042			-	000	15
2006	5 12-13-22 <b>7</b>			Form	1 <b>990</b>	(2
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Part VII	Compensation of Officers,	Directors, Trustees,	Key Employees,	Highest Compensated
	Employees, and Independe	ent 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 and the organization's current key employees, if any see the institutions to definition of key employee.

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(da		Position				Reportable	Reportable	Estimated
	hours per	hours per box, u		(do not check more than one box, unless person is both an				compensation	compensation	amount of
	week	<u> </u>	cer an	d a d	a director/trustee)		tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or dir	e e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	suadu		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	ional		iploy6	t con /ee		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) IRA WAGNER	40.00			0	×	1.0	<u>ш</u>			
EXECUTIVE DIRECTOR		1		х				123,764.	0.	14,012.
(2) FRANK J.WALTER III	6.00									
PRESIDENT		X		Х				0.	0.	0.
(3) NEWTON B. SCHOTT, JR.	5.00									
VICE CHAIR & SECRETARY		X		Х				0.	0.	0.
(4) JOAN ZIEF	4.00									
TREASURER		X		Х				0.	0.	0.
(5) SUSAN BRADY ABADAN	4.00									
VICE PRESIDENT		X		Х				0.	0.	0.
(6) LISA AMATO	3.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(7) LINDER K. ANDLINGER	3.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(8) ALEXIS O. DAVIS	3.00									
VICE PRESIDENT		X		Х				0.	0.	0.
(9) HOLLY ENGLISH	3.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(10) LYNN GLASSER	3.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(11) MICHAEL HENINGBURG, JR.	3.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(12) DEBORAH HIRSCH	3.00									0
VICE PRESIDENT		X		Х				0.	0.	0.
(13) CHRISTINE JAMES	3.00									0
VICE PRESIDENT	2 00	X		Χ				0.	0.	0.
(14) JAMES LEITNER	3.00									0
VICE PRESIDENT	2 00	X		Χ				0.	0.	0.
(15) JANICE LINAUGH	3.00									0
VICE PRESIDENT	2 00	X		Χ				0.	0.	0.
(16) GRETCHEN PRATER	3.00			37						0
VICE PRESIDENT		X		Х		<u> </u>		0.	0.	0.
(17) LYN B. REITER	3.00			v					_	_
VICE PRESIDENT		Х		Х				0.	0.	0.
232007 12-13-22						-				Form <b>990</b> (2022)

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Form	990	(2022)
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Part V	Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees	, an	d Hi	ighe	st C	compensated Employe	es (continued)			
	(A)	(B)	(B) (C)						(D)	(E)	(F)		
	Name and title	Average	(do	not c	Pos		ו than	one	Reportable	Reportable	Estimated		
		hours per	box	, unle	ss pe	erson	is bot	h an	compensation	compensation	amount of		
		week		cer an		Irecto	or/trus	tee)	from	from related	other		
		(list any hours for	recto						the	organizations	compensation		
		related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the		
		organizations	rustee	l trust		ee	npen		1099-NEC)	1099-NEC)	organization and related		
		below	d ual ti	itiona		nploy	st cor	5	1000 NEO)		organizations		
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			5		
(18) AN	IN SCHAFFER	3.00	_	-				_					
VICE PF	RESIDENT		x		x				0.	0.	0.		
(19) CH	IERYL SLUTZKY	3.00					$\vdash$						
VICE PF	RESIDENT		x		x				0.	0.	0.		
(20) SH	HARON C. TAYLOR	3.00					$\vdash$						
VICE PF	RESIDENT		x		x				0.	0.	0.		
(21) RC	DERT L. TORTORIELLO	3.00					$\vdash$						
	RESIDENT		x		x				0.	0.	0.		
(22) VA	ALERIE J. ABLAZA, MD	1.00											
TRUSTEE	,		x						0.	0.	0.		
(23) MI	CHAEL A. BACKER, ESQ.	1.00											
TRUSTEE			x						0.	0.	0.		
(24) AN	IGELA BEEKERS-UBEROI	1.00											
TRUSTEE			x						0.	0.	0.		
(25) HE	EATHER BENJAMIN	1.00											
TRUSTEE	6		x						0.	0.	0.		
	JSAN V. BERSHAD, MD	1.00					$\vdash$						
TRUSTEE	,		x						0.	0.	0.		
	btotal					1	I		123,764.	0.	14,012.		
	tal from continuation sheets to Part VI	I Section A						••	0.	0.	0.		
	tal (add lines 1b and 1c)								123,764.	0.	14,012.		
-	tal number of individuals (including but n								-	-			
	mpensation from the organization		1000	note	Juu		0, 11				1		
											Yes No		
3 Dic	the organization list any former officer,	director. trust	ee. I	kev e	emp	olove	e. o	r hic	hest compensated emp	lovee on			
	a 1a? If "Yes," complete Schedule J for s	-		,		,	,			5	3 X		
	r any individual listed on line 1a, is the su			amc	ens	atior	n and	d ot	her compensation from	he organization			
	d related organizations greater than \$150									5	4 X		
	any person listed on line 1a receive or a									dual for services			
	ndered to the organization? If "Yes," com								U U		5 X		
	B. Independent Contractors					,							
<b>1</b> Co	mplete this table for your five highest co	mpensated in	depe	ende	ent o	conti	racto	ors t	hat received more than	\$100,000 of compens	ation from		
	organization. Report compensation for	-											
	(A)								(B)		(C)		
	Name and business	address	N	ONE	Ξ				Description of s	ervices C	ompensation		
<b>2</b> Tot	tal number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se li	stec	above) who received m	ore than			
	00,000 of compensation from the organiz					(	0						
0	SEE PART VII, SECTION	A CON	CII	NUZ	AT:	IOI	NS	SH:	EETS		Form <b>990</b> (2022)		
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Part VII Section A. Officers, Directors, Tru	istees, Key Er	mplo	oyee	s, a	nd H	ligh	est	Compensated Employ	ees (continued)		
(A)	(B)			(0	C)			(D)	(E)	(F)	
Name and title	Average	Position						Reportable	Reportable	Estimated	
	hours	(c	heck	all t	that	арр	ly)	compensation	compensation	amount of	
	per							from	from related	other	
	week					oyee		the	organizations	compensation	
	(list any	recto				em pl		organization	(W-2/1099-MISC)	from the	
	hours for	e or di	ee			sated		(W-2/1099-MISC)		organization	
	related organizations	rustee	l trust		ee	npen:				and related organizations	
	below	dual ti	tiona		nploy	st cor	5			organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
(27) JAMES BLAKE	1.00										
TRUSTEE		x						0.	0.	0	
(28) KIMBERLY Y. CHAINEY	1.00										
TRUSTEE		X						0.	0.	0	
(29) SYLVIA COHN	1.00										
TRUSTEE		X						0.	0.	0	
(30) SUSAN COLE	1.00										
TRUSTEE		Х						0.	0.	0	
(31) CYNTHIA CORHAN-AITKEN	1.00										
TRUSTEE		X						0.	0.	0	
(32) PATTI ELLIOT	1.00	1									
TRUSTEE		X						0.	0.	0	
(33) ARTHUR HATZOPOULOS	1.00	1									
TRUSTEE		X						0.	0.	0	
(34) JONATHAN KOPPELL	1.00	l									
TRUSTEE		X						0.	0.	0	
(35) WENDY LACEY	1.00										
TRUSTEE		X						0.	0.	0	
(36) JENNIFER T. LEY	1.00										
TRUSTEE		X						0.	0.	0	
(37) LANA MASOR	1.00	l								0	
TRUSTEE	1 00	X						0.	0.	0	
(38) RICHARD E. POLTON	1.00	l.,								0	
TRUSTEE	1 00	X						0.	0.	0	
(39) AMY PUTMAN	1.00							0	0	0	
TRUSTEE	1.00	X						0.	0.	0	
(40) LISA C. RUSSMAN	1.00	x						0.	0.	0	
TRUSTEE (41) DOUGLAS W. TURNBULL	1.00	<u>⊢</u>	-					0.	0.	0	
	1.00	x						0.	0.	0	
TRUSTEE					<u> </u>	<u> </u>		0.	0.	0	
		{									
	<u> </u>	-									
		1									
		┢				-	-				
		1									
	<u> </u>										
		1									
	1	$\vdash$								L	
		1									
	<u>.</u>										
Total to Part VII, Section A, line 1c		1									

