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Form	330	J

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 $ { m JUL}1,2022$ and	ending J	UN 30, 2023					
В	Check if applicable	C Name of organization		D Employer identific	ation number				
	Addres change	FITCHBURG ART MUSEUM							
	Name Change	Doing business as		04-611175	58				
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number					
	Final return/	185 ELM STREET		978-345-4					
_	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,154,145.				
	Amend return	FITCHBURG, MA 01420		H(a) Is this a group ref					
	Applica tion pending			for subordinates?					
	<b>T</b>		or 527	H(b) Are all subordinates inc					
	Vebsit	empt status: <u>X</u> 501(c)(3) <u>501(c)(</u> ) (insert no.) <u>4947(a)(1)</u> e: WWW.FITCHBURGARTMUSEUM.ORG	0r 🛄 527	1	ist. See instructions				
		organization: X Corporation Trust Association Other	I Vear	H(c) Group exemption	State of legal domicile: MA				
		Summary			State of legal dofficite, 111				
		Briefly describe the organization's mission or most significant activities: $\frac{THE}{THE}$	FITCHB	URG ART MUSE	EUM IS A				
Activities & Governance	(	CATALYST FOR LEARNING, CREATIVITY, AND C	OMMUNI	TY BUILDING.	. WE				
rna	2	Check this box if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	sets.				
ove	3 1	Number of voting members of the governing body (Part VI, line 1a)			24				
ي م	4								
es	5 1	Total number of individuals employed in calendar year 2022 (Part V, line 2a) $\ldots$		5	27				
iviti		Total number of volunteers (estimate if necessary)			10				
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.				
				Prior Year	Current Year				
ne		Contributions and grants (Part VIII, line 1h)		2,298,056. 170,350.	566,785. 110,315.				
Revenue		Program service revenue (Part VIII, line 2g)		1,451,994.	836,416.				
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	15,127.				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,920,400.	1,528,643.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
s	·- ·	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		990,881.	979,396.				
Expenses	16a F	Professional fundraising fees (Part IX. column (A). line 11e)		0.	0.				
e Be	b	Total fundraising expenses (Part IX, column (D), line 25) 284, 1	10.						
ш	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		987,321.	908,762.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,978,202.	1,888,158.				
	<b>19</b> F	Revenue less expenses. Subtract line 18 from line 12		1,942,198.	-359,515.				
Assets or d Balances			Be	ginning of Current Year	End of Year				
sset	20 1	Total assets (Part X, line 16)		22,486,020.	23,572,182.				
Net As Fund B		Total liabilities (Part X, line 26)		39,624.	65,261.				
Ž	22	Net assets or fund balances. Subtract line 21 from line 20		22,446,396.	23,506,921.				

### 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					
Here	•	VE DIRECTOR							
	Type or print name and title	_							
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN					
Paid	Barbara J. Rowell, CPA			self-employed P00274107					
Preparer	Firm's name SULLIVAN BILLE, P			Firm's EIN 04-3296201					
Use Only	Firm's address 300 BRICKSTONE SQ	UARE #1001							
	ANDOVER, MA 01810 Phone no.978-970-2900								
May the II	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes No					
232001 12-1	13-22 LHA For Paperwork Reduction Act Notion	ce, see the separate instructions.		Form <b>990</b> (2022)					

See Schedule O for Organization Mission Statement Continuation

Form	1990 (2022) FITCHBURG ART MUSEUM	04-6111758	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: THE MISSION OF THE FITCHBURG ART MUSEUM IS TO INSPI		D
	LEARNING, AND TO CONTRIBUTE TO THE WELL-BEING OF OU COMMUNITIES IN FITCHBURG, NORTH CENTRAL MASSACHUSET		
	ENGLAND. TO ACCOMPLISH THE MISSION, WE ORGANIZE EXH		
2	Did the organization undertake any significant program services during the year which were not listed		
Z	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program s		XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program se Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation		
	revenue, if any, for each program service reported.	ns to others, the total expenses, a	11U
4a		) (Revenue \$ 110, 2	315.)
τu	COLLECTION AND EXHIBITIONS: PRESERVE AND CARE FOR F		<u></u> )
	MUSEUM'S PERMANENT ART COLLECTION; DISPLAY PERMANEN		
	EXHIBITIONS FOR THE EDUCATION AND ENJOYMENT OF THE		
		EDUCATIONAL	
	PROGRAMS: PROVIDE LEARNING OPPORTUNITIES FOR ALL AG		тыс.
	ARTIST AND CURATOR TALKS; PUBLIC AND SCHOOL GROUP T		
	WORKSHOPS; AND TEACHER TRAINING. / COMMUNITY PARTNE		5,
	ENGAGEMENT: PARTNER WITH EDUCATIONAL AND CIVIC ORGA		<u>&gt; m ਦਾ</u>
	AND SUSTAIN A LIVABLE AND VIBRANT CITY AND REGION;		
	AND ACCESSIBILITY INITIATIVES; CREATE ECONOMY INITI	ATIVES.	
4b	(Code:) (Expenses \$ including grants of \$	) (Revenue \$	)
4c	(Code:) (Expenses \$ including grants of \$	) (Revenue \$	)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 1,219,653.		
		Form <b>9</b>	<b>90</b> (2022)
23200	12-13-22		
020	2		7501

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2022.05070 FITCHBURG ART MUSEUM

FAM17581

Form 990 (2022)

Part IV Checklist of Required Schedules

FITCHBURG ART MUSEUM

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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		X
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,			
	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			
	Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	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,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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			
	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,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part 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			v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		
	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			x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	
232003	3 12-13-22	Form	330	(2022)

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3 2022.05070 FITCHBURG ART MUSEUM

Form 990 (2			FITCHBU			
Part IV	Che	ecklist	of Required Sch	edı	iles (co	ntinued)

