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FOILIT	•	•	•

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	e 2023 calendar year, or tax year beginning $ m JUL1,2023$ and en	nding J	UN 30, 2024	
В	Check if applicabl	le: C Name of organization		D Employer identific	ation number
	Addre chang				
	Name chang	Doing business as		04-61117	58
	Initial return		oom/suite	E Telephone number	
	Final return termin	185 ELM STREET		978-345-4	
_	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,129,500.
	Ireturn	FIICHBORG, MA 01420		H(a) Is this a group re	
L	Applic tion pendi	F Name and address of principal officer: NICHOLAS CAPASSO 185 ELM STREET, FITCHBURG, MA 01420		for subordinates	
-			527	H(b) Are all subordinates in	
-	Websi		527	H(c) Group exemption	list. See instructions
		forganization: X Corporation Trust Association Other	L Vear o		State of legal domicile: MA
	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: THE FI	ITCHB	URG ART MUSI	EUM IS A
Activities & Governance		CATALYST FOR LEARNING, CREATIVITY, AND COM	MUNI	TY BUILDING	. WE
irna	2	Check this box if the organization discontinued its operations or disposed	d of more	than 25% of its net as	sets.
0 Vě	3	Number of voting members of the governing body (Part VI, line 1a)		3	27
ত	4	Number of independent voting members of the governing body (Part VI, line 1b)			27
es	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			30
iviti	6	Total number of volunteers (estimate if necessary)			10
Act	7 a	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	<u></u>		0.
				Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)		566,785.	807,734.
Revenue	9	Program service revenue (Part VIII, line 2g)		110,315. 836,416.	149,156. 689,650.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		15,127.	-588.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,528,643.	1,645,952.
	_	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,520,045.	<u> </u>
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ß		Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)		979,396.	1,070,535.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
be	b	Total fundraising expenses (Part IX, column (D), line 25) 264, 786	5.		
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		908,762.	1,018,674.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,888,158.	2,089,209.
		Revenue less expenses. Subtract line 18 from line 12		-359,515.	-443,257.
S OL	200			inning of Current Year	End of Year
Assets	20	Total assets (Part X, line 16)		23,572,182.	24,647,159.
at As	-	Total liabilities (Part X, line 26)		65,261.	49,771.
J Net		Net assets or fund balances. Subtract line 21 from line 20		23,506,921.	24,597,388.
	art II	I SIGNATURE BIOCK			

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
		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
LHA For	Paperwork Reduction Act Notice, see the separate	rate instructions.	332001 12-21-23		Form 990 (2023)

See Schedule O for Organization Mission Statement Continuation

		04-6111758	Paç
Par		E CREATIVITY A DIVERSE S, AND NEW BITIONS OF THE the //ices? Ye res, as measured by expenses to others, the total expenses (Revenue \$ 155 TCHBURG ART AND TEMPORARY UBLIC; FEATURE DUCATIONAL S IN THE GALLE URS; ART CLASS SHIPS AND IZATIONS TO CR OMMUNITY OUTRE. TIVES. (Revenue \$	г
	Statement of Program Service Accomplishments Decket Elevadue Contentia a response or note to any line in the PartIII Break (Elevadue Contentia a response or note to any line in the PartIII Decket Elevadue Contentia a response or note to any line in the PartIII THE MISSION OF THE EITCCHBURG ART MUSEUM 15 TO INSPIRE CREATIVITY LEANING, AND TO CONTERLEUTE TO THE WELL-BEING OF OUR DIVERSE COMMUNITIES IN FITCHBURG, NORTH CENTRAL MASSACHUSETTS, AND NEW ENCLAND. TO ACCOMPLISH THE MISSION WE ORGANIZE EXHIBITIONS OF TH Dub the organization undertake any significant program services during the year which were not listed on the prof Form 900 e906-22 If 'Yea, 'describe these new services on Schedule O. Do the organization cause contention, or make significant changes in how it conducts, any program services, as measured by explored on \$001(6)(3) and \$01(6)(4) organizators are equired to report the amount of gants and allocations to others, the total expentences of \$01(6)(3) and \$01(6)(4) organizators accompliahments for each of its three largest program services, as measured by explosition \$01(6)(3) and \$01(6)(4) organizators are equired to report the amount of gants and allocations to others, the total expentences, in \$1347,029. Becorbe the organization program service accomplehiments for each of its three largest program services, as measured by explosition \$01(6)(3) and \$01(6)(4) organizators are equired to report the amount of gants and allocations to others, the total expentences, instance and program services accomplehiments for each of its three largest program services, and there there there the program service accomplexity in th	[
1	THE MISSION OF THE FITCHBURG ART MUSEUM IS TO INSPIR		ND
			1
2	prior Form 990 or 990-EZ?		es X
	If "Yes," describe these new services on Schedule O.		
3		rvices?Ye	es X
4	Describe the organization's program service accomplishments for each of its three largest program service	vices, as measured by expens	ses.
		s to others, the total expenses	s, and
4a) (Bevenue \$ 155	, 34
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	AND ACCEDDIDIDITI INITIATIVED, CREATE ECONOMI INITIA		
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40	(Code)) (Evenences © including grants of ©		
40	(code) (Expenses a including grants of a) (Revenue \$	
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	1 24月 000)	
4e	I otal program service expenses 1, 347, 029.		000
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Form 990 (2023)