			Check if Schedule O co	ontai	ins a respo	nse	or note to any lir	e in this Part VIII			L
								<b>(A)</b> Total revenue	(B) Related or exempt function revenue		<b>(D)</b> Revenue excluded from tax under sections 512 - 514
ts ts	1	а	Federated campaigns		1a						
nun			Membership dues				316,963.				
GĔ			Fundraising events				54,084.				
ifts r A							51,001.				
nila,			Related organizations		·····		645,888.				
Sin			Government grants (contrib				045,000.				
utic		T	All other contributions, gifts, gra				2 602 201				
ë₽			similar amounts not included al				2,693,291.				
Contributions, Gifts, Grants and Other Similar Amounts			Noncash contributions included in lin	nes 1	a-1f <b>1g</b> \$		45,935.				
a O		h	Total. Add lines 1a-1f					3,710,226.			
							Business Code				
Program Service Revenue	2	а	ART SCHOOL TUITION				611710	788,085.	788,085.		
erv ue		b	EDUCATION PROGRAMS				611710	131,070.	131,070.		
n S en		С					900099	101,968.	101,968.		
Jrar Rev		d	CURATORIAL PROGRAMS				611710	35,274.	35,274.		
rog		е	MEMBERSHIP DUES				900099	6,675.	6,675.		
₽.		f	All other program service re	even	ue						
		g	Total. Add lines 2a-2f					1,063,072.			
	3		Investment income (includin	ng d	lividends, ir	ntere	est, and				
			other similar amounts)					493,811.			493,811
	4		Income from investment of	exempt bo	nd p	proceeds					
	5		Royalties	<u>.</u>							
					(i) Real		(ii) Personal				
	6	а	Gross rents 6	6a			227,007.				
		b	Less: rental expenses	6b			147,232.				
		С	Rental income or (loss)	6c			79,775.				
		d	Net rental income or (loss)					79,775.			79,775
	7	а	Gross amount from sales of		(i) Securiti	es	(ii) Other				
			assets other than inventory	7a	6,219,3	07.					
		b	Less: cost or other basis								
Other Revenue			and sales expenses	7b	6,175,9	97.					
Ievel		с	Gain or (loss)	7c	43,3	10.					
Re		d	Net gain or (loss)					43,310.			43,310
her	8	а	Gross income from fundraising	l eve	nts (not						
ð			including \$5	54,	084. of						
			contributions reported on lir	ne 1	c). See						
			Part IV, line 18			8a	685,539.				
		b	Less: direct expenses			8b	472,974.				
		с	Net income or (loss) from fu	Indr	aising ever	ts		212,565.			212,565
	9	а	Gross income from gaming	acti	vities. See						
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
		С	Net income or (loss) from ga	amir	ng activities	<u></u>					
	10	а	Gross sales of inventory, les	ss re	eturns						
			and allowances			10a	70,561.				
		b	Less: cost of goods sold			10b	37,224.				
		с	Net income or (loss) from sa	ales	of inventor	у		33,337.	33,337.		
S							Business Code				
Miscellaneous Revenue	11	а	OTHER REVENUE				900099	267.	267.		
lan		b									
sevilles/		с									
Mis		d	All other revenue								
		е	Total. Add lines 11a-11d					267.			
	12		Total revenue. See instructions	S.				5,636,363.	1,096,676.	0.	829,461
											Earm 000 (2022

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Form 990 (2022)

THE MONTCLAIR ART MUSEUM Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII
(A)

Part IX Statement of Functional Expenses

THE MONTCLAIR ART MUSEUM

	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> 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	20,720.	20,720.		
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,	144 011	100 000	14 401	20 002
	trustees, and key employees	144,011.	100,808.	14,401.	28,802.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	2,445,439.	1 072 204	235,476.	227 660
7	Other salaries and wages	2,445,459.	1,872,294.	235,470.	337,669.
8	Pension plan accruals and contributions (include	21,978.	10,254.	6,823.	1 001
	section 401(k) and 403(b) employer contributions)	190,387.	164,440.	14,026.	4,901. 11,921.
9	Other employee benefits	289,560.	222,102.	32,626.	34,832
10	Payroll taxes	209,000.	222,102.	52,020.	54,052
11	Fees for services (nonemployees):				
a	Management				
b		44,110.		44,110.	
	Accounting	44,110.		44,110.	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	672,985.	608,426.	15,229.	19 330
10	column (A), amount, list line 11g expenses on Sch 0.)	88,272.	84,540.	430.	<u>49,330</u> 3,302
12	Advertising and promotion	134,993.	132,668.	251.	2,074
13	Office expenses	134,555.	152,000.	251.	2,074
14 45	Information technology				
15	Royalties	338,190.	312,427.	11,504.	14,259
16 17		550,150.	512,427.	11,304.	11,200
17 10	Travel Payments of travel or entertainment expenses				
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
19 20		70,286.	1,711.	68,575.	
20 21	Payments to affiliates	,0,2001	-,,,		
22	Depreciation, depletion, and amortization	523,326.	512,860.	5,233.	5,233
22 23		106,129.	94,547.	10,898.	684
23 24	Other expenses. Itemize expenses not covered	20072251	5170171	20,0001	
27	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	ACQUISITIONS	260,180.	260,180.		
b	SUPPLIES AND SPECIAL PR	157,613.	127,797.	4,040.	25,776
c	MISCELLANEOUS	27,393.	17,571.	3,481.	6,341
d	FINANCE LEASE EXPENSE	4,222.	4,222.		- ,
e			_ ,		
25	Total functional expenses. Add lines 1 through 24e	5,539,794.	4,547,567.	467,103.	525,124.
26	Joint costs. Complete this line only if the organization	, , ,	, ,	,	- ,
	reported in column (B) joint costs from a combined				
	advectional compaign and fundraising collisitation				

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educational campaign and fundraising solicitation.