FITCHBURG ART MUSEUM

			-	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			37
	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			x
04.0	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		_ <u>л</u>
<b>24</b> a	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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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			
	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%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		_ A
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	X	37
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
22	Schedule N, Part II	32		_ A
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
0-7	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	X	
ו מו	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 30		103	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b>			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
232004	12-13-22	Form	990	(2022)
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Part V         Statements Regarding Other IRS Filings and Tax Compliance controled           2a         Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements.         21           bit If a least one is reported on Ine 2a, did the organization file all froumed dedrai employment tax returns?         2a         2b         X           bit If a least one is reported to have as yours of the provide an explanation on Schedule 0         3a         X           bit If Yes, 'Instit field a Farm 900T for this year?         3a         X           bit If Yes, 'Instit field a Farm 900T for this year?         3a         X           bit If Yes, 'Instit field a Farm 900T for this year?         5a         X           bit If Yes, 'Instit field a Farm 900T for this year?         5a         X           bit If Yes, 'Instit field a Farm 900T for this year?         5a         X           bit If Yes, 'Instit field a Farm 900T for this year?         5a         X           bit If Yes, 'Instit field a Farm 900T for this year?         5a         X           bit If Yes, 'Instit field a Farm 900T for this year?         5a         X           bit If Yes, 'Instit field a Farm 900T for this year?         5a         X           bit If Yes, 'Instit field a Farm 900T for this year?         5a         X           bit If Yes, 'Instit field a Farm 900T for this year?         5a </th <th>Form</th> <th>990 (2022) FITCHBURG ART MUSEUM 04-6111</th> <th>758</th> <th>P</th> <th>age 5</th>	Form	990 (2022) FITCHBURG ART MUSEUM 04-6111	758	P	age 5
2a         Enter the number of employees reported on from WW, Transmittal of Wage and Tax Statements,         2a         27           b If at least one in reported on line 2a, dd the organization file all required federal employment tax returns?         2a         X           b If the state one in reported on line 2a, dd the organization file all required federal employment tax returns?         2a         X           b If Yres, ' has if filed a Form 990 Tior this year, d' the organization have an interset, or a signification or other stuthody over, a         4a         At any time during the calender year, d'the organization have an interset, or a signification over a transet, or a signification over a transet, or a signification all accounts (FEAR).         5a         X           5a         Wast he organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions tax devicatible a chartable contributions?         5a         X           5b         If Yes, 'indei the organization have annual gross receipts as taxen on \$100,000, and did the organization solid the inference approved to the save??         5a         X           5a         If Yes, 'indei the organization have and the account gross receipts revolved to the sav??         5a         X           5a         If Yes, 'indei the organization neal area co					<u> </u>
The dependence of the calendar operation of all required decard amplyomet tax returns?       20       27         3a Dot the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         3b Dot the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         3b H "Yes," that field a 5cm 3000 Tor this year? If Nor 16 in 80, organization and Schedule O       3b       3a       X         3b H "Yes," that the the longing country (such as a bank account, securities account), or other number all accounts?       4a       X         3b I "Yes," then the name of the longing country (such as a bank account, securities account, or other financial accounts?       5a       X         3b O and any business account is a solution that where an interest in, or a signature or other authority over, a financial accounts?       5a       X         3c II "Yes," enter the name of the longing country is a prohibit of tax shell the transaction?       5a       X         3c II "Yes," othic the organization have an integrates in the Bone Store Country is a prohibit of tax shell the arganization shell as a prohibit of tax shell the arganization shell as a prohibit of tax shell the arganization shell as a prohibit of tax shell the arganization shell as a prohibit of tax shell the arganization shell as a prohibit of tax shell the arganization shell as a prohibit of tax shell the arganization shell as a prohibit of tax shell the arganization shell as a prohibit of tax shell the arganization shell as a prohibit of tax shell the arganization shell as prohibit of tax she				Yes	No
b       If a last one is reported on line 2a, dd the organization file alregures tedrate imployment tax returns?       2b       X         a       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         a       Na thed a form 590 Too this year? If 'No' to line 3b, provide an explanation on Schedule 0       3a       X         b       I'Yes,' enter the name of the foreign country user as a bina account, securities account, or other financial accounts (ERAR).       5a       X         b       I'Yes,' enter the name of the foreign country user as a share account, securities account, or other financial accounts (ERAR).       5a       X         b       Did any taxable party notify the ganization that was or is a party to a prohibited tax sheller transaction?       5a       X         c       Did any taxable party notify the ganization that was or is a party to a prohibited tax sheller transaction?       5a       X         c       Did any taxable party notify the ganization that was or is a party to a prohibited tax sheller transaction?       5a       X         c       Did any taxable party notify the ganization have an express statement that such contributions or gifts were not tax deductible?       5a       X         d)       I'Yes' to line organization neaver safts??       7a       X       X         d)       I'Yes' to line organization neaver safts??       7a       X	2a				
39         Did the organization have unvestee business prose income of \$1,000 or more during the year?         3a         X           bit "Yes," has it lied a Form 99-6" for this year? If 'No' to fire 3b, provide an explanation or other authorhy over, a financial account?         3b         4a           bit "Yes," has it lied a Form 99-6" for this year?         4a         X         Y           bit "Yes," enter the name of the forgin country.         4a         X         X           bit "Yes," enter the name of the forgin country.         5a         X         X           bit any taxable party notify the organization that twas or is a party to a prohibited tax shellor transaction?         5a         X           c) If Yes," ide the organization in Porte M3861 70         5a         X         Sa           c) If Yes," ide the organization in Porte M3861 70         5a         X         Sa           c) If Yes," ide the organization include with every solicitation an express statement that such contributions solits are contributions and party is qools and services provided to the party?         7a         X           c) If Yes," ide the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as (3.5° matip anty as a contribution an party for qools and services provided to the party?         7a         X           d) If Yes," ide the organization include with every solicitation an expressable personal property for whith it as socitation for massabl		filed for the calendar year ending with or within the year covered by this return 2a 27			
b       1 'Yes', 'hai It liked a form 990 't for the yes?' 'No' to ine 3b, provide an explanation on Schedule O       3b         4       At any time during the calendar year, did the organization have an interest h, or a signature or other authority over, a transal account in a foreign country (such as a bank account, securities account, or other financial accounts of this frequencies of the organization have an interest h, or a signature or other authority over, a transature of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR).         5w       Was the organization have annual gross needy to a prohibited tax shelter transaction?       5a       X         c       Did any taxable party notify the organization have annual gross needy to a prohibited tax shelter transaction?       5c       X         b       I'Yes' to line 5a or 5b, did the organization have annual gross needy to a prohibited tax shelter transaction?       6c       X         b       I'Yes' to line 5a or 5b, did the organization have annual gross needy to a prohibited tax shelter transaction solid any contributions that may receive deductible acchriticution under section 170(c).       8c       X         b       I'Yes' to line from 2020 accounts apamnin meases of \$Tm ado party as a contribution of any difference and any section 170(c).       8c       X         b       I'Yes', "indicate the number of Forms 8282 filed during the year       I'd       Y       X         f       Did the organization neewed a contribution of aualiffer indicetup aproperty for which it was	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
4a       At my time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; where the name of the foreign county.       4a       X         b       If Yea, ' unter the name of the foreign county.       5a       X         b       If Yea, ' unter the name of the foreign county.       5a       X         county of any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction.       5b       X         cold any taxable party notify the organization the form 388-7.       5b       C       5b       X         cold any taxable party notify the organization the regarization the form 388-7.       5b       C       5b       X         cold any taxable party notify the organization counts a deductible contributions and exclusions or gifts were not tax deductible and chartable contributions?       6b       C       C         cold the organization notify the donor of the value of the goods or services provided?       7a       X       C       C       Z       C       C       Z       X       C       Z       X       C       Z       X       C       Z       X       C       Z       X       C       Z       X       C       Z       X       C       Z       X       Z       Z       Z       Z       Z       Z	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
In Marcela account in foreign country (such as a bank account, securities account, or other financial account)?     4a     X       b H*Yes,** reter the name of the foreign, country     5a     5a     5a     5a       Sa Was the organization a party to a prohibute tax shelter transaction at any time during the tax year?     5a     5a       C H*Yes** to lino 5a or 5b, did the organization this twas or is a prify to a prohibute tax shelter transaction?     5c     5c       C H*Yes** to lino 5a or 5b, did the organization the account at any time during the tax year?     5a     5c       D H*Yes** to lino 5a or 5b, did the organization the account account is schedr transaction?     5c     5c       D H*Yes** to lino 5a or 5b, did the organization the very solcitation an express statement that such contributions or gifts     5c     5c       D H*Yes** to did the organization neluce with every solcitation an express statement that such contributions or gifts     7a     X       D I H*Yes** (did the organization neluce with every solcitation and express transaction receive a payment in excess of 575 made parity as a contribution and parity for yoods and services provided 7     7a     X       D I H* every anization sele, charter with eighope of tanging be personal property for which it was required     7a     X       D I H* every anization neceive any funds, directly or indicetly, to pay premums on a personal benefit contract?     7c     X       D I H* every anization sele, charter with every solotation ano taxis of the account is a form 1996/C?     7a	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 filing requirements for FIRCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       See         b       Was the organization aperty to a prohibited tax shelfer transaction at any time during the tax year?       See         b       Did any taxable party notify the organization in the rom 8886 in Forein 8886 i	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 finiting requirements for FinCEN Form 114, Report of Foreign Bark and Financial Accounts (FBAP).       5a         Sa Was the organization approximation that it was or is a party to a prohibited tax shelter transaction?       5a         Sa Dest no 5a, oit the organization file form 8880 f?       5a         C If Yes" to line Sa or 5b, oit the organization file form 8880 f?       5a         Sa Dest the organization have annual gross receipte that are normally greater than \$100,000, and did the organization scient and y contributions or gifts       6a         V yes", tolid the organization file form 8880 f?       6a       X         If Yes, 'i did the organization scient section 70(c).       7a       X         If Yes, 'i did the organization scient section 70(c).       7a       X         If Yes, 'i did the organization scient section 70(c).       7b       X         If Yes, 'i did the organization netwer section 400 or of the value of the goods or services provide?       7b       X         If Yes, 'i did the organization cervice any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         If the organization netwer a contribution of calleli thellectual property for which it was required       7a       X         If the organization netwer any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         If the organization netwere any funds, directly or indirectl		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
Sa         Was the organization a party to a prohibited tax sheler transaction?         Sa         X           b         Did any taxable party notify the organization file Form 8886 1?         Sa         Sa         X           Ga         Dess the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solit any contributions that were not tax deductible         Sa         X           Ga         Dess the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solit any contributions that were not tax deductible as charatable contributions         Ga         X           b         If "Yes," did the organization netule ayment in ecoses of \$7 mde party as contribution and party for goods and services provided to the particular in the area and the goods or services provided?         7a         X           c         Did the organization netule ayment in ecoses of \$7 mde party as a contribution and party for goods and services provided to the particular networks any funds, directly or indirectly, to pay premums on a personal benefit contract?         7a         X           d         If "Yes," indicate the number of Forms 8282 filed during the year, or otherwhiles, did the organization networks any funds, directly or indirectly, to pay premums on a personal benefit contract?         7a         X           d         If "Yes," indicate the number of Forms 8282 filed during the year, any one parisonal benefit contract?         7a         X           d         If the or	b	If "Yes," enter the name of the foreign country			
b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       50       X         c       If Yes' to line 6a or 50, did the organization file from 8886-17.       60       X         6       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solution shall be contributions?       6a       X         9       If Yes, 'to line 6a or 50, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       7a       X         7       Organization self expanziation notify the donor of the value of the goods or services provided?       7a       X         7       If Yes, 'did the organization self, expanse, or otherwise dispose of tangible personal property for which it was required to line form 8282?       7a       X         9       Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7a       X         9       If Yes, 'did the organization neceive a contribution of cars, boats, anjalanes, or other vehicles, did the organization line form 8282?       7a       7a         9       Sponsoring organization neaves and advised funds.       1a       1a       1a         9       Sponsoring organization neaves and solution of cars, boats, anjalanes, or other vehicles, did the organization file Form 8282?       7a       7a      <		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-T?       5c       5c         6D       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solidt any contributions that were not tax deductible on tributions or gifts were not tax deductible?       6a       X         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b       7a       X         b       Did the organization receive apartmetin oxecs of 57 mode party as contribution and party for pods and services provided?       7a       X         b       Did the organization neevel aparts on the value of the goods or services provided?       7a       X         c       Did the organization neevel aparts on the value of the goods or services provided?       7a       X         d       Dif the organization receive aparts funds, every or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization receive a contribution of qualified intelectual property diff the organization file a Form 1098-C?       7n       X         f       If the organization receive a contribution of qualified intelectual property diff matriaked by the sponsoring organization make averses business holding at any the organization file a Form 1098-C?       7n         g       If the organization makere and stable distributions under section 4966?	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
Ga     Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that wave not tax deductible as charitable contributions?     Ga     X       b     If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     Gb     Gb       c     Or organizations that may receive deductible contributions and partly for goods and services provided to the payor?     7a     X       c     Did the organization notify the doon of the value of the goods or services provided?     7a     X       c     Did the organization notify the doon of the value of the goods or services provided?     7a     X       c     Did the organization neceive any function, on a personal benefit contract?     7d     7c     X       c     Did the organization directly or indirectly, on a personal benefit contract?     7d     7a     X       g     If the organization directly end the vary. bay premiums, directly or indirectly, on a personal benefit contract?     7d     7a     X       g     Sponsoring organization directly and a distribution or advised fund miniaride by the sponsoring organization make any taxable distributions under section 4966?     9a     9b     10       g     Sponsoring organization make any taxable distributions under section 4966?     9a     10       g     Sponsoring organization directly en advised funds.     10a <t< td=""><td>b</td><td>Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</td><td>5b</td><td></td><td>X</td></t<>	b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
any contributions that were not tax deductible as chartable 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 contributions under section 170(c).     7b       8 Did the organization notify the donor of the value of the goods or services provided?     7c     X       b If "Yes," did the organization notify the donor of the value of the goods or services provided?     7c     X       c Did the organization notify the donor of the value of the goods or services provided?     7c     X       c Did the organization needve any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7c     X       d If "Yes," indicate the number of Form 8282 filed during the year     Cd     7d     7d       g If the organization needve a contribution of cars, boats, aiplanes, or other vehicles, did the organization file a Form 8080 as required?     7d       f If the organization neeview a contribution of cars, boats, aiplanes, or other vehicles, did the organization file a Form 1080-C?     7h       8 Sponsoring organization maintaining donor advised funds.     8     8       9 Sponsoring organization neeves a substation to a donor, donor advised fund maintained by the sponsoring organization make a tistrbution to a donor, dorora advised, rund maintained by the sponsoring organization make any taxable distributions under section 4968?     9a       D dt the sponsoring organization make a distribution to a	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 gits were not tax deductible?       Both the organization shart may receive deductible contributions under section 170(c).         a       Did the organization shart may receive deductible contributions and partly for goods and services provided to the pary?       7a       X         b       If 'Yes,'' did the organization notify the doorn of the value of the goods or services provided?       7a       X         c       Did the organization notify the doorn of the value of the goods or services provided?       7a       X         c       Did the organization notify the doorn of the value of the goods or services provided?       7c       X         d       If 'Yes,'' did the organization notify the doorn of the value of the goods or services provided?       7c       X         d       Did the organization during the year, app remiums, directly or notiferetly, on a personal benefit contract?       7c       X         g       If the organization maintaining door advised funds. Did a door advised fund maintained by the sponsoring organization make any taxable distributions unduring the year.       7d       7d         g       Sponsoring organization make any taxable distributions unduring the year?       9a       9b       9b         D       Did the sponsoring organization make any taxable distributions unduring the year?       9a       9b       11a       10a	6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
were not tax deductible?     6b       7     Organizations that may receive deductible contributions under section 170(c).     7a       8     Did the organization neelive a payment in excess of \$7s made party as a contribution and party for goods and services provided?     7b       8     Tryes," did the organization neelive a payment in excess of \$7s made party as a contribution and party for which it was required to the Form 8282?     7c     X       9     Did the organization neelive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7c     X       10     Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7c     X       10     Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7r     T       11     Did the organization receive a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?     7h     X       12     Did the posnoring organization have excess busines holdings at any time during the year?     8     8       9     Sponsoring organization main yababie distributions under section 4966?     9a     9b       10     Bid the sponsoring organization make a distribution to a donor, donor advisor, or related person?     9b     9b       11     Section 501(c)(7) organizations. Enter:     10a     10a     10b       12     Section			6a		<u> </u>