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	X	
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			v
	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			x
F	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	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	5		
U	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			x
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	444		x
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d 11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	Tie		
•	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		Х
14a	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			<u>-</u> -
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	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,	47		v
10	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> . See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		X
18	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,"	10	ļ	<u> </u>
13	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	l	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
_	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x
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	Form 990 (2			FITCHBURG		
ĺ	Part IV	Che	cklist	of Required Schedu	iles (co	ntinued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
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 noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	X	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			37
	Schedule N, Part II	32		X
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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			37
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
~~	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	Х	
rai				
	Check if Schedule O contains a response or note to any line in this Part V			
	Enter the number reported in box 3 of Form 1096. Enter -0 , if not applicable 41		Yes	No
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4.	х	
	(gambling) winnings to prize winners?	1c		(2023)
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Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
		_	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	20		
_	filed for the calendar year ending with or within the year covered by this return 2a	30	v	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		X	x
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		x
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		
b	If "Yes," enter the name of the foreign country	-		
50		5a		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
ou	any contributions that were not tax deductible as charitable contributions?			x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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 pa	iyor? 7a	Х	
b	······································		Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
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? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
u	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12d		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			
	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			
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	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	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	-		(0000)
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Form 990	(2023)
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Check if Schedule O contains a response or note to any line in this Part VI

X

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

			Yes	╞
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 27			
	If there are material differences in voting rights among members of the governing body, or if the governing			1
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Enter the number of voting members included on line 1a, above, who are independent 1b 27			1
	,, _,			l
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	0	x	l
~	officer, director, trustee, or key employee?	2	~	┨
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
4	of officers, directors, trustees, or key employees to a management company or other person?	3		╉
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4 5		╉
-	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		╉
6 72	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	0		ł
7a		7a		
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	10		t
D	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		t
	The governing body?	8a	x	Ī
	Each committee with authority to act on behalf of the governing body?	8b	X	t
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			t
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	Ū		-
			Yes	1
10a	Did the organization have local chapters, branches, or affiliates?	10a		-
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			1
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	1
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			1
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	l
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	1
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	x	Ī
13	Did the organization have a written whistleblower policy?	13	Х	1
14	Did the organization have a written document retention and destruction policy?	14	X	1
15	Did the process for determining compensation of the following persons include a review and approval by independent			t
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			I
а	The organization's CEO, Executive Director, or top management official	15a		Ĩ
	Other officers or key employees of the organization	15b	Х	1
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			l
	taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			t
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			l
	exempt status with respect to such arrangements?	16b		I
Sec	tion C. Disclosure			Î
17	List the states with which a copy of this Form 990 is required to be filed MA			-
	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 only) avai	la
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records NICHOLAS CAPASSO - 978-345-4207			
	185 ELM STREET, FITCHBURG, MA 01420			_
		Form	990	-
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	6			

Part VII	Compensation of Officers,	Directors,	Trustees,	Key I	Employees,	Highest	Compensa	ated
	Employees, and Independe	ent Contrac	ctors					

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.