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

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08446R01

	1 990 (i	2022) THE MONTCLAIR ART MUSEUM Balance Sheet		22-1487582 Page 11		
Fa						
		Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)	
			Beginning of year		End of year	
	1	Cash - non-interest-bearing	200,050.	1	442,309.	
	2	Savings and temporary cash investments	1,679,754.	2	2,618,494.	
	3	Pledges and grants receivable, net	352,450.	3	539,521.	
	4	Accounts receivable, net	41,247.	4	34,626.	
	5	Loans and other receivables from any current or former officer, director,		· ·		
		trustee, key employee, creator or founder, substantial contributor, or 35%				
		controlled entity or family member of any of these persons		5		
	6	Loans and other receivables from other disqualified persons (as defined		-		
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
s	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use	32,695.	8	27,933.	
As	9	Prepaid expenses and deferred charges	66,169.	9	52,644.	
		Land, buildings, and equipment: cost or other	,		- , -	
		basis. Complete Part VI of Schedule D <b>10a</b> 20,364,929.				
	Ь	Less: accumulated depreciation 10b 12,298,303.	8,394,818.	10c	8,066,626.	
	11	Investments - publicly traded securities	12,376,954.	11	12,426,273.	
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	608,435.	15	11,655.	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	23,752,572.	16	24,220,081.	
	17	Accounts payable and accrued expenses	252,025.	17	284,499.	
	18	Grants payable		18		
	19	Deferred revenue	389,403.	19	326,895.	
	20	Tax-exempt bond liabilities	2,562,736.	20	2,287,440.	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
S	22	Loans and other payables to any current or former officer, director,				
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%				
abi		controlled entity or family member of any of these persons		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties	4,940.	24	0.	
	25	Other liabilities (including federal income tax, payables to related third				
		parties, and other liabilities not included on lines 17-24). Complete Part X				
		of Schedule D	0.	25	11,655.	
	26	Total liabilities. Add lines 17 through 25	3,209,104.	26	2,910,489.	
S		Organizations that follow FASB ASC 958, check here				
JCe		and complete lines 27, 28, 32, and 33.	10 510 016		10 100 001	
alar	27	Net assets without donor restrictions	18,512,946.	27	19,186,234.	
ğ	28	Net assets with donor restrictions	2,030,522.	28	2,123,358.	
ů		Organizations that do not follow FASB ASC 958, check here				
Net Assets or Fund Balances		and complete lines 29 through 33.				
ts (	29	Capital stock or trust principal, or current funds		29		
SSG	30	Paid-in or capital surplus, or land, building, or equipment fund		30		
∌t A	31	Retained earnings, endowment, accumulated income, or other funds		31		
Ň	32	Total net assets or fund balances	20,543,468.	32	21,309,592.	
	33	Total liabilities and net assets/fund balances	23,752,572.	33	24,220,081.	
					Form <b>990</b> (2022)	

Form	990 (2022) THE MONTCLAIR ART MUSEUM	22	-1487	582	Pa	age <b>12</b>
Pa	rt XI Reconciliation of Net Assets					2
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				363.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5	,53	9,7	794.
3	Revenue less expenses. Subtract line 2 from line 1	3				569.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	20	,54	3,4	168.
5	Net unrealized gains (losses) on investments	5		75	4,8	322.
6	Donated services and use of facilities	6				
7	Investment expenses	7		- 8	5,2	267.
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	21	,30	9,5	592.
Pa	rt 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	e O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	в,			
	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					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2022)

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SCHEDULE A
------------

Department of the Treasury

Internal Revenue Service

(Form 990)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

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

### Name of the organization

	THE	MONTCLAIR A	ART MUSEUM				2	2-1487582			
Part	I Reason for Public	Charity Status. (	All organizations must c	omplete th	is part.) S	ee instruction	s.				
The org 1 2 3 4	<ul> <li>ganization is not a private founc</li> <li>A church, convention of ch</li> <li>A school described in sect</li> <li>A hospital or a cooperative</li> <li>A medical research organiz city, and state:</li> </ul>	urches, or associatio ion 170(b)(1)(A)(ii). (A hospital service orga	n of churches described Attach Schedule E (Forn anization described in <b>se</b>	d in <b>section</b> 1 990).) <b>ection 170</b>	n 170(b)(1 (b)(1)(A)(ii	i).	(iii). Enter	the hospital's name,			
5 6 7	<ul> <li>An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v).</li> </ul>										
8 2	An agricultural research orgor university or a non-land-guniversity:	A community trust described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II.) An agricultural research organization described in <b>section 170(b)(1)(A)(ix)</b> operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or									
10	An organization that norma activities related to its exen income and unrelated busin See section 509(a)(2). (Con	npt functions, subjec ness taxable income	t to certain exceptions;	and (2) no	more thar	n 33 1/3% of i	ts support	from gross investment			
11 🗌 12 🗌	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).										
a b	Type I. A supporting orgative supported organization organization. You must of Type II. A supporting org	on(s) the power to rec c <b>omplete Part IV, Se</b>	gularly appoint or elect a ctions A and B.	a majority o	of the direc	ctors or truste	es of the s	supporting			
	control or management of organization(s). <b>You mus</b>	of the supporting orga	anization vested in the s			-		-			
с	Type III functionally interits supported organizatio						ly integrate	ed with,			
d	Type III non-functionally that is not functionally int requirement (see instruct	tegrated. The organiz	ation generally must sat	isfy a distr	ibution re	quirement and	-				
e	Check this box if the orga functionally integrated, o	anization received a v	written determination fro	m the IRS	that it is a		II, Type III				
fΕ	Enter the number of supported of	organizations									
g F	Provide the following information	· · · · · · · · · · · · · · · · · · ·	0 ()		instice listed						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organ in your governin <b>Yes</b>	ng document?	(v) Amount of support (see in	,	(vi) Amount of other support (see instructions)			
Total											

#### Schedule A (Form 990) 2022

#### THE MONTCLAIR ART MUSEUM

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> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,329,643.	2,850,270.	2,264,302.	2,415,327.	3,710,226.	13,569,768.
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	2,329,643.	2,850,270.	2,264,302.	2,415,327.	3,710,226.	13,569,768.
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)						2,001,595.
	Public support. Subtract line 5 from line 4.						11,568,173.
	ction B. Total Support				r		
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	2,329,643.	2,850,270.	2,264,302.	2,415,327.	3,710,226.	13,569,768.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	220 002				402 011	
	and income from similar sources $\dots$	329,983.	277,741.	254,536.	305,530.	493,811.	1,661,601.
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	2,600.	4,250.	1 0 5 7	608,735.	267	617 700
	assets (Explain in Part VI.)	2,000.	4,230.	1,057.	000,755.	207.	617,709.
	Total support. Add lines 7 through 10						15,849,078. ,496,473.
	Gross receipts from related activities,	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6			,490,473.
13	First 5 years. If the Form 990 is for the	-	rst, second, third, "	fourth, or fifth tax	year as a section :	501(C)(3)	
Sec	organization, check this box and stor ction C. Computation of Publ		rcentage				
	Public support percentage for 2022 (			column (f))		14	72.99 %
	Public support percentage from 2021		•			15	80.80 %
	<b>33 1/3% support test - 2022.</b> If the c						, -
100	stop here. The organization qualifies	•					
b	<b>33 1/3% support test - 2021.</b> If the c						
~	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-	·····	
b	10% -facts-and-circumstances tes	-		• • • •	•		
	more, and if the organization meets th						
	organization meets the facts-and-circ						
18	Private foundation. If the organization						
							(Form 990) 2022

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#### THE MONTCLAIR ART MUSEUM

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that						
are not an unrelated trade or 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						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
alendar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
<b>Da</b> Gross income from interest,						
dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
1 Net income from unrelated business	;					
activities not included on line 10b,						
whether or not the business is regularly carried on						
<b>2</b> Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
<b>First 5 years.</b> If the Form 990 is for t		irst second third	fourth or fifth tax	vear as a section	501(c)(3) organi:	zation
check this box and <b>stop here</b>	-			-		
Section C. Computation of Pub						
I5 Public support percentage for 2022			column (f))		15	9
6 Public support percentage from 202					16	
Section D. Computation of Inve						,
17 Investment income percentage for 2					17	9
<ul> <li>Investment income percentage from</li> </ul>					18	9
<b>I9a 33 1/3% support tests - 2022.</b> If th						
more than 33 1/3%, check this box						
b 33 1/3% support tests - 2021. If th						
line 18 is not more than 33 1/3%, ch	-					
20 Private foundation. If the organizati	on did not check a		a, or teo, check t	INS DUX ANU SEE IN		
32023 12-09-22			17		Schedul	e A (Form 990) 202
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#### THE MONTCLAIR ART MUSEUM

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes

No

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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10b | | Schedule A (Form 990) 2022

#### THE MONTCLAIR ART MUSEUM Schedule A (Form 990) 2022

Pa	Int IV Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization? 11a		
k	A family member of a person described on line 11a above? 11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 11c		
Se	ction B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization.		
Se	ction C. Type II Supporting Organizations		
		Vos	No