7       Organizations that may receive deductible contributions under section 170(c).       a) bit the organization neceive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor       7a       X         b) If 'Yes,' if dicate the number of the value of the goods or services provided?       7b       X         c) Did the organization neceive any functs, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         d) If 'Yes,' indicate the number of Forms 8282 filed during the year       7d       7c       X         g) Did the organization during the year, pay premiums, directly or indirectly, or a personal benefit contract?       7r       T         g) If the organization during the year, pay premiums, directly or indirectly, or a personal benefit contract?       7r       T         g) If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7       7n       T         g) Sponsoring organization maintaining doors dvised funds. Uid a donor advised funds.       8       9         g) Sponsoring organization make any taxable distributions under section 4966?       9a       9b         g) Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         g) Sonsoring organization make a distribution to a donor, donor advised funds.       11a       11a       11a       11a       11a	b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided?       7a       X         b If "Yes," ald the organization notify the donor of the value of the goods or services provided?       7b       X         c Did the organization on elexohange, 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       7c       X         f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7t       T         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8998 as required?       7g       T         g If the organization received a contribution of ans, boats, aptianes, or other vehicles, did the organization file Form 8999 as required?       7g         g If the organization make any taxable distributions under section 4966?       9a       9b       D         9 Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b       D         10 Section 501(c)(7) organizations. Enter:       10a       10a       10b       10c       10c<		were not tax deductible?	6b		
b       If "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required       7b       X         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d       7t         e       Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7t       7t         f       If the organization neceived a contribution of qualified intellectual property, did the organization files Form 8399 as required?.       7d       7t         f       If the organization received a contribution of carb, botas, aiprlanes, or other vehicles, did the organization 1080-C?       7n       7n         8       Sponsoring organization make any taxable distributions under soction 4966?       9a       9a       9a         9       Did the sponsoring organization make any taxable distributions under soction 4966?       9a	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 If 'Yes,' indicate the number of Forms 8282 filed during the year       7d       7e       7e         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       7f         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8890 as required?       7g         h       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7n         8       Sponsoring organization make any taxable distributions under section 4966?       9a       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b         10       B did the sponsoring organization make any taxable distributions under section 4966?       9a       9b         10       B cons accepts, included on Form 990, Part VIII, line 12       10a       10b       10b         11       Section 501(c)(2) organizations. Enter:       11a       10b       10b       10c         12       Section 501(c)(2) organiz	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		
to file Form 8282?         7c         X           d If "Yes," indicate the number of Forms 8282 filed during the year         7d         7d         7e           Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?         7f         7f           g If the organization received a contribution of qualified intellectual property, did the organization file Form 8399 as required?         7f         7g           h If the organization received a contribution of cars, boats, aipplanes, or other vehicles, did the organization file a Form 1098-C?         8         7g           Sponsoring organizations maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?         9a         9a           9         Sponsoring organizations. maintaining door advised funds.         9b         9b         9b           0 B the sponsoring organization make a distribution to a donor, donor advisor, or related person?         9b         9b         9b           0 Section 501(c)(2) organizations. Enter:         a Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities         10b         10b         10b           12         Section 501(c)(2) organizations. Enter:         a Gross income from members or shareholders         11a         10b         10b         12a           13         Section 501(c)(	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         e Did the organization during the year, apy premiums, to pay premiums on a personal benefit contract?       Te         f the organization during the year, pay premiums, directly or indirectly, to pay premiums, on a personal benefit contract?       Tf         g If the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?       Tf         g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-0?       Th         S Sponsoring organizations maintaining door advised funds.       B       B         9 Sponsoring organization make and taxibul distributions under section 4966?       9a       B         10 dit be sponsoring organization make and taxibul distributions under section 4966?       9a       B         10 dit be sponsoring organizations. Enter:       10a       10b       10b       10b         11 Section 501(c)(7) organizations. Enter:       10a       10b       10b       10b       10b         12 Section 501(c)(12) organizations. Enter:       10b       10b       10b       10b       10b         13 Section 501(c)(2) organizations. Enter:       10a       10b       10b       10b       10b       10b         13 Section 501(c)(2) organizations. Enter:       10b       10b       10b <td< td=""><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></td<>	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         f       Did the organization received a contribution of qualified intellectual property, did the organization file Fom 8899 as required?       7g         f       Did the organization received a contribution of qualified intellectual property, did the organization file Fom 8899 as required?       7n         g       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 49667       9a         9       Sponsoring organization make any taxable distributions under section 49667       9a         10       did the sponsoring organization make any taxable distributions under section 49667       9a         10       sponsoring organization make any taxable distributions under section 49667       9a         10       did the sponsoring organization. make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       11a         11       section 501(c)(12) organization Enter:       11a       12a         12       Section 501(c)(2) qualified nonprofit health insurance issuers.       11a       12a         12       section 501(c)(2) qualified nonprofit health plans in more than one state?       13a       12a         13 </td <td></td> <td>to file Form 8282?</td> <td>7c</td> <td></td> <td><u> </u></td>		to file Form 8282?	7c		<u> </u>
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       71         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required?,       73         h       If the organization received a contribution of cars, boats, aiprlanes, or other vehicles, did the organization file Form 1098-C?       76         8       Sponsoring organization necevide a contribution of cars, boats, aiprlanes, or other vehicles, did the organization file Form 1098-C?       76         9       Sponsoring organization make any taxable distributions under section 4966?       8         9       Did the sponsoring organization make and listributions to donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b         12       Section 501(c)(12) organizations. Enter:       10a       11b         13       Goross income from members or shareholders       11a       12a         14       12b       12a       12a       12a         15       Section 501(c)(22) qualified nonprofit health insurance issues.       11a       11a       12a         16       Gross income from members or shareholders       13a       13a       13a	d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7n         8 Sponsoring organizations maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8         9 Did the sponsoring organization make any taxable distributions under section 4966?       9a         10 Bestion 501(c)(7) organizations. Enter:       10a         11 Section 501(c)(7) organizations. Enter:       10a         12 Gross income from members or shareholders       11a         13 Section 501(c)(12) organizations. Enter:       11a         14 Gross income from members or shareholders       11a         15 Gross income from members or shareholders       11a         16 Gross income from members or shareholders       11a         17 Best in 501(c)(2) qualified nonprofit health insurance issuers.       11a         18 Section 501(c)(2) qualified nonprofit health plans in more than one state?       13a         18 Section 501(c)(2) qualified nonprofit health plans in more than one state?       13a         19 Did the organization is equired to maintain by the states in which the organization receives and and       13a         14 Did the organization subject to the section 4968 excise tax	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
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. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.       8         9       Sponsoring organizations maintaining donor advised funds.       9a         b       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. for public use of club facilities       10a       10a         11       Section 501(c)(7) organizations. Enter:       11a       11b       12a         a       Gross income from members or shareholders       11a       12a         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         12       Section 4947(a)(1) non-exempt charitable trusts. Is the organization must report on Schedule O.       13a       13a         13       Section 4947(a)(29) qualified nonprofit health plans in more than one state?       13a       13a         14       Did the organization is closed qualified health plans in more than one state?       14b       14b </td <td>f</td> <td>Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</td> <td>7f</td> <td></td> <td></td>	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make excess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         0       Did the sponsoring organization make any taxable distributions under section 4966?       9a         10       Section 501(c)(7) organizations. Enter:       10a         11       Initiation fees and capital contributions included on Part VIII, line 12.       10a         12       Section 501(c)(12) organizations. Enter:       10b         13       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11a       11b         12a       Section 501(c)(2) organization finitures treceived or accrued during the year       12b       12a         14a       If *es, " enter the amount of tax-exempt interest received or accrued during the year?       13a       13a         12b       If *res," comparization receive any payments for indoor tanning services during the year?       14a       X         14a       Did the organization subject to the section 4966 (2)       14b       14a       X         12b       If *res," has it filed a Form 720 to report these payments? If *No," provide an explanation on Schedule O.       14a       X	g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         10       Betting organization make any taxable distributions under section 4966?       9a         10       Section 501(c)(7) organizations. Enter:       10a       10a         11       Initiation fees and capital contributions included on Part VIII, line 12.       10a       10b         11       Section 501(c)(12) organizations. Enter:       10b       10b       11a         12       Gross income from members or shareholders       11a       11b       11b         12       Section 501(c)(12) organizations. Enter:       11b       11b       12a         13       Gross income from members or shareholders       11a       12a         14       Type       12b       12a       12a         15       Section 501(c)(29) qualified nonprofit heatth insurance issuers.       13a       13a         13       Section 501(c)(29) qualified health plans in more than one state?       13a       13a         14a       X       13a       13a       13a         14b       13c       13a       13a       13a         15       Enter the amount of reserves the organization is	h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
9       Sponsoring organizations maintaining donor advised funds.       9a         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       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(7) organizations. Enter:       10a       10b       10b         12       Section form members or shareholders       11a       10b       11b         12a       Section 501(c)(29) organization file trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         14       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.       14a       X         14       Did the organization size qualified health plans       13b       13c       13a         Note: See the instructions for additional information the organization must report on Schedule O.       14a </td <td>8</td> <td>Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the</td> <td></td> <td></td> <td></td>	8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
a Did the sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10 Section 501(c)(7) organizations. Enter:       10a         initiation fees and capital contributions included on Part VIII, line 12.       10a         11 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 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         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.       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         14a       X       14b       14b       14b       14b         14a       X       14b       14b       14b       14b       14b       14b       14b       14b       14b       14b <t< td=""><td></td><td>sponsoring organization have excess business holdings at any time during the year?</td><td>8</td><td></td><td></td></t<>		sponsoring organization have excess business holdings at any time during the year?	8		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10a         a Initiation fees and capital contributions included on Part VIII, line 12       10b       10b         11       Section 501(c)(12) organizations. Enter:       10b       10b         a Gross income from members or shareholders       11a       10b       11b         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)(29) qualified nonprofit health insurance issuers.       12b       12a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         14a       X       13b       13a       13a         14b       Ithe organization is licensed to issue qualified health plans in more than one state?       14a       X         15       Is the organization receive any payments for indoor tanning services during the ax year?       14a       X         16       Yes," ench 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         16       If "Yes," ese the instructions and file Form 4720, Schedule N.       15 <td< td=""><td>9</td><td>Sponsoring organizations maintaining donor advised funds.</td><td></td><td></td><td></td></td<>	9	Sponsoring organizations maintaining donor advised funds.			
10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12.       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       10b         a       Gross income from members or shareholders       11a       11b       11b         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         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         a       Inter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13a       13a         c       Enter the amount of reserves on hand       13a       13a       14a       X         b       If "Yes," has it flied a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14a       X         b       If "Yes," set the in			9a		
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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       13a       13a         13       Section 501(c)(22) qualified nonprofit health insurance issuers.       13a       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       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       14a       X         b       If "Yes," as the instructions and file Form 4720, Schedule N.       15       X       14b       15					
11       Section 501(c)(12) organizations. Enter:       11a       11a         a       Gross income from members or shareholders       11a       11b       11b         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b       11a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 900 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       12a         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         Note: See the instructions for additional information the organization must report on Schedule O.       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 r	а				
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       11b         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       12b       12a         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         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14a       X         14 Did 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         If "Yes," complete Form 4720, Schedule O.       16       X       17       16       X         If "Yes," complete Form 4720, Schedule O.       16       17       16       X<	b				
b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       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       12a         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       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       13a       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       X         if "Yes," see the instructions and file Form 4720, Schedule N.       16       X       16       X         if "Yes," complete Form 4720, Schedule O.       16       X       17       17         if "Yes," complete Form 4720, Schedule O.       16       X       17	11				
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         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       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       13a         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 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       Is the organizations	а				
12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       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.       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 an educational line form 4720, Schedule N.       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 6069.       17       17	b				
b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       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.       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         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         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         16       X       If "Yes," see the instructions and file Form 4720, Schedule N.       16         17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17					
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.       13b         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         c       Enter the amount of reserves on hand       13c         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? 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?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         16       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         17       If "Yes," complete Form 4720, Schedule O.       17       17       17         16 <td< td=""><td></td><td></td><td>12a</td><td></td><td></td></td<>			12a		
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.       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         c Enter the amount of reserves on hand       13c       14a         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? 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?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         16 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.       10       10       10       10					
Note: See the instructions for additional information the organization must report on Schedule O.       Image: Constraint of the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       Image: Constraint of the amount of reserves on hand       Image: Constraint of the amount of the amount of the amount of the amount of the section 4960 tax on payment(s			40		
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       13c         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? 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?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X       16       X         If "Yes," complete Form 4720, Schedule O.       16       X       17       17         If "Yes," complete Form 4720, Schedule O.       17       17       17         If "Yes," complete Form 4720, Schedule O.       17       17       17         If "Yes," complete Form 6069.       1951, 4952 or 4953?       17       17	а	-	13a		
organization is licensed to issue qualified health plans       13b       13c         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? 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?       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.       16       X         If "Yes," complete Form 4720, Schedule O.       17       17         If "Yes," complete Form 4720, Schedule O.       17       17         If "Yes," complete Form 6069.       17       17	h				
c       Enter the amount of reserves on hand       13c       14a       14a         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? If "No," provide an explanation on Schedule O       14b       X         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         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       16       X         If "Yes," complete Form 4720, Schedule O.       17       17       17         If "Yes," complete Form 6069.       10       10       10       10	D				
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? 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?       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.       17       16       X         If "Yes," complete Form 4720, Schedule O.       17       17       17         If "Yes," complete Form 6069.       10       10       10       10	-				
b       If "Yes," has it filed a Form 720 to report these payments? If "No, " provide an explanation on Schedule O       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       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.       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			14-		x
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       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       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       17         If "Yes," complete Form 6069.       10       10       10       11					- 17
excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         16       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.       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       17         If "Yes," complete Form 6069.       10       10       10       10			140		
If "Yes," see the instructions and file Form 4720, Schedule N.         If is the organization an educational institution subject to the section 4968 excise tax on net investment income?         If "Yes," complete Form 4720, Schedule O.         If "Yes," complete Form 6720, Schedule O.         If "Yes," complete Form 6069.	15		15		х
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?       16       X         17       If "Yes," complete Form 6069.       16       X			10		
If "Yes," complete Form 4720, Schedule O. <b>17</b> 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?         If "Yes," complete Form 6069.	16		16		х
17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities       17         17       If "Yes," complete Form 6069.       17	10		10		
that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17         If "Yes," complete Form 6069.       10	17				
If "Yes," complete Form 6069.	.,		17		
			17		
	232005		Form	990	(2022)