	(n)	<u> </u>				· ·			(=)	(5)
(A)	(B)			(0 Pos	;)			(D)	(E)	(F)
Name and title	Average	(do				than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot pr/trus	h an	compensation	compensation	amount of
	week					1	(00)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for	or di	æ			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ual tri	onal		ploye	ee com		1099-NEC)		and related
	below line)	divid	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) NICHOLAS CAPASSO	40.00	Ē	<u> </u>	5	Ke	en	Fo			
MUSEUM DIRECTOR	10.00			x				125,000.	0.	0.
(2) NADINE PRICE	3.00							125,000		
PRESIDENT	5.00	x		x				0.	0.	0.
(3) THOMAS DICONZA	3.00			Δ				•	0.	
···	3.00	v		x				0.	0.	0.
VICE PRESIDENT	2 00	X		^				0.	0.	0.
(4) KAREN SPINELLI	3.00								0	0
SECRETARY	2.00	X		X				0.	0.	0.
(5) ROBERT GALLO	3.00									
TREASURER	1 00	X		X				0.	0.	0.
(6) HOLLY ELISSA BRUNO	1.00									
TRUSTEE		X						0.	0.	0.
(7) CAROL CANNER	1.00								_	_
TRUSTEE		Х						0.	0.	0.
(8) SUSAN CHALIFOUX ZEPHYR	1.00								_	_
TRUSTEE		Х						0.	0.	0.
(9) ANNA CLEMENTI	1.00								_	_
TRUSTEE		Х						0.	0.	0.
(10) MICHAEL DEMARCO	1.00									
TRUSTEE		Х						0.	0.	0.
(11) LUISA FERNANDEZ	1.00									
TRUSTEE		Х						0.	0.	0.
(12) GALE HURD	1.00									
TRUSTEE		Х						0.	0.	0.
(13) ROBERT JOKELA	1.00									
TRUSTEE		Х						0.	0.	0.
(14) PETER LAYTIN	1.00									
TRUSTEE		X						0.	0.	0.
(15) RODERICK LEWIN	1.00									
TRUSTEE		X						0.	0.	0.
(16) RACHEL LOPEZ	1.00									
TRUSTEE		X						0.	0.	0.
(17) ACHLA MADAN	1.00									
TRUSTEE		х						0.	0.	0.
332007 12-21-23										Form 990 (2023)

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2023.05000 FITCHBURG ART MUSEUM

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	Form	6	96	90	(;	2023
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Part VII Section A. Officers, Directors, Trus		ploy	ees			ighe	st C			_		
(A)					(C) sition			(D)	(E)		(F)	
Name and title	Average Position (do not check more that box, unless person is b					than		Reportable compensation	Reportable		Estimate amount	
	week	offi	, unie: cer an	ss pe d a d	irecto	or/trus	n an stee)	from	compensation from related	a	other	
	(list any	ctor						the	organizations	cor	mpensa	
	hours for	or dire				ted		organization	(W-2/1099-MISC/		from th	ie
	related	istee o	trustee			pensa		(W-2/1099-MISC/	1099-NEC)		ganizat	
	organizations below	ual tru	ional t		plo ye	t com		1099-NEC)			nd relat ganizati	
	line)	Individual trustee or director	Institutional trustee	Officer	ƙey employee	Highest compensated employee	Former				Janizati	10115
(18) PATRICIA MARSHALL	1.00	-			Ť		-					
TRUSTEE		x						0.	0	•		0.
(19) NADINE MARTEL	1.00											
TRUSTEE		Х						0.	0	•		0.
(20) MARTIN MCNAMARA	1.00								_			_
TRUSTEE		Х						0.	0	•		0.
(21) WILLIAM MCSHEEHY	1.00											
TRUSTEE	1	х						0.	0	•		0.
(22) RICHARD NDI	1.00								0			•
TRUSTEE	1 00	X						0.	0	•		0.
(23) DANIELA RIVERA	1.00							0	0			0
TRUSTEE	1 00	X				<u> </u>		0.	0	•		0.
(24) SUSAN ROETZER TRUSTEE	1.00	x						0.	0			0.
(25) JOSEPH SYLVIA	1.00	<u> </u>				<u> </u>		0.	0	•		0.
TRUSTEE	1.00	x						0.	0			0.
(26) LANEIA THOMAS	1.00							0.	0	•		••
TRUSTEE	1.00	x						0.	0			0.
1b Subtotal								125,000.	0			0.
c Total from continuation sheets to Part VI	I. Section A							0.	0			0.
d Total (add lines 1b and 1c)								125,000.	0			0.
2 Total number of individuals (including but n								eceived more than \$100	,000 of reportable	_		
compensation from the organization												1
											Yes	No
3 Did the organization list any former officer,							-					
line 1a? If "Yes," complete Schedule J for s	uch individual									3		X
4 For any individual listed on line 1a, is the su	•		•					•	the organization		L	
and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual		4		X
5 Did any person listed on line 1a receive or a	-				-			-				37
rendered to the organization? If "Yes," com	plete Schedul	e J f	or sı	ıch	pers	son .				5		X
Section B. Independent Contractors									¢100.000 of compa			
 Complete this table for your five highest co the organization. Report compensation for 										Isation	Irom	
(A)	une calendar y	car	enui	ng v	VILII			(B)		((C)	
Name and business	address							Description of s	ervices		ensatio	n
TUCKER MECHANICAL												
795 BROOK STREET, ROCKY H	HILL, C'	г ()6()67	7			CONTRACTOR		73	30,8	33.
9 Total number of independent contraction (o+ !!	mit -	d +-	th -	00 10			oro than			
2 Total number of independent contractors (i \$100,000 of compensation from the organi		IOC II	nite	u (0	u 10	se ils 1	siec	above) who received m				
See Part VII, Section		tir	านส	1t	Loi	n s	sh	eets		Forn	n 990 ((2023)
332008 12-21-23				-		-					(_0_0)