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

<u>Sec</u>	ction D. An Type in Supporting Organizations			
		_	Yes	N
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

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

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 232025 12-09-22

3b Schedule A (Form 990) 2022

2a

2b

3a

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Yes No

Schedule A (F	orm 990)	2022
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#### THE MONTCLAIR ART MUSEUM

	rt V   Type III Non-Functionally Integrated 509(a)(3) Supporti			22-1407302 Page
1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI) See instructions
•	All other Type III non-functionally integrated supporting organizations mu	0	, , ,	
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	<b>1</b> a		
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 <b>Part VI</b> ):			
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	emergency temporary reduction (see instructions).	-	ed Type III supporting org	anization (see

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

Schedule A (Form 990) 2022

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continu</sub>	ied)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	าร	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributable Amount for 2022
_1_	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
-	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

232027 12-09-22

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22-1487582 Pa II, line 17a or 17b; Part III, line 12; ion B, lines 1 and 2; Part IV, Section C, line 1; Part V, Section B, line 1e; Part V r any additional information.
Schedule A (Form 990)
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**SCHEDULE D** 

Department of the Treasury Internal Revenue Service

#### (Form 990)

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.

Open to Public Inspection Employer identification number

22-1487582

OMB No. 1545-0047

Ī	Name of the organization	

THE MONTCLAIR ART MUSEUM

	organization answered "Yes" on Form 990, Part IV, lin				
		(a) Donor advised funds	(	(b) Funds and other accour	nts
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	-			
	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 of	or donor advisor, or for any other purpo	se confer	°	
a	t II Conservation Easements. Complete if the org	-	0, Part IV	, line 7.	
1	Purpose(s) of conservation easements held by the organizati				
	Preservation of land for public use (for example, recrea			prically important land area	
	Protection of natural habitat	Preservation	of a certi	ified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the fo	rm of a co		
	day of the tax year.			Held at the End of the	e lax ye
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified historic str	ucture included in (a)		2c	
d	Number of conservation easements included in (c) acquired a				
	historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by	the orgar	nization during the tax	
	year				
4	Number of states where property subject to conservation eas		_		
4 5	Number of states where property subject to conservation ease Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling		_	
	Number of states where property subject to conservation ease Does the organization have a written policy regarding the per- violations, and enforcement of the conservation easements it	riodic monitoring, inspection, handling t holds?			
	Number of states where property subject to conservation ease Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling t holds?			
5	Number of states where property subject to conservation ease Does the organization have a written policy regarding the per- violations, and enforcement of the conservation easements it	riodic monitoring, inspection, handling t holds? handling of violations, and enforcing c	onservati	ion easements during the y	ear <b>N</b>
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5 6 7 8 9 <b>Pai</b> 1a b 2 2	Number of states where property subject to conservation ease Does the organization have a written policy regarding the per- violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footro- organization's accounting for conservation easements. <b>1111 Organizations Maintaining Collections or</b> Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for put service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for put service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical trea- the following amounts required to be reported under FASB A Revenue included on Form 990, Part VIII, line 1	riodic monitoring, inspection, handling t holds? handling of violations, and enforcing conse ve satisfy the requirements of section a ion easements in its revenue and expe note to the organization's financial stat <b>f Art, Historical Treasures, or</b> n 990, Part IV, line 8. 58, not to report in its revenue stateme blic exhibition, education, or research i ncial statements that describes these i 58, to report in its revenue statement a c exhibition, education, or research in f sasures, or other similar assets for finar ASC 958 relating to these items:	rvation ea rvation ea 170(h)(4)(E nse stater ements th <b>Other</b> nt and ba n furthera tems. nd balanc urtheranc	ion easements during the year asements during the year B)(i)  ment and nat describes the Similar Assets.  Ilance sheet works unce of public ce sheet works of e of public service, \$ provide\$	rear
5 6 7 8 9 <b>2</b> 1 1 a b 2 2 a b	Number of states where property subject to conservation ease Does the organization have a written policy regarding the per- violations, and enforcement of the conservation easements if Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footr organization's accounting for conservation easements. <b>t III</b> Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for put service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical trea- tre the following amounts required to be reported under FASB ASC	riodic monitoring, inspection, handling t holds? handling of violations, and enforcing conse we satisfy the requirements of section f ion easements in its revenue and expe note to the organization's financial stat <b>f Art, Historical Treasures, or</b> n 990, Part IV, line 8. 58, not to report in its revenue stateme blic exhibition, education, or research i ncial statements that describes these i 58, to report in its revenue statement a c exhibition, education, or research in fasures, or other similar assets for finar ASC 958 relating to these items:	rvation ea rvation ea 170(h)(4)(E nse stater ements th <b>Other</b> nt and ba n furthera tems. nd balanc urtheranc	ion easements during the year asements during the year B)(i)  ment and nat describes the Similar Assets.  Ilance sheet works unce of public ce sheet works of e of public service, \$ provide\$	

	dule D (Form 990) 2022 THE MON	TCLAIR ART				or Othe	or Sir		48758		age <b>2</b>
	Using the organization's acquisition, accessi				-					nuea)	
3	collection items (check all that apply):	ion, and other record	s, check	any of the	rollowing that	it make s	signinic	ant use of	its		
а	X Public exhibition	d	X	oan or eycl	hange progra	m					
b	X Scholarly research	e		ther ED		NAT, 1	PROG	RAMTN	G		
c											
4	Provide a description of the organization's co	ollections and explair	how the	ev further tl	he organizati	on's exe	mpt pi	Irpose in P	art XIII		
5	During the year, did the organization solicit of	-		-	-			-			
Ū	to be sold to raise funds rather than to be m							Г	Yes	X	No
Par	t IV Escrow and Custodial Arran										
	reported an amount on Form 990, Pa							,	.,,		
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for c	ontribution	is or other as	sets not	includ	led			
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	able:							
									Amoun	ıt	
с	Beginning balance						1	с			
	Additions during the year							d			
	Distributions during the year							e			
f	Ending balance						1	f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for es	scrow or cu	ustodial acco	unt liabi	lity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i								1 6 1 5		
		(a) Current year		ior year	(c) Two year		. ,	ee years bad	. ,		
	Beginning of year balance	4,679,927.	5,	486,901.		1,909.		7,871,293 65,50	_	,926	
	Contributions	0.00 533		31,000.		5,000.			<u>,998.</u>		
	Net investment earnings, gains, and losses	260,533.	-	330,405.	1,001	1,598.		544,60	7.	371	,292.
	Grants or scholarships								_		
е	Other expenditures for facilities	200,100			1 1 2			0 0 0 0 4 0			604
	and programs	320,120.		507,569.	1,131	1,606.		2,889,49	1. 7	,575	,624.
	Administrative expenses	4 (20, 240		670 007	E 404	c 0.01			0 7	0.7.1	202
-	End of year balance	4,620,340.		679,927.	-	5,901.		5,591,90	9. /	,871	, 293.
2	Provide the estimated percentage of the cur	rent year end balanc 67.5610		, column (a	a)) held as:						
	Board designated or quasi-endowment Permanent endowment 32.4390		_%								
		%									
с	Term endowment • 0000 The percentages on lines 2a, 2b, and 2c sho										
20	Are there endowment funds not in the posse		ation that	are hold a	nd administa	rad for t	ho				
ou	organization by:			are neia a			iic			Yes	No
	(i) Unrelated organizations								3a(i)		Х
	(ii) Related organizations										X
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	ed on Sc	hedule R?					3b		
4	Describe in Part XIII the intended uses of the										L
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	), Part IV,	line 11a. S	See Form 990	), Part X,	line 10	D.			
	Description of property	(a) Cost or of	ther	(b) Cost	or other	(c) A	ccumu	lated	(d) Boo	k valu	е
		basis (investm		basis		. ,	preciat		. ,		
1a	Land				2,700.						00.
	Buildings			17,49	2,424.	9,'	747,	,496.	7,74	4,9	28.
	Leasehold improvements										
	Equipment				8,187.	2,	550,	,807.		7,3	
	Other			4	1,618.					1,6	
Total	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, columi	n (B), line 1	0c.)				8,06		
								Schedu	le D (Forr	n 990)	) 2022