232005 12-13-22

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Form 990	(2022)
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## FITCHBURG ART MUSEUM

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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.

Sec	Check if Schedule O contains a response or note to any line in this Part VI							
							Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year	-	1a		24		100	t
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							L
b	Enter the number of voting members included on line 1a, above, who are independent	-	1b		24			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	· ·		anv other				
-					- 1	2		Ľ
3								t
-	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					4		t
5	Did the organization become aware during the year of a significant diversion of the organization's a					5		t
6						6		t
о 7а								
<i>i</i> a	more members of the governing body?	•••				7a		l
h	Are any governance decisions of the organization reserved to (or subject to approval by) members.				··  -	<i>1</i> a		ł
b						76		l
•					··  -	7b		┟
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y		-	-		0-	х	l
	The governing body?					8a oh	X	╀
b	Each committee with authority to act on behalf of the governing body?				··	8b	А	╀
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re							I
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O					9		1
ec	tion B. Policies (This Section B requests information about policies not required by the Internal	Reve	enue	Code.)				т
					Б	10	Yes	╁
	Did the organization have local chapters, branches, or affiliates?				··  -	10a		ł
b	If "Yes," did the organization have written policies and procedures governing the activities of such							l
	and branches to ensure their operations are consistent with the organization's exempt purposes?					10b	37	ł
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	ody b	pefor	re filing the form?	?  ·	11a	Х	ļ
b								l
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13					12a	<u>X</u>	ļ
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri				L	12b	Х	ļ
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If							l
	on Schedule O how this was done					12c	X	ļ
3	Did the organization have a written whistleblower policy?					13	Х	ļ
4	Did the organization have a written document retention and destruction policy?				L	14	Х	l
5	Did the process for determining compensation of the following persons include a review and appro	oval b	oy in	dependent				l
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	ר?						l
а	The organization's CEO, Executive Director, or top management official				L	15a		
b	Other officers or key employees of the organization				[	15b	Х	ĺ
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							ſ
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	jeme	nt w	ith a				I
	taxable entity during the year?					16a		ſ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu							ſ
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	janiz	atior	ı's				l
	exempt status with respect to such arrangements?					16b		I
ec	tion C. Disclosure							
7	List the states with which a copy of this Form 990 is required to be filed MA							
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and	990	-T (section 501(c	:)(3)s	onlv	avail	а
	for public inspection. Indicate how you made these available. Check all that apply.			,		.,,		
	Own website Another's website X Upon request Other (expla	in or	ı Scl	hedule O)				
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents,			,	and	finar	ncial	
-	statements available to the public during the tax year.	5511			and	ma		
0	State the name, address, and telephone number of the person who possesses the organization's to	JUUR	s an	d records				
-	NICHOLAS CAPASSO - 978-345-4207	500K	Jui					
	185 ELM STREET, FITCHBURG, MA 01420							
						Form	990	1
2006	6 12-13-22 <b>6</b>						330	(
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Part VII	Compensation of Officers, Di	irectors, Trustees,	Key Employees,	Highest Compensa	ated
	Employees, and Independent	t Contractors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