Form 990 FITCHBURG	G ART MU	JSI	EUN	1					04-611	1758					
Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	oyee	s, a	nd H	ligh	est	Compensated Employ	ees (continued)						
(A) Name and title	Average Posi hours (check all t			(C) Position (check all that apply)		Position			Position				(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations					
(27) ANTHONY ZARRELLA TRUSTEE	1.00	x						0.	0.	0.					
(28) SUSAN SALEM	1.00							••	0.	0.					
TRUSTEE		x						0.	0.	0.					
Total to Part VII, Section A, line 1c		<u> </u>		<u> </u>											

332201 04-01-23

e or note to any line	e in this Part VIII			Γ
	(A)	(B)	(C)	(D)
	Total revenue	Related or exempt		Revenue exclu
		function revenue	business revenue	from tax und sections 512 -
				00010110 0 12
3,138.				
804,596.				
	807,734.			
Business Code	, -			
713990	74,762.	74,762.		
713990	74,394.	74,394.		
713550	/1,551.	,1,351.		
├ ─── ├				
├ ─── ↓				
	149,156.			
rest, and				
	479,789.			479,7
proceeds				
(ii) Personal				
+				
(ii) Other				
	209,861.			209,8
	- ,			,
0.071				
9,271.				
16,046.				
	-6,775.			-6,7
1				
·				
a				
b				
· · · · · ·				
Business Code				
713990	6,187.	6,187.		
	6,187.			
		155 343	0	682,8
•		1,645,952.		1,645,952. 155,343. 0.

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¹⁰ 2023.05000 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 colun	nn (A).

Check if Schedule O contains a respor Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		expenses	general expenses	expenses
 2 Grants and other assistance to domestic individuals. See Part IV, line 22 				
 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,	105 000	25 500		F0 000
trustees, and key employees	125,000.	37,500.	37,500.	50,000
6 Compensation not included above to disqualified				
persons (as defined under section $4958(f)(1)$) and				
persons described in section 4958(c)(3)(B) 7 Other salaries and wages	772,158.	505,412.	151,714.	115,032
 8 Pension plan accruals and contributions (include 	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	50571121	101//110	110,002
section 401(k) and 403(b) employer contributions	16,923.	10,240.	3,569.	3,114,
9 Other employee benefits	82,189.	49,737.	17,334.	3,114, 15,118,
10 Payroll taxes	74,265.	44,941.	15,663.	13,661.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	155,624.	15,562.	140,062.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A), amount, list line 11g expenses on Sch 0.)	13,552.	6,776.		6,776.
12 Advertising and promotion	60,171.	15,044.	30,086.	15,041
13 Office expenses 14 Information technology	00,171.	15,011	50,000.	10,041
15 Royalties				
16 Occupancy	136,913.	109,530.	13,691.	13,692
17 Travel	18,445.	14,756.	1,844.	1,845.
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	169,746.	135,797.	33,949.	
23 Insurance	34,985.	17,493.	17,492.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
a EXHIBITIONS	166,559.	166,559.		
b COLLECTION ITEMS PURCHA	80,609.	80,609.		~~
c DEVELOPMENT AND MARKETI	46,819.	23,409.		23,410.
d COMMUNITY SERVICE	35,256.	35,256.	14 400	7 007
e All other expenses	99,995. 2,089,209.	78,408. 1,347,029.	14,490. 477,394.	7,097. 264,786.
25 Total functional expenses. Add lines 1 through 24e	4,009,209.	1,34/,U29.	4//,394.	204,/00
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)				
332010 12-21-23				Form 990 (2023

332010 12-21-23

13021009 803777 FAM1758

Form **990** (2023)

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

(A)

(B)