Part VII	Investments -	Other Se	ecurities.		
Schedule D	(Form 990) 2022	THE	MONTCLAIR	ART	MUSEUM

(a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			-
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(C) (D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	Tours 000 Dout IV line	11. Cas Farm 000 Dart V line 10	
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.		•	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) 🛙	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(0)			
(7)			
(7)			
(8)			
(8) (9)	15)		
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.		11e or 11f See Form 000, Part V line 25	
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (c) Preprinting of light its			
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability		11e or 11f. See Form 990, Part X, line 25	(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes		11e or 11f. See Form 990, Part X, line 25	(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability		11e or 11f. See Form 990, Part X, line 25	(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes		11e or 11f. See Form 990, Part X, line 25	(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) FINANCE LEASE LIABILITY		11e or 11f. See Form 990, Part X, line 25	(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) FINANCE LEASE LIABILITY (3)		11e or 11f. See Form 990, Part X, line 25	(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) FINANCE LEASE LIABILITY (3) (4)			(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) FINANCE LEASE LIABILITY (3) (4) (5)		11e or 11f. See Form 990, Part X, line 25	(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) FINANCE LEASE LIABILITY (3) (4) (5) (6)		11e or 11f. See Form 990, Part X, line 25	(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) FINANCE LEASE LIABILITY (3) (4) (5) (6) (7)		11e or 11f. See Form 990, Part X, line 25	(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) FINANCE LEASE LIABILITY (3) (4) (5) (6) (7) (8)	on Form 990, Part IV, line		

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... 🗴

Schedule D (Form 990) 2022

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Sche	dule D (Form 990) 2022 THE MONTCLAIR ART MUSEUM			22-	1487582 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	<b>1</b> .			
1	Total revenue, gains, and other support per audited financial statements			1	6,926,124.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	754,822.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d	620,206.		
е	Add lines 2a through 2d			2e	1,375,028.
3	Subtract line 2e from line 1			3	5,551,096.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	85,267.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	85,267.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	5,636,363.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		h Expenses per	Retu	irn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				<u> </u>
1	Total expenses and losses per audited financial statements			1	6,160,000.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities				
b	Prior year adjustments				
с	Other losses		<u> </u>		
d	Other (Describe in Part XIII.)		620,206.		
е	Add lines 2a through 2d			2e	620,206.
3	Subtract line 2e from line 1			3	5,539,794.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	. 4b			0
С	Add lines 4a and 4b			4c	
с 5	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>* XIII</b> Supplemental Information.			4c 5	0. 5,539,794.

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

#### PART III, LINE 1A:

THE COLLECTIONS, WHICH WERE ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS
SINCE THE MUSEUM'S INCEPTION, ARE NOT RECOGNIZED AS ASSETS ON THE
STATEMENT OF FINANCIAL POSITION. PURCHASES OF COLLECTION ITEMS ARE
RECORDED AS DECREASES IN UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH THE
ITEMS ARE ACQUIRED OR AS NET ASSETS WITH DONOR RESTRICTIONS IF THE ASSETS
USED TO PURCHASE THE ITEMS ARE RESTRICTED BY DONORS. CONTRIBUTED
COLLECTION ITEMS ARE NOT REFLECTED ON THE FINANCIAL STATEMENTS. PROCEEDS
FROM DEACCESSIONS OR INSURANCE RECOVERIES ARE REFLECTED AS INCREASES IN
THE APPROPRIATE NET ASSET CLASSES. THE MUSEUM'S POLICY FOR THE USE OF
PROCEEDS OF DEACCESSIONED COLLECTION ITEMS IS SOLELY FOR THE ACQUISITION
OF THE COLLECTION ITEMS AND NOT FOR THE DIRECT CARE OF EXISTING
232054 09-01-22 Schedule D (Form 990) 2022 30
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COLLECTIONS.

PART III, LINE 4:

THE MUSEUM COLLECTS, PRESERVES AND PRESENTS AMERICAN AND NATIVE AMERICAN ART. ITS INNOVATIVE EXHIBITIONS AND EDUCATIONAL PROGRAMS INTERPRET AND EXPLORE RELATIONSHIPS BETWEEN THESE TWO EVOLVING ARTISTIC TRADITIONS.

PART V, LINE 4:

THE MUSEUM'S ENDOWMENT CONSISTS OF INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES. ITS ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS. THE MUSEUM'S ENDOWMENT PROVIDES A SUPPLEMENTARY SOURCE OF FUNDS FOR CURRENT OPERATIONS, ACQUISITION OF WORKS OF ART, INFRASTRUCTURE REDEVELOPMENT AND OTHER CAPITAL PROJECTS FOR THE BENEFIT OF THE MUSEUM AND ITS PROGRAMS.

PART X, LINE 2:

THE MUSEUM IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISION OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND IS ALSO EXEMPT FROM STATE INCOME TAXES UNDER CHAPTER 104 OF TITLE 54, REVISED STATUTES OF THE NEW JERSEY LAW. THE MUSEUM HAS ALSO BEEN CLASSIFIED AS ENTITIES THAT ARE NOT PRIVATE FOUNDATIONS WITHIN THE MEANING OF SECTION 509(A) AND QUALIFY FOR DEDUCTIBLE CONTRIBUTIONS AS PROVIDED IN SECTION 170(B)(1)(A)(VI). ACCORDINGLY, NO PROVISION FOR FEDERAL OR STATE INCOME TAXES HAS BEEN PRESENTED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

THE MUSEUM FOLLOWS THE PROVISIONS OF FASB ASC, INCOME TAXES. THE STANDARD PRESCRIBES A MINIMUM RECOGNITION THRESHOLD AND MEASUREMENT METHODOLOGY Schedule D (Form 990) 2022

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THAT A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS. IT ALSO PROVIDES GUIDANCE FOR DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE, AND TRANSITION AS THEY RELATE TO THOSE TAX POSITIONS.

THE MUSEUM DOES NOT EXPECT A SIGNIFICANT INCREASE OR DECREASE TO THE TOTAL AMOUNTS OF UNRECOGNIZED TAX POSITIONS DURING THE FISCAL YEAR ENDED JUNE 30, 2023. HOWEVER, THE MUSEUM IS SUBJECT TO REGULAR AUDIT BY TAX AUTHORITIES. THE MUSEUM BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR THE POSITIONS TAKEN ON ITS TAX RETURNS. NONETHELESS, THE AMOUNTS ULTIMATELY PAID, IF ANY, UPON RESOLUTION OF THE ISSUES RAISED BY THE TAXING AUTHORITIES MAY DIFFER MATERIALLY FROM THE AMOUNTS ACCRUED EACH YEAR. MANAGEMENT BELIEVES ITS NONPROFIT STATUS WOULD BE UPHELD UPON EXAMINATION.

AS REQUIRED BY LAW, THE MUSEUM FILES INFORMATIONAL RETURNS WITH BOTH THE UNITED STATES FEDERAL AND STATE OF NEW JERSEY JURISDICTIONS ON AN ANNUAL BASIS - FORM 990 WITH THE INTERNAL REVENUE SERVICE, AND FORM CRI-300R WITH THE STATE. THESE RETURNS ARE SUBJECT TO EXAMINATION BY THESE AUTHORITIES WITHIN CERTAIN STATUTORILY DEFINED PERIODS FOR FEDERAL AND FOR THE STATE OF NEW JERSEY.