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

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

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos	ition		one	Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)				h an	compensation	compensation	amount of
	week				rector/trustee)			from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual tr	tional		nploy	st cor yee	_	1033-1120)		organizations
	line)	ndivic	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			e gameaterie
(1) NICHOLAS CAPASSO	40.00	_			-		-			
MUSEUM DIRECTOR				X				126,396.	0.	0.
(2) NADINE PRICE	2.00									
PRESIDENT		Х		X				0.	Ο.	0.
(3) THOMAS DICONZA	2.00									
VICE PRESIDENT		х		X				0.	0.	0.
(4) KAREN SPINELLI	2.00									
SECRETARY		Х		X				0.	0.	0.
(5) ROBERT GALLO	2.00									
TREASURER		Х		X				0.	0.	0.
(6) HOLLY ELISSA BRUNO	1.00									
TRUSTEE		Х						0.	0.	0.
(7) CAROL CANNER	1.00									
TRUSTEE		Х						0.	0.	0.
(8) ANNA CLEMENTI	1.00									
TRUSTEE		Х						0.	0.	0.
(9) MICHAEL DEMARCO	1.00								_	_
TRUSTEE		Х						0.	0.	0.
(10) LUISA FERNANDEZ	1.00									
TRUSTEE		Х						0.	0.	0.
(11) GALE SIMONDS HURD	1.00									
TRUSTEE		X						0.	0.	0.
(12) ROBERT JOKELA	1.00								0	0
TRUSTEE	1 00	X						0.	0.	0.
(13) RICHARD LAPIDUS	1.00							0	0	0
TRUSTEE	1 00	X						0.	0.	0.
(14) PETER LAYTIN	1.00							0	0	0
TRUSTEE	1 00	X						0.	0.	0.
(15) RODERICK LEWIN	1.00									•
TRUSTEE	1 00	X						0.	0.	0.
(16) RACHEL LOPEZ	1.00								0	0
	1 00	X						0.	0.	0.
(17) ACHLA MADAN	1.00								0	
TRUSTEE		Х						0.	0.	0.
232007 12-13-22						7				Form <b>990</b> (2022)

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2022.05070 FITCHBURG ART MUSEUM

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Form	990	(2022)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	iH t	ghe	st C	Compensated Employe	es (continued)			
(A)	(B)			(C	;)			(D)	(E)		(F)	
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable		Estima	ated
	hours per	box, unless person is both an officer and a director/trustee)					h an	compensation	compensation		amour	nt of
	week		cer an	d a di	recto	or/trus	tee)	from	from related		othe	
	(list any hours for	recto						the	organizations		compen	
	related	or di	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/		from	
	organizations	ustee	trust		96	ubeu		1099-NEC)	1099-NEC)		organiz and rel	
	below	ndividual trustee or director	tiona	_	nploy	st cor yee	J.	1000 1120)			organiza	
	line)	Individ	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				9	
(18) MARTIN MCNAMARA	1.00											
TRUSTEE		Х						0.	0	•		0.
(19) WILLIAM MCSHEEHY	1.00											
TRUSTEE		Х						0.	0	•		0.
(20) RICHARD NDI	1.00											
TRUSTEE		Х						0.	0	•		0.
(21) DANIELA RIVERA	1.00											-
TRUSTEE	1 0 0	Х						0.	0	•		0.
(22) SUSAN ROETZER	1.00								0			•
TRUSTEE	1.00	X						0.	0	•		0.
(23) SUSAN CUNIO SALEM TRUSTEE	1.00	x						0.	0			0.
(24) LANEIA THOMAS	1.00							0.	0	•		0.
TRUSTEE	1.00	x						0.	0			0.
(25) NADINE MARTEL	1.00									+		
TRUSTEE		x						0.	0			0.
(26) JOSEPH SYLVIA	1.00											
TRUSTEE		X						0.	0			0.
1b Subtotal								126,396.	0			0.
c Total from continuation sheets to Part VI	I, Section A							0.	0			0.
d Total (add lines 1b and 1c)								126,396.	0	•		0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed ab	oove	e) wł	no re	eceived more than \$100	,000 of reportable			1
compensation from the organization											Ye	1 3 No
• Did the event institut list on the former officer	dive at a v two at									Г	Te	
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s											3	x
<ul><li>4 For any individual listed on line 1a, is the su</li></ul>								her compensation from t		· ⊢	3	
and related organizations greater than \$150									ine organization		4	X
5 Did any person listed on line 1a receive or a									dual for services	• -	·	
rendered to the organization? If "Yes," com								•		. [	5	x
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated ind	depe	ende	nt co	ontr	racto	ors t	that received more than	\$100,000 of compe	nsa	tion from	
the organization. Report compensation for	the calendar y	ear e	endi	ng w	/ith	or w	ithir	n the organization's tax y	/ear.			
(A)				-				(B)	- m i	<u> </u>	(C)	
Name and business	address	NC	ONE	5			_	Description of s	ervices	Co	mpensat	ion
							-					
2 Total number of independent contractors (ii		ot li	mitc	dta	the	00 8		habovo) who received a	oro than			

2 Total number of independent contractors (including but not limited to those listed above) who received more than
 \$100,000 of compensation from the organization
 0

Form 990 (2022)

232008 12-13-22

			•			(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue exclue
						Total Tovolido		business revenue	
									sections 512 -
	Federated campaigns								
	Membership dues								
	Fundraising events				7,249.				
Ċ	Related organizations		1d						
	e Government grants (cont		· · ·						
f	All other contributions, gifts,	grant	ts, and						
	similar amounts not included	abov	/e 1f		559,536.				
g	Noncash contributions included in	n lines	1a-1f <b>1g</b>	\$					
h	Total. Add lines 1a-1f					566,785.			
					Business Code				
2 a	MEMBERSHIP DUES				713990	75,424.	75,424.		
b	PROGRAMS AND FUNCTI	ONS			713990	34,891.	34,891.		
c									
d									
е									
f	All other program service	reve	nue						
g		Total. Add lines 2a-2f				110,315.			
3	Investment income (including dividends, interes								
	other similar amounts)	-				458,596.			458,5
4	Income from investment								
5	Royalties		· · · · ·		Г				
	···· <b>,</b> -·····		(i) Re		(ii) Personal				
6 a	Gross rents	6a							
	Less: rental expenses	6b							
	Rental income or (loss)	6c							
	Net rental income or (loss)								
	Gross amount from sales of	" [	(i) Secur		(ii) Other				
1 0	assets other than inventory	7a	2,996						
h	Less: cost or other basis	/a	2,550	,					
D		76	2,618	737					
	and sales expenses	7b		, , <u>, , , , , ,</u> , 820.					
	Gain or (loss)					377,820.			377,8
	Net gain or (loss)			····		577,020.			577,0
8 a	Gross income from fundraisi								
	including \$								
	contributions reported or		-		4.000				
	Part IV, line 18				4,960.				
	Less: direct expenses				6,765.	4 005			
	Net income or (loss) from		•			-1,805.			-1,8
9 a	Gross income from gamir								
	Part IV, line 19								
	Less: direct expenses								
c	Net income or (loss) from	gam	ing activiti	es					
10 a	Gross sales of inventory,	less	returns						
	and allowances			. 10a					
b	Less: cost of goods sold			. 10b					
	Net income or (loss) from	sale	s of invent	ory					
					Business Code				
11 a	MISCELLANEOUS				713990	16,932.	16,932.		
b									
c									
	All other revenue				<u> </u>				
						16,932.			
е 12	<ul> <li>Total. Add lines 11a-11d</li> <li>Total revenue. See instruction</li> </ul>						100.040		024 0
	TOTAL LEVELUE SEE INSTITUCT	UHS				1,528,643.	127,247.	0.	834,6

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Form 990 (2022)