	420,955. 704,695. 40,000. 17,745.
2Savings and temporary cash investments685,005.23Pledges and grants receivable, net548,904.34Accounts receivable, net15,750.4	40,000.
3 Pledges and grants receivable, net 548,904.3 4 Accounts receivable, net 15,750.4	
4 Accounts receivable, net 15,750.4	
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)	
7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 2 Receivable, net 28	
9 Prepaid expenses and deferred charges 28,860.9	24,430.
10a Land, buildings, and equipment: cost or other	
basis. Complete Part VI of Schedule D 10a 6,606,132.	
b Less: accumulated depreciation 10b 3,360,350 2,988,561 10c 3,	245,782.
11 Investments - publicly traded securities 18,681,933.11 20,	188,552.
12 Investments - other securities. See Part IV, line 11 12	
13 Investments - program-related. See Part IV, line 11 13	
14 Intangible assets 14	
15 Other assets. See Part IV, line 11 6,000 • 15	5,000.
16 Total assets. Add lines 1 through 15 (must equal line 33) 23, 572, 182. 16 24,	647,159.
17 Accounts payable and accrued expenses 65,261. 17	47,271.
18 Grants payable 18	
19 Deferred revenue 19	2,500.
20 Tax-exempt bond liabilities 20	
21 Escrow or custodial account liability. Complete Part IV of Schedule D 21	
22 Loans and other payables to any current or former officer, director,	
trustee, key employee, creator or founder, substantial contributor, or 35%	
22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Operating the second se	
23 Secured mortgages and notes payable to unrelated third parties	
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	
of Schedule D 25	40 771
26 Total liabilities. Add lines 17 through 25	49,771.
Organizations that follow FASB ASC 958, check here	
8 and complete lines 27, 28, 32, and 33. 9 19, 565, 397. 27 20,	714,693.
Image: Big 1Image: Big 2Net assets without donor restrictionsImage: Big 3Image: Big 3 <thimage: 3<="" big="" th="">Image: Big 3Image: Big</thimage:>	882,695.
^M	002,055.
and complete lines 29 through 33.	
o 29 Capital stock or trust principal, or current funds 29	
29Capital stock or trust principal, or current funds2930Paid-in or capital surplus, or land, building, or equipment fund30	
30 Partition of capital surplus, or land, building, or equipment fund 30 4 31 Retained earnings, endowment, accumulated income, or other funds 31	
27 Net assets without donor restrictions 19,565,397.27 20, 3,941,524.28 28 Net assets with donor restrictions 3,941,524.28 3, 0rganizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 29 Paid-in or capital surplus, or land, building, or equipment fund 30 31 31 Retained earnings, endowment, accumulated income, or other funds 31 23,506,921.32 24,	597,388.
2 32 10tal field assets of full balances 20,500,75210,32 32 21,7 33 Total liabilities and net assets/fund balances 23,572,182.33 24,	647,159.
	Form 990 (2023)

Form 990 (2023)

332011 12-21-23

Form	990 (2023) FITCHBURG ART MUSEUM	04	-6111	.758	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	.,64	5,9	52.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	2,08		
3	Revenue less expenses. Subtract line 2 from line 1	3		-44		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		3,50		
5	Net unrealized gains (losses) on investments	5	1	L , 53	3,7	24.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	24	l,59'	7,3	88.
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 Schedule					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	З,			
	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 audi	,			
	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	О.			
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	ired au	ıdit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2023)

332012 12-21-23

Department of the Treasury

Internal Revenue Service

(Form 990)

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

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

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

	OMB No. 1545-0047					
I	2023					
	Open to Public Inspection					
Employer identification number						

Name of the organization

Nun		FITC	HBURG ART	MUSEUM				0	4-6111758
Pa	rt I	Reason for Public (omplete th	nis part.) S	See instruction		
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 ch	urches, or associatio	on of churches described	d in sectio	n 170(b)(1)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	n 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospital	l described	d in sectio	n 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 describ	bed 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 a	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	Ily 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). (Co	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	unction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state o	f the colleg	e or
		university:							
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from o	contributio	ons, members	hip fees, ar	nd gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions;	and (2) no	more that	n 33 1/3% of	its support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	ired by the o	rganization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusion	ively to test for public sa	afety. See	section 50	09(a)(4).		
12		An organization organized a		•				-	
		more publicly supported or	•						Check the box on
		lines 12a through 12d that				-		-	
а		Type I. A supporting orga	-	-	•			••••••	
		the supported organization		• • • •	a majority (of the dire	ctors or truste	ees of the s	supporting
		organization. You must c	-						
b		Type II. A supporting org	-				-		-
		control or management o			ame perso	ons that co	ontrol or