PART XI, LINE 2D - OTHER ADJUSTMENTS:FUNDRAISING EXPENSE472,974.RENTAL EXPENSE147,232.TOTAL TO SCHEDULE D, PART XI, LINE 2D620,206.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

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Schedule D (Form 990) 2022

2022.05000 THE MONTCLAIR ART MUSEUM (

Schedule D (Form 990) 2022 THE MON	TCLAIR ART	MUSEUM		22-14	87582 Page 5
Part XIII Supplemental Information (contin	nued)				
FUNDRAISING EXPENSE					472,974.
RENTAL EXPENSE					147,232.
TOTAL TO SCHEDULE D, PART X	II, LINE 2D				620,206.
				Schedule	D (Form 990) 2022
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SCHEDULE G	Suppleme	ntal Information Regarding	Fun	drais	ing or Gaming	Acti	vities	DMB No. 1545-0047
(Form 990)		e organization answered "Yes" on				or 19,	or if the	2022
	0	rganization entered more than \$1 Attach to Form 990 o						Open to Public
Department of the Treasury Internal Revenue Service	Go te	o www.irs.gov/Form990 for instru				n.		Inspection
Name of the organization								entification number
Deut L. Frankreis		TCLAIR ART MUSEUM					22-1487	
	complete this part	<ul> <li>Complete if the organization answe t.</li> </ul>	ered "Y	'es" oi	n Form 990, Part IV, I	line 1	7. Form 990-E	Z filers are not
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	tions email solicitations tations dicitations on have a written c red in Form 990, P	f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p	tion of tion of fundra l (inclue	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	Yes	
compensated at le	•	viduals or entities (fundraisers) pursu organization.	Jant to	agree	ements under which t	the fi	undraiser is to	De
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total			<u></u>					
3 List all states in wh or licensing.	ich the organizatio	on is registered or licensed to solicit	contrib	outions	s or has been notified	d it is	exempt from r	egistration

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

Schedule G (Form 990) 2022

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THE MONTCLAIR ART MUSEUM

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

		of fundraising event contributions and gr	oss income on Form 990	)-EZ, lines 1 and 6b. List e	events with gross receip	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			ART IN BLOOM GALA	WINTER EVENT	2	(add col. <b>(a)</b> through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	477,152.	79,390.	94,817.	651,359.
ш	2	Less: Contributions	51,414.	2,383.	287.	54,084.
	3	Gross income (line 1 minus line 2)	425,738.	77,007.	94,530.	597,275.
	4	Cash prizes				
es	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
_	8 9	Entertainment Other direct expenses		67,308.	89,910.	472,975.
		Direct expense summary. Add lines 4 through	.,			472,975.
Pa	11 rt	Net income summary. Subtract line 10 from I <b>Gaming.</b> Complete if the organization		990 Part IV line 19 or		124,300.
		\$15,000 on Form 990-EZ, line 6a.	answered res on on	1990,1 att 10, inte 19, 011	eported more than	
ē			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo	() 3 3	col. <b>(a)</b> through col. <b>(c)</b> )
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)			
	0	The gaming moome summary. Subtract inter				L
		ter the state(s) in which the organization condu		atataa0		Yes No
		he organization licensed to conduct gaming a No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No
2		res," explain:				
2320	32 10	)-27-22			Sche	dule G (Form 990) 2022
				35		

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Schedule G (Form 990) 2022	THE MONTCLAIR ART MUSEUM	22-1487582 Page
11 Does the organization co	nduct gaming activities with nonmembers?	
	ntor, beneficiary or trustee of a trust, or a member of a partnership or oth	
to administer charitable	jaming?	
	of gaming activity conducted in:	
	/	
<b>14</b> Enter the name and add	ess of the person who prepares the organization's gaming/special event	ts books and records:
Name		
Address		
<b>15a</b> Does the organization ha	ve a contract with a third party from whom the organization receives gar	ming revenue? Yes
<b>b</b> If "Yes," enter the amour	t of gaming revenue received by the organization \$	and the amount
	ed by the third party \$	
c If "Yes," enter name and		
Name		
Address		
16 Gaming manager informa	ition:	
Name		
Gaming manager compe	nsation \$	
	······································	
Director/officer <b>17</b> Mandatory distributions:	Employee Independent contractor	
	ed under state law to make charitable distributions from the gaming proc	ceeds to
retain the state gaming li	cense?	Yes
<b>b</b> Enter the amount of dist	ibutions required under state law to be distributed to other exempt orga	nizations or spent in the
	pt activities during the tax year \$	
	al Information. Provide the explanations required by Part I, line 2b, c	
15b, 15c, 16, an	d 17b, as applicable. Also provide any additional information. See instruc	ctions.
222022 10 07 22		Schedule G (Form 990) 2
32083 10-27-22	36	achedule G (Form 990)
81113 784010 0	3446R001 2022.05000 THE MONTCLAI	R ART MUSEUM 08446R

			hedule G (Form 99

SCHEDULE I (Form 990) Department of the Tressury	Comp.	<b>Grants and Other Assistance to Organizations, Governments, and Individuals in the United States</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.	Ier Assistance t Id Individuals in answered "Yes" on Fr Attach to Form 990.	ce to Organ Is in the Uni on Form 990, Pa	izations, ted States rt IV, line 21 or 22.		OMB No. 1545-0047 <b>2022</b> Open to Public
Name of the organization	АКТ	Go to www.irs. MITS FIIM	Go to www.irs.gov/Form990 for the latest information. 	the latest inform	ation.		Employer identification number 22-1487582
Part I General Information on Grants and Assistance							
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	to substantiate the stance?	e amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or ass	istance, and the selecti	on X Yes No
<ul> <li>2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> </ul>	ocedures for monit	oring the use of grant	funds in the Unite	d States.			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	<b>Domestic Organi</b> \$5,000. Part II can	zations and Domestic be duplicated if additi	omestic Governments. Com if additional space is needed.	omplete if the organded.	anization answered "Y	es" on Form 990, Part I	V, line 21, for any
1 (a) Name and address of organization or government	( <b>q</b> )	<b>(c)</b> IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<ul> <li>2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table</li> <li>3 Enter total number of other organizations listed in the line 1 table</li> </ul>	and government or s listed in the line	ganizations listed in th 1 table	le line 1 table				
1	e, see the Instruct	ions for Form 990.					Schedule I (Form 990) 2022

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Schedule I (Form 990) 2022 THE MONTCLAIR ART MUSEUM	ART MUSEU	Ш			22-1487582 Page 2
Part III       Grants and Other Assistance to Domestic Individuals.       Complete if the organization answered "Yes" on Form 990, Part IV, line 22.         Part III       Campion answered "Yes" on Form 990, Part IV, line 22.	s. Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	
(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	40	.0	20,720.FMV	FMV	TUTTON
Part IV Supplemental Information. Provide the information required in		ie 2; Part III, column	(b); and any other a	I I Part I, line 2; Part III, column (b); and any other additional information.	
PART I, LINE 2:					
SCHOLARSHIPS ARE APPLIED TO SCHOOL	LUITION	AND STUDENT	INT EXPENSES	S AND ARE NOT	
USED FOR OUTSIDE PURPOSES. SCHOLARSHIPS	SHIPS ARE	E AWARDED IN		ACCORDANCE WITH	
ESTABLISHED GUIDELINES.					
232102 10-31-22		39			Schedule I (Form 990) 2022