FITCHBURG ART MUSEUM

Part VIII Statement of Revenue

FITCHBURG ART MUSEUM

Part IX Statement of Functional Expenses	
Section 501(c)(3) and 501(c)(4) organizations must complete	all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response	/ /			
	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				
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,	127,896.	38,369.	38,369.	51 150
~	trustees, and key employees	127,090.	50,509.	50,509.	51,158
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
-	persons described in section 4958(c)(3)(B)	675,719.	462,375.	87,252.	126,092
7	Other salaries and wages	075,719.	402,373.	07,252.	120,0920
8	Pension plan accruals and contributions (include	16,499.	10,281.	2,579.	3,639.
9	section 401(k) and 403(b) employer contributions)	86,024.	53,603.	13,447.	18,974
	Other employee benefits	73,258.	45,648.	11,452.	16,158
10	Payroll taxes Fees for services (nonemployees):	75,250.	45,040.	11,452.	10,130
11					
	Management				
		83,849.	8,385.	75,464.	
		03,049.	0,505.	75,1010	
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
י ת	Other. (If line 11g amount exceeds 10% of line 25,				
y	column (A), amount, list line 11g expenses on Sch 0.)	5,378.	538.	4,840.	
12	Advertising and promotion	6,706.	3,353.		3,353.
13	Office expenses	38,617.	9,651.	19,312.	9,654
14	Information technology	40,500.	4,050.	36,450.	2,002
15	Royalties	.,	,		
16	Occupancy	145,071.	116,057.	14,507.	14,507.
17	Travel	10,772.	8,618.	1,077.	1,077.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	152,066.	121,653.	30,413.	
23	Insurance	40,440.	20,220.	20,220.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	EXHIBITIONS	136,166.	136,166.		
b	COLLECTION ITEMS PURCHA	61,562.	61,562.		
с	COMMUNITY SERVICE	59,837.	59,837.		
d	DEVELOPMENT AND MARKETI	37,324.	5,599.		31,725.
е	All other expenses	90,474.	53,688.	29,013.	7,773.
25	Total functional expenses. Add lines 1 through 24e	1,888,158.	1,219,653.	384,395.	284,110.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
23201	0 12-13-22				Form <b>990</b> (2022

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FITCHBURG	ART	MUSEUM

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Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			L
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	171,486.	1	617,169
	2	Savings and temporary cash investments	1,030,332.	2	685,005
	3	Pledges and grants receivable, net	617,662.	3	548,904
	4	Accounts receivable, net		4	15,750
	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	
its	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
A	9	Prepaid expenses and deferred charges	34,944.	9	28,860
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 6,479,408.			
	b	Less: accumulated depreciation <b>10b</b> 3,490,847.	2,650,568.	10c	2,988,561
	11	Investments - publicly traded securities	17,976,027.	11	18,681,933
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	<b>F</b> 0.01	14	<u> </u>
	15	Other assets. See Part IV, line 11	5,001.	15	6,000
	16	Total assets. Add lines 1 through 15 (must equal line 33)	22,486,020.	16	23,572,182
	17	Accounts payable and accrued expenses	39,624.	17	65,261
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
LIat		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X		05	
		of Schedule D	39,624.	25	65,261
	26	Total liabilities. Add lines 17 through 25         Organizations that follow FASB ASC 958, check here       X	39,024.	26	05,201
es					
anc	07	and complete lines 27, 28, 32, and 33.	18,493,229.	27	19,565,397
Salč	27	Net assets without donor restrictions	3,953,167.	27	3,941,524
	28	Net assets with donor restrictions	5,555,107.	28	5,541,524
Luc		Organizations that do not follow FASB ASC 958, check here			
Б	20	and complete lines 29 through 33.		29	
ers	29 20	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund		29 30	
225	30			30 31	
Net Assets of Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	22,446,396.	31	23,506,921
z	32	Total net assets or fund balances	22,446,020.	32	23,572,182
	33	Total liabilities and net assets/fund balances	22,300,020.	აა	Form <b>990</b> (202

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Form	990 (2022) FITCHBURG ART MUSEUM	04-6	5111	758	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
					_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	,528	3,6	43.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,888		
3	Revenue less expenses. Subtract line 2 from line 1	3		-359		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,446		
5	Net unrealized gains (losses) on investments	5	1	,031	.,6	06.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8		388	3,4	34.
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	23	,506	5,9	21.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	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 reviewer	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	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	iired audi <sup>;</sup>	:			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2022)

232012 12-13-22

Department of the Treasury

Internal Revenue Service

(Form 990)

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

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

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

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the organization

Nam	e of t	the organization							identification number			
			HBURG ART						4-6111758			
Pa	rt I	Reason for Public (	Charity Status.	(All organizations must c	omplete tl	his part.) S	ee instructior	ns.				
The	organ	ization is not a private found	lation because it is: (	For lines 1 through 12, c	heck only	one box.)						
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)										
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
		city, and state:										
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental	unit descrik	oed in			
		section 170(b)(1)(A)(iv). (C	Complete Part II.)									
6		A federal, state, or local gov	vernment or governn	nental unit described in s	section 17	70(b)(1)(A)	(v).					
7	X	An organization that norma	Illy receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from t	the general	public described in			
		section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)							
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college			
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state o	f the colleg	je or			
		university:										
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributic	ons, members	hip fees, a	nd gross receipts from			
		activities related to its exen										
		income and unrelated busir	ness taxable income	(less section 511 tax) fr	om busine	esses acqu	ired by the o	rganization	after June 30, 1975.			
		See section 509(a)(2). (Cor	mplete Part III.)									
11		An organization organized a		ively to test for public sa	fety. See	section 50	)9(a)(4).					
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to c	arry out the	e purposes of one or			
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See section	509(a)(3). (	Check the box on			
		lines 12a through 12d that	describes the type of	of supporting organizatio	n and con	nplete lines	s 12e, 12f, an	d 12g.				
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s),	typically by	/ giving			
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	ees of the s	supporting			
		organization. You must o	complete Part IV, Se	ections A and B.								
b		<b>Type II.</b> A supporting org	anization supervised	l or controlled in connec	tion with it	ts support	ed organizatio	on(s), by ha	aving			
		control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported			
		organization(s). You mus	t complete Part IV,	Sections A and C.								
с		Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functiona	Illy integrate	ed with,			
		its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.					
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organi	ization(s)			
		that is not functionally int	egrated. The organiz	zation generally must sat	isfy a dist	ribution re	quirement an	d an attent	iveness			
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.					
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	а Туре I, Туре	e II, Type III				
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi	zation.						
f	Ente	er the number of supported o										
g	Prov	vide the following informatior	n about the supporte	ed organization(s).								
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ing document?	(v) Amount o		(vi) Amount of other			
		organization		above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)			
Tota							1					

#### Schedule A (Form 990) 2022

#### FITCHBURG 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)	(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.")	488,163.	851,293.	819,825.	2,363,746.	645,960.	5,168,987.
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	488,163.	851,293.	819,825.	2,363,746.	645,960.	5,168,987.
	The portion of total contributions		· · · · · ·		, , -		, , .
Ŭ	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)						
~	••••••••••••••••••••••••••••••••••••						5,168,987.
	Public support. Subtract line 5 from line 4. ction B. Total Support						5,100,907.
		(-) 0010	(1-) 0010	(-) 0000	(4) 0001	(-) 0000	
	ndar year (or fiscal year beginning in)	(a) 2018 488,163.	(b) 2019 851,293.	(c)2020 819,825.	(d) 2021 2,363,746.	(e) 2022 645,960.	(f) Total 5,168,987.
	Amounts from line 4	400,103.	051,295.	019,023.	2,303,740.	045,500.	5,100,907.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	400 040	641 006	204 747	4 454 004	026 116	2 = 22 4 4 5
	and income from similar sources $\dots$	498,042.	641,996.	304,747.	1,451,994.	836,416.	3,733,195.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on $\dots$						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)					16,932.	16,932.
11	Total support. Add lines 7 through 10						8,919,114.
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publ	lic Support Pe	rcentage				
14	Public support percentage for 2022 (	line 6, column (f), c	livided by line 11,	column (f))		14	57.95 %
15	Public support percentage from 2021	I Schedule A, Part	II, line 14			15	57.63 %
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box o	n line 13, and line <sup>-</sup>	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organization	ation			
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						
				a, 100, 17a, 01 17k			Eorm 990) 2022

Schedule A (Form 990) 2022

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# FITCHBURG 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.)

Secti	on A. Public Support						_
Calenda	ar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gi	ifts, grants, contributions, and						
	embership fees received. (Do not						
in	clude any "unusual grants.")						
m fo	ross receipts from admissions, erchandise sold or services per- rmed, or facilities furnished in ny activity that is related to the						
	ganization's tax-exempt purpose						
	ross receipts from activities that						
	e not an unrelated trade or bus-						
	ess under section 513						
	ax revenues levied for the organ-						
	ation's benefit and either paid to						
	expended on its behalf						
	ne value of services or facilities						
	rnished by a governmental unit to						
	e organization without charge						
	otal. Add lines 1 through 5						
	mounts included on lines 1, 2, and						
	received from disqualified persons						
fro	nounts included on lines 2 and 3 received m other than disqualified persons that ceed the greater of \$5,000 or 1% of the nount on line 13 for the year						
	dd lines 7a and 7b						
	ublic support. (Subtract line 7c from line 6.)						
Secti	on B. Total Support						
Calenda	ar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Ar	mounts from line 6						
di	ross income from interest, vidends, payments received on ecurities loans, rents, royalties, nd income from similar sources						
<b>b</b> Ur	nrelated business taxable income						
(le	ess section 511 taxes) from businesses						
ac	quired after June 30, 1975						
<b>c</b> Ad	dd lines 10a and 10b						
ac wl	et income from unrelated business stivities not included on line 10b, hether or not the business is gularly carried on						
or	ther income. Do not include gain loss from the sale of capital						
	ssets (Explain in Part VI.)						
	rst 5 years. If the Form 990 is for th	ne organization's fi	rst. second. third.	fourth. or fifth tax	vear as a section	501(c)(3) organiza	ition.
		0			·····		,, , , , , , , , , , , , , , , , ,
	on C. Computation of Publ						
<b>15</b> Pt	ublic support percentage for 2022 (	line 8, column (f), c	livided by line 13,	column (f))		15	%
<b>16</b> Pu	ublic support percentage from 2021	Schedule A, Part	III, line 15			16	%
Secti	on D. Computation of Inve	stment Incom	e Percentage				
<b>17</b> In	vestment income percentage for 20	<b>)22</b> (line 10c, colur	nn (f), divided by l	ne 13, column (f))		17	%
<b>18</b> In	vestment income percentage from	2021 Schedule A,	Part III, line 17			18	%
19a 33	<b>3 1/3% support tests - 2022.</b> If the	organization did n	ot check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and line	17 is not
m	ore than 33 1/3% , check this box a	nd <b>stop here.</b> The	organization quali	fies as a publicly	supported organiza	ation	
b 33	<b>3 1/3% support tests - 2021.</b> If the	organization did n	ot check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%	, and
lin	e 18 is not more than 33 1/3%, che	eck this box and <b>st</b>	<b>op here.</b> The orga	nization qualifies	as a publicly supp	orted organizatior	۱
20 Pr	rivate foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	
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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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Part IV	Supporting Org	anizations <sub>(continuea</sub>	()	

Part IV

1

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion 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

2	bid 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.

Section	С.	гуре п	Supporting	Organizations	

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	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		
Sec	ction D. All Type III Supporting Organizations			

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

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

1 Che	ck the box next to the m	ethod that the organization	used to satisfy the Integra	al Part Test during the	yea(see instructions).
-------	--------------------------	-----------------------------	-----------------------------	-------------------------	------------------------

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

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3b Schedule A (Form 990) 2022

2a

2b

За

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17 2022.05070 FITCHBURG ART MUSEUM Yes No

## Schedule A (Form 990) 2022 FITCHBURG ART MUSEUM Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations FITCHBURG ART MUSEUM

	here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instructio
	r Type III non-functionally integrated supporting organizations mu	0		,
Section A - Adjust			(A) Prior Year	(B) Current Year (optional)
1 Net short-tern	n capital gain	1		
2 Recoveries of	prior-year distributions	2		
3 Other gross in	ncome (see instructions)	3		
4 Add lines 1 th	irough 3.	4		
5 Depreciation	and depletion	5		
6 Portion of ope	erating expenses paid or incurred for production or			
collection of c	pross income or for management, conservation, or			
maintenance	of property held for production of income (see instructions)	6		
	es (see instructions)	7		
•	t <b>Income</b> (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minim			(A) Prior Year	(B) Current Year (optional)
1 Aggregate fai	r market value of all non-exempt-use assets (see			
instructions for	or short tax year or assets held for part of year):			
a Average mon	thly value of securities	1a		
b Average mon	thly cash balances	1b		
c Fair market va	alue of other non-exempt-use assets	1c		
d Total (add lin	es 1a, 1b, and 1c)	1d		
e Discount clai	med for blockage or other factors			
(explain in dei	tail in Part VI):			
2 Acquisition in	debtedness 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 instructio	· · · ·	4		
5 Net value of r	non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5		6		
	prior-year distributions	7		
	set Amount (add line 7 to line 6)	8		
Section C - Distrib				Current Year
1 Adjusted net	income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of		2		
	et amount for prior year (from Section B, line 8, column A)	3		
	of line 2 or line 3.	4		
	nposed in prior year	5		
	Amount. Subtract line 5 from line 4, unless subject to			
	emporary reduction (see instructions).	6		
	nere if the current year is the organization's first as a non-function	ally integrate	d Type III supporting are	Janization (see

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

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Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continue</sub>	<u>d)</u>				
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 exemp	ot purposes of supported						
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpose	dministrative expenses paid to accomplish exempt purposes of supported organizations mounts paid to acquire exempt-use assets						
4	Amounts paid to acquire exempt-use assets		4					
5	Qualified set-aside amounts (prior IRS approval required - pro		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	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		4	10				
Secti	on E - Distribution Allocations (see instructions)	(ii) Underdistributions Pre-2022		(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							
c	From 2019							
d	From 2020							
e	From 2021							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2022 distributable amount							
i	Carryover from 2017 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2022 from Section D,							
	line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2022 distributable amount							
c	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2022, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2022. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2023. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
а	Excess from 2018							
b	Excess from 2019							
с	Excess from 2020							
d	Excess from 2021							
е	Excess from 2022							

Schedule A (Form 990) 2022

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	(Form 990) 2022	FITCHBUE	RG ART	MUSE	EUM		04-61	11758 <sub>Pag</sub>
Part VI	Supplemental Infe Part IV, Section A, lines line 1; Part IV, Section I Section D, lines 5, 6, ar (See instructions.)	s 1, 2, 3b, 3c, 4b, 4c D, lines 2 and 3; Pa	c, 5a, 6, 9a t IV, Sectio	, 9b, 9c, 1 on E, lines	1a, 11b, and 11c; Pa 1c, 2a, 2b, 3a, and	art IV, Section B, 3b; Part V, line 1;	17a or 17b; Part II lines 1 and 2; Part ; Part V, Section B	I, line 12; t IV, Section C, , line 1e; Part V,
32028 12-09-2					20			e A (Form 990) 2
30322	803777 FAM17	758	2022.	05070	FITCHBURG	ART MUSI	EUM	FAM175

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

# Name of the organization

Organization type (check one):

# **Schedule of Contributors**

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

2022

Employer identification number

04-6111758
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FITCHBURG A	RT MUSEUM
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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

#### **General Rule**

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

#### Special Rules

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

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

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

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

SCHEDULE	D
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(Form	990)
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b

232051 09-01-22

# 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.



ployer identification number
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	ment of the Treasury I Revenue Service		ttach to Form 990. 0 for instructions and the latest information of th	ation.		pen to Public spection	
Name	e of the organizati		Employer identification num				
Par	t I Organiza	ations Maintaining Donor Advise		s or Acco			
	organizatio	on answered "Yes" on Form 990, Part IV, lir	ne 6.				
			(a) Donor advised funds	<b>(b)</b> Fu	unds and other	accounts	
1	Total number at e	nd of year					
2	Aggregate value c	of contributions to (during year)					
3	Aggregate value of	of grants from (during year)					
4	Aggregate value a	at end of year					
5	-	on inform all donors and donor advisors in	-				
		on's property, subject to the organization's			Y	′es 🔄 No	
6	•	on inform all grantees, donors, and donor a	• •	2			
		poses and not for the benefit of the donor		•			
Der	impermissible priv					es No	
Par		ration Easements. Complete if the or	-	Part IV, line	7.		
1		servation easements held by the organizat	· · · · · · · · · · · · · · · · · · ·				
		n of land for public use (for example, recrea	ation or education) Preservation of				
		of natural habitat n of open space		a certified i	nistoric structu	e	
2			fied concernation contribution in the form	of a conce	votion accome	nt on the last	
2	day of the tax yea	through 2d if the organization held a quali r.	ned conservation contribution in the form			nd of the Tax Year	
а		onservation easements		2a			
		cricted by conservation easements					
		vation easements on a certified historic st					
		vation easements included in (c) acquired					
		listed in the National Register		2d			
3		vation easements modified, transferred, re			on during the ta	ax	
	year			•	C		
4	Number of states	where property subject to conservation ea	sement is located				
5	Does the organiza	tion have a written policy regarding the pe	riodic monitoring, inspection, handling of				
	violations, and ent	forcement of the conservation easements	it holds?		🗆 Y	′es 🗌 No	
6	Staff and voluntee	er hours devoted to monitoring, inspecting	, handling of violations, and enforcing con	servation ea	asements durin	g the year	
7	Amount of expense	ses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserva	tion easem	ents during the	year	
8		vation easement reported on line 2(d) abo					
	and section 170(h	)(4)(B)(ii)?			Y	′es 🛄 No	
9	-	be how the organization reports conservat	•				
		d include, if applicable, the text of the foot	note to the organization's financial statem	ents that de	escribes the		
Dar		counting for conservation easements. ations Maintaining Collections o	f Art Historical Treasures or O	ther Sim	ilar Accote		
I UI		f the organization answered "Yes" on Forn					
12		elected, as permitted under FASB ASC 9		and balance	sheet works		
ia							
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.						
h		elected, as permitted under FASB ASC 9			eet works of		
~	0	sures, or other similar assets held for public	•				
		ing amounts relating to these items:					
		Ided on Form 990, Part VIII, line 1			\$		
					\$		
2		received or held works of art, historical tre			-		

Assets included in Form 990, Part X

the following amounts required to be reported under FASB ASC 958 relating to these items:

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

a Revenue included on Form 990, Part VIII, line 1

	26		
2022.05070	FITCHBURG	ART	MUSEUM

Schedule D (Form 990) 2022

\$ \$

_		RG ART MUS						611175		age <b>2</b>
Par	t III Organizations Maintaining C	collections of A	rt, His	storical Tr	easures, o	or Other	Similar As	ssets(conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, che	ck any of the	following that	at make sigr	nificant use of	f its		
	collection items (check all that apply):									
а	X Public exhibition	d			hange progra					
b	X Scholarly research	e		Other						
С	<b>X</b> Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how t	they further t	he organizati	on's exemp	ot purpose in	Part XIII.		
5	During the year, did the organization solicit o									-
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		ete if th	e organizatio	on answered	"Yes" on Fo	orm 990, Part	IV, line 9, o	r	
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary fo	r contributior	ns or other as	sets not in	cluded			
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:						
								Amoun	ıt	
с	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F						?	Yes		No
	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanat	ion has been	provided on	Part XIII				
Par	t V Endowment Funds. Complete i	f the organization an	swered	d "Yes" on Fo						
		(a) Current year	(b)	Prior year	(c) Two yea	rs back (d)	Three years ba	ack <b>(e)</b> Fou	r years	back
1a	Beginning of year balance	1,691,785.								
	Contributions	11,000.								
	Net investment earnings, gains, and losses	49,443.								
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs	12,800.								
f	Administrative expenses									
	End of year balance	1,739,428.								
2	Provide the estimated percentage of the cur	rent year end balanc	e (line	1g, column (a	a)) held as:			•		
а	Board designated or quasi-endowment	.2800	%							
	Permanent endowment 99.7200	%								
		%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	•	ation th	nat are held a	and administe	ered for the				
	organization by:	0							Yes	No
	(i) Unrelated organizations							3a(i)		Х
	(ii) Related organizations									Х
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	red on	Schedule R?	•			3b		
4	Describe in Part XIII the intended uses of the							······		
Par	t VI Land, Buildings, and Equipm	<u> </u>								
	Complete if the organization answere		), Part	IV, line 11a. S	See Form 990	), Part X, lin	ie 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) Accu	umulated	(d) Boo	k value	e
	(·····································	basis (investr			(other)	• • •	ciation	(, 200		
1a	Land				7,152.			23	7,1	52.
	Buildings				5,238.	1,53	5,598.		9,6	
	Leasehold improvements				1,583.		57,468.	1,44		
	Equipment				9,149.		7,781.		1,3	
	Other				6,286.		,		6,2	
-	Add lines 1a through 1e. (Column (d) must e		X. colu					2,98		
			., 00,0		/		Scher	dule D (Forr	-	
							00.00			