ပိ	Supplemental Information on Tax-Exempt Bonds Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptio explanations, and any additional information in Part VI. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.	Supplemental Information on Tax-Exempt Bonds ganization answered "Yes" on Form 990, Part IV, line 24a. Pro explanations, and any additional information in Part VI. 990. Go to www.irs.gov/Form990 for instructions and the late	nental Information on Tax-Exempt Bonds answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, ations, and any additional information in Part VI. www.irs.gov/Form990 for instructions and the latest information.	ax-Exempt 0, Part IV, line ormation in P. structions an	: Bonds 24a. Prov art VI. d the lates	ide descriptio t information	suc .			OMB No. 1545 2022 Open to Pu Inspection	OMB No. 1545-0047 2022 Open to Public Inspection	47 ic
Name of the organization THE MONTCLAIR	ART MUS							Employ 22	/er iden - 1 <u>4</u> 8	Employer identification number 22-1487582	unu u	ber
Part I Bond Issues SEE	PART VI	FOR COLUMN	(F) CON	CONTINUATIONS	SNC							
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	orice	(f) Description of purpose	of purpose	(g) Defeased (h) On behalf of issuer	sed <b>(h)</b> (	) On behalf of issuer	(i) Pooled financing	oled cing
								Yes N	No Yes	s No	Yes	No
A DEVELOPMENT AUTHORITY	22-2045817 <mark>NON</mark>	EAVAIL	08/01/21	2,963,648.	TO 548.MU	PROV SEUM	IDE THE WITH FUNDS		XX			×
В												
c												
۵												
Part II Proceeds		-										
			A		8		U					
1 Amount of bonds retired												
			290 C	2 618								
				<ul> <li>I</li> </ul>								
5 Canitalized interest from proceeds												
8 Credit enhancement from proceeds												
9 Working capital expenditures from proceeds												
10 Capital expenditures from proceeds												
			2,963	3,648.								
12 Other unspent proceeds												
13 Year of substantial completion			50	2021			-					
			Yes	No	Yes	No	Yes	No	Yes		٩	
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds if issued mixets 2018 a current refunding issue/2	ssue of tax-exempt b	oonds (or,	×									
		· · ·	:									
15 Were the bonds issued as part of a retunding issue of taxable bonds (or, issued prior to 2018, an advance refunding issue)?	ssue of taxable bond ue)?	ds (or, if		×								
16 Has the final allocation of proceeds been made?			×									
17 Does the organization maintain adequate books and records to support the	s and records to sup	port the	>									
		000	4					<b> </b>		-  ! !	1000	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ie Instructions for F	orm 990.						й	chedule	Schedule K (Form 990) 2022	ท ยยบ)	2022

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Schedule K (Form 990) 2022 THE MONTCLAIR ART MUSEUM			22-	1487582				Page 2
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	Q	Yes	No	Yes	ŝ	Yes	No
which owned property financed by tax-exempt bonds?								
2 Are there any lease arrangements that may result in private business use of								
bond-financed property?								
<b>3a</b> Are there any management or service contracts that may result in private								
business use of bond-financed property?								
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of								
bond-financed property?								
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
outside counsel to review any research agreements relating to the financed property? $\dots$								
4 Enter the percentage of financed property used in a private business use by entities								
other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a								
result of unrelated trade or business activity carried on by your organization,								
another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?								
<b>Ba</b> Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?								
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all								
nonqualified bonds of the issue are remediated in accordance with the								
Part IV Arbitrage								
	A			8		с -		
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	٩	Yes	No	Yes	٩	Yes	No
Penalty in Lieu of Arbitrage Rebate?		X						
<b>2</b> If "No" to line 1, did the following apply?								
a Rebate not due yet?		×						
b Exception to rebate?	Х							
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed								
3 Is the bond issue a variable rate issue?		X						
232122 10-28-22						Sch	Schedule K (Form 990) 2022	m 990) 2022

Schedule K (Form 990) 2022 THE MONTCLAIR ART MUSEUM			22-1	22-1487582				Page 3
Part IV Arbitrage (continued)								
	A-			8		0		
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	Yes	۶×	Yes	٥	Yes	No	Yes	No
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х						
7 Has the organization established written procedures to monitor the								
requirements of section 1487	4							
	A			8		0		
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
	X							
ntal Information.	s on Schedule	e K. See instr	uctions.					
PART I, BOND ISSUES:								
	AUTHORITY	LTY						
) DESCRIPTION OF PURPOSE:								
TO PROVIDE THE MUSEUM WITH FUNDS TO (A) REFUND TH	THE NJEDA'S		VARIABLE	RATE				
232123 10-28-22						Sch	Schedule K (Form 990) 2022	n 990) 2022

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

## **Noncash Contributions**

OMB No. 1545-0047

22

Employer identification number

22 - 1487582

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.

**Open to Public** Inspection

Name of the organization

#### THE MONTCLAIR ART MUSEUM

Pa	rt I Types of Property							
		(a) Check if applicable	<b>(b)</b> Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of de noncash contribu	etermir	•	ts
		••	items contributed	Form 990, Part VIII, line 1g				
1	Art - Works of art	Х			SEE STATEME	NT	IN	PAR
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	X	6	45,935.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
12	trust interests Securities - Miscellaneous							
12	Qualified conservation contribution -							
13	-							
	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 organiz							
	for which the organization completed Form 828	33, Part V, I	onee Acknowledg	gement 29				
							Yes	No
30a	During the year, did the organization receive by	/ contributio	on any property rep	ported in Part I, lines 1 throu	igh 28, that it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and wh	nich isn't required to be used	for			
	exempt purposes for the entire holding period?	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	policy that re	equires the review	of any nonstandard contrib	utions?	31	Х	
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sell noncash	1			
	contributions?					32a		X
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 propert	y for which column (a) is ch	ecked,			
	describe in Part II.	. /						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2022

232141 09-09-22

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SCHEDU	LE M,	LINE	33:										
OURING	2022,	THE	VALUE	OF CC	ONTRI	BUTE	D WOF	KS O	F ART	WERE	NOT	DETER	MINED.
A ZERO	AMOUN	IT WAS	S REPO	RTED (	ON FO	<b>RM 9</b>	90, F	ART	VIII,	LINE	1G,	BECAU	SE THE
MUSEUM	DID N	IOT CA	PITAL	IZE IN	s co	LLEC	FIONS	, AS	ALLO	WED U	NDER	SFAS	116
(ASC 9	58-360	-25).	,										
												<u> </u>	M (Form 990)

Schedule M (Form 990) 2022 THE MONTCLAIR ART MUSEUM

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Department of the Treasury Internal Revenue Service

Name of the organization

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.



22-1487582

THE MONTCLAIR ART MUSEUM

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

DIVERSE COMMUNITY THROUGH DISTINCTIVE EXHIBITIONS, EDUCATIONAL

PROGRAMS, AND COLLECTIONS OF AMERICAN AND NATIVE AMERICAN ART. ITS

MISSION IS TO INSPIRE AND ENGAGE PEOPLE OF ALL AGES IN THEIR EXPERIENCE

WITH ART, INCLUDING THE RICH INTER-CULTURAL AND GLOBAL CONNECTIONS

THROUGHOUT AMERICAN HISTORY, AND THE CONTINUING RELEVANCE OF ART TO

CONTEMPORARY LIFE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM SERVICES:

MUSEUM STORE - THE STORE AT MAM OFFERS A WIDE VARIETY OF WELL-DESIGNED

MERCHANDISE THAT CAN BE ENJOYED BY THE WHOLE FAMILY. ITEMS RELATED TO

THE MUSEUM'S COLLECTIONS OF AMERICAN AND NATIVE AMERICAN ART ARE

AVAILABLE AS WELL AS HAND-CRAFTED JEWELRY, AND GLASSWARE, CERAMIC

OBJECTS AND DECORATIVE HOME ACCENTS OF THE HIGHEST CALIBER. IN

ADDITION, THE STORE AT MAM OFFERS A WELL-EDITED SELECTION OF

ART-RELATED GIFTS FOR CHILDREN INCLUDING BOOKS, ART IMPLEMENTS, TOYS,

GAMES AND FUN COLLECTIBLES.