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(a) Description of security or category (including name of security)	(b) Book value	e 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or en	d-of-vear market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
-			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
<b>Fotal</b> . (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Ves"			
Complete in the organization answered Tes	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
-	on Form 990, Part IV, line Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
(a)		9 11d. See Form 990, Part X, line 15.	(b) Book value
(a)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5)		9 11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5) (6)		9 11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7)		9 11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8)		9 11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description		
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	Description		5.
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	Description		
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	Description		5.
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability	Description		5.
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Description		5.
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)	Description		5.
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" I. (a) Description of liability (1) Federal income taxes (2) (3)	Description		5.
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description		5.
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" I. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description		5.
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description		5.
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description		5.

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

Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 FITCHBURG ART MUSEUM			04-	6111758 <sub>P</sub>	age <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents Wit	th Revenue per F			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.				
1	Total revenue, gains, and other support per audited financial statements			1	2,562,0	54.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a	1,031,606.	•		
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	. 2d	-4,960.	•		
е	Add lines 2a through 2d			2e	1,026,6	
3	Subtract line 2e from line 1			3	1,535,4	.08.
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				
b	Other (Describe in Part XIII.)	4b	-6,765.	•		
С	Add lines <b>4a</b> and <b>4b</b>			4c	-6,7	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				1,528,6	43.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten		ith Expenses per	r Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				4	
1	Total expenses and losses per audited financial statements			1	1,889,9	63.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	. <b>2</b> a				
b	Prior year adjustments	. <b>2</b> b				
С	Other losses	<b>2</b> c				
d	Other (Describe in Part XIII.)		6,765.	•		
е	Add lines <b>2a</b> through <b>2d</b>			2e		65.
3	Subtract line 2e from line 1			3	1,883,1	.98.
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>4</b> a				
b	Other (Describe in Part XIII.)	. 4b	4,960.	·		
с	Add lines 4a and 4b			4c	4,9	
-	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> )			5	1,888,1	58.
5	rt XIII Supplemental Information.			v	=,,=	

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 MUSEUM'S ENDOWMENTS CONSIST OF DONOR RESTRICTED FUNDS AND A BOARD
DEIGNATED FUND ESTABLISHED TO PROVIDE LONG-TERM SUPPORT TO THE MUSEUM. AS
REQUIRED BY GENERALLY ACCPETED ACCOUNTING PRINCIPLES, NET ASSETS
ASSOCIATED WITH ENDOWMENT FUNDS ARE CLASSIFIED AND REPORTED BASED ON THE
EXISTENCE OR ABSENCE OF DONOR-IMPOSED OR LEGAL RESTRICTIONS. ENDOWMENT
FUNDS HAVE BEEN INVESTED IN MUTUAL FUNDS, EXCHANGE TRADED FUNDS AND CASH.
Part III, line 4:
THE MUSEUM CLASSIFIES AS DONOR RESTRICTED ENDOWMENT FUNDS (A) THE ORIGINAL

VALUE OF INITIAL AND SUBSEQUENT GIFT AMOUNTS DONATED TO THE ENDOWMENT, AND

(B) ACCUMULATIONS TO THE ENDOWMENT MADE IN ACCORDANCE WITH THE DIRECTION Schedule D (Form 990) 2022 232054 09-01-22 29

Part XIII Supplemental Information (continued)

OF THE APPLICABLE DONOR GIFT INSTRUMENT AT THE TIME THE ACCUMULATION IS ADDED TO THE FUND. DONOR RESTRICTED AMOUNTS NOT RETAINED IN PERPETUITY ARE SUBJECT TO APPROPRIATION FOR EXPENDITURE BY THE MUSEUM IN A MANNER CONSISTENT WITH THE STANDARD OF PRUDENCE PRESCRIBED BY STATE LAW.

Part V, line 4:

TO PROVIDE LONG-TERM SUPPORT TO THE MUSEUM.

Part X, Line 2:

Accounting standards provide detailed guidance for the financial statement recognition, measurement and disclosure of uncertain tax positions recognized in an organization's financial statements. Under these standards, an organization is required to recognize the financial statement impact of a tax position when it is more likely than not that the position will not be sustained upon examination. The Museum has evaluated its significant tax positions against the criteria established and believes there are no such tax positions requiring accounting recognition.

Part XI, Line 2d - Other Adjustments:

DIRECT COST OF BENEFIT TO DONORS

Part XI, Line 4b - Other Adjustments:

FUNDRAISING EVENTS DIRECT EXPENSES

#### Part XII, Line 2d - Other Adjustments:

FUNDRAISING EVENTS DIRECT EXPENSES

Schedule D (Form 990) 2022

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-4,960.

-6,765.

6,765.

Schedule D (Form 990) 2022 FITCH Part XIII Supplemental Information (ca	BURG ART MUSEUM	04-6111758 Page 5
Part XII, Line 4b - Other		
DIRECT COST OF BENEFIT TO		4,960.
232055 09-01-22	31	Schedule D (Form 990) 2022

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

# **Noncash Contributions**

OMB No. 1545-0047

**)22** 

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04 - 6111758

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 Employer identification number

Name of the organization

### FITCHBURG ART MUSEUM

Pa	rt I Types of Property								
		(a)	(b)	(c)	(d)				
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de		•	_	
		applicable		Form 990, Part VIII, line 1g	noncash contribu	ition ai	nount	S	
1	Art - Works of art	X	291	· · · · · · · · · · · · · · · · · · ·	NOT RECORDE	D			
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Clothing and household goods Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
10	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other ()								
27	Other ()								
28	Other ( )								
29	Number of Forms 8283 received by the organi	zation during	g the tax year for o	contributions					
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	gement 29					
							Yes	No	
30a	During the year, did the organization receive b	y contributio	on any property re	ported in Part I, lines 1 throu	gh 28, that it				
	must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for								
	exempt purposes for the entire holding period? 30								
b	<b>b</b> If "Yes," describe the arrangement in Part II.								
31									
	a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash								
			0	,		32a		х	
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 che	ecked.				
	describe in Part II.		-71 2. 6.6600	,	,				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

232141 09-09-22

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04-6111758 Page 2

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

232142 09-09-22	S	chedule M (Form 990) 2022
	33	
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SCHEDULE O (Form 990)

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.



FITCHBURG ART MUSEUM

Employer identification number 04 - 6111758

Form 990, Part I, Line 1, Description of Organization Mission:

ACCOMPLISH THIS MISSION WITH ART HISTORICAL COLLECTIONS AND

EXHIBITIONS, SPECIAL EXHIBITIONS OF CONTEMPORARY NEW ENGLAND ART,

EDUCATION PROGRAMS, PUBLIC ART PROJECTS, COMMUNITY PARTNERSHIPS, AND

CREATIVE ECONOMY INITIATIVES.

Form 990, Part III, Line 1, Description of Organization Mission:

WORK OF NEW ENGLAND CONTEMPORARY ARTISTS AND ARTWORKS FROM OUR

HISTORICAL COLLECTIONS, OFFER PROGRAMS FOR LEARNERS OF ALL AGES,

SUPPORT PUBLIC ART PROJECTS, INVITE COMMUNITY PARTICIPATION AND

PARTNERSHIPS, AND STIMULATE THE CREATIVE ECONOMY - ALL IN THE SPIRIT OF INCLUSIVITY.

Form 990, Part VI, Section B, line 11b:

COPIES OF THE COMPLETE FORM 990 ARE PROVIDED TO THE BOARD OF TRUSTEES FOR REVIEW PRIOR TO FILING.

Form 990, Part VI, Section B, Line 12c: CONFLICTS OF INTEREST ARE COVERED UNDER THE ORGANIZATION'S CODE OF ETHICS IN ITS TRUSTEE HANDBOOK. EACH TRUSTEE SIGNS A WRITTEN FORM STATING THAT THEY HAVE READ THE HANDBOOK AND UNDERSTAND ITS CONTENT. EACH TRUSTEE IS ALSO REQUIRED TO COMPLETE A TRUSTEE CONFLICT OF INTEREST POLICY AND DISCLOSURE STATEMENT ON AN ANNUAL BASIS.

Form 990, Part VI, Section B, Line 15b:

 ALL
 COMPENSATION
 MATTERS
 FOR
 KEY
 MANAGEMENT
 AND
 EXECUTIVE
 POSITIONS
 ARE

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 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

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Form 990, F	Part V	Ί, Se	ectio	on C	, Lin	ne 19:								
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#### Name of the organization

Schedule O (Form 990) 2022

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FITCHBURG ART MUSEUM

Employer identification number 04-6111758

HANDLED BY THE PERSONNEL COMMITTEE OF THE ORGANIZATION'S BOARD OF TRUSTEES.