EXPENSES \$ 198,099. INCLUDING GRANTS OF \$ 0. REVENUE \$ 33,604.

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

THE MUSEUM'S CFO WORKS CLOSELY WITH AN EXTERNAL ACCOUNTING FIRM TO PREPARE ITS IRS FORM 990. A DRAFT OF THE 990 IS THEN SHARED AND REVIEWED WITH THE MUSEUM'S DIRECTOR, PRESIDENT, AND TREASURER AND MEMBERS OF ITS FINANCE COMMITTEE. THE CFO AND THESE PARTIES PRESENT A COPY OF THE 990 TO THE MEMBERS OF THE EXECUTIVE, FINANCE AND AUDIT COMMITTEES, WITH A REASONABLE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

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R001 2022.05000 THE MONTCLAIR ART MUSEUM 08446R01

Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization	Employer identification number
THE MONTCLAIR ART MUSEUM	22-1487582
AMOUNT OF TIME FOR THEIR REVIEW. COMMENTS ARE THEN GROUPE	D, SUMMARIZED, AND
PROVIDED THROUGH MANAGEMENT TO THE EXTERNAL ACCOUNTING FI	RM. A REFINED
DRAFT IS DISTRIBUTED TO THE ENTIRE BOARD OF TRUSTEES FOR	THEIR INFORMATION
AND COMMENT. ANY APPLICABLE QUESTIONS ARE ADDRESSED PRIOR	TO THE RETURN
BEING FINALIZED AND APPROVED FOR FILING WITH THE IRS. THE	MUSEUM BELIEVES
THIS PROCESS ENSURES THE COMPLETE AND ACCURATE REPORTING	OF INFORMATION ON
THE ANNUAL RETURN.	

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

EVERY FISCAL YEAR BOARD OFFICERS, DIRECTORS AND TRUSTEES ARE REQUIRED TO READ THE MUSEUM'S CONFLICT OF INTEREST POLICY, AND TO FILL OUT A QUESTIONNAIRE WHICH DISCLOSES ANY POTENTIAL CONFLICTS. THE MUSEUM ALSO REQUIRES KEY EMPLOYEES TO FILL OUT THE SAME FORM.

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

THE PERSONNEL COMMITTEE OF THE BOARD OF TRUSTEES REVIEWS COMPARABLE SALARY DATA AND MAKES RECOMMENDATIONS TO THE FINANCE AND EXECUTIVE COMMITTEES REGARDING COMPENSATION FOR KEY EMPLOYEES. ONCE APPROVED BY THE EXECUTIVE COMMITTEE, APPROVAL BY THE BOARD OF TRUSTEES WOULD BE REQUIRED FOR HIRING AND SALARY OF KEY EMPLOYEES. DURING THE ANNUAL BUDGETING PROCESS THE BOARD TREASURER, MUSEUM DIRECTOR AND CFO REVIEW THE SALARY STRUCTURE OF ALL POSITIONS WITHIN THE MUSEUM.

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

 THE MONTCLAIR ART MUSEUM, MAKES ITS FORM 990 AVAILABLE FOR PUBLIC

 INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE BY

 POSTING IT ON GUIDESTAR.ORG. THE MUSEUM MAKES ITS FINANCIAL STATEMENTS

 AVAILABLE ON ITS WEBSITE. IN ADDITION FORMS 990 AS WELL AS THE FINANCIAL

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 2022.05000 THE MONTCLAIR ART MUSEUM 08446R01

Name of the organization THE MONTCLAIR ART MUSEUM	Employer identification number
STATEMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE	UPON WRITTEN
REQUEST AT THE ORGANIZATIONS OFFICE AT 3 SOUTH MOUNTAIN A	AVE, MONTCLAIR, NJ
07042.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
SERVICE FEES RELATED TO BUILDINGS & GROUNDS MAINTENANCE,	PARKING ATTENDANTS
PROGRAM SERVICE EXPENSES	149,248.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	149,248.
EVENT SERVICES SUCH AS AUCTIONEERS, LIGHTING, PHOTOGRAPH	ERS, FLOWERS, ETC.
PROGRAM SERVICE EXPENSES	
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	32,523
TOTAL EXPENSES	36,424.
EXPENSES RELATING TO TOURS, FAMILY PROGRAMS, AND OTHER EI	DUCATION PROGRAMS:
PROGRAM SERVICE EXPENSES	133,982
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0 .
TOTAL EXPENSES	133,982
INSTRUCTOR SALARIES RELATED TO WORKSHOPS AND ART SCHOOL I	PARTIES:
PROGRAM SERVICE EXPENSES	109,437
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	109,437
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Schedule O (Form 990) 2022

Name of the organization THE MONTCLAIR ART MUSEUM	Employer identification num 22-1487582
EXHIBITION CONSULTANTS:	
PROGRAM SERVICE EXPENSES	111,24
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	
TOTAL EXPENSES	111,24
EXPENSES RELATING TO MARKETING SUCH AS FILE SHARING S	SERVICE, EBLAST, ETC.
PROGRAM SERVICE EXPENSES	45,15
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	
TOTAL EXPENSES	45,15
GENERAL CONSULTANT EXPENSES:	
PROGRAM SERVICE EXPENSES	54,62
MANAGEMENT AND GENERAL EXPENSES	15,22
FUNDRAISING EXPENSES	16,80
TOTAL EXPENSES	86,65
OTHER :	
PROGRAM SERVICE EXPENSES	83
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	
TOTAL EXPENSES	83
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL	A 672,98
FORM 990, PART XII, LINE 2C	
NO CHANGE FROM PRIOR YEAR.	

Name of the organization

THE MONTCLAIR ART MUSEUM

FORM 990, PART III, LINE 1

MISSION STATEMENT

THROUGH ART, WE CREATE EXPERIENCES THAT INSPIRE, CHALLENGE, AND FOSTER

COMMUNITY TO SHAPE OUR SHARED FUTURE.

THE MUSEUM

THE MONTCLAIR ART MUSEUM COLLECTS, EXHIBITS, PRESERVES, AND INTERPRETS
AMERICAN AND NATIVE AMERICAN ART, HONORING THE CREATIVE ACCOMPLISHMENTS
OF A DIVERSE RANGE OF ARTISTS, PAST AND PRESENT.
OUR VISION AND VALUES GUIDE OUR ACTIONS:
-RESPECT - WE CARE FOR THE WORKS IN OUR COLLECTION, ARTISTIC
EXPRESSION, THE LAND AND ENVIRONMENT, AND THE PEOPLE WE SERVE.
-COLLABORATION - THROUGH PARTNERSHIPS WITH ARTISTS, SCHOLARS,
COMMUNITY MEMBERS, AND INSTITUTIONS, WE ENSURE THAT OUR COLLECTIVE WORK
REFLECTS DIVERSE PERSPECTIVES, INPUT, AND EXPERTISE.
-ENGAGEMENT AND EDUCATION - THROUGH EXHIBITIONS; FAMILY, STUDENT, AND
PUBLIC PROGRAMS; AND STUDIO ART CLASSES, WE CULTIVATE CREATIVITY AND
PERSONAL EXPRESSION, AND SPARK CRITICAL CONVERSATIONS AND LEARNING FOR
PEOPLE OF ALL AGES AND ABILITIES.
-INCLUSION - WE STRIVE TO CREATE AN ACCESSIBLE AND WELCOMING
ENVIRONMENT THAT FOSTERS OPEN DIALOGUE AND EMPATHY FOR ALL.

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Schedule O (Form 990) 2022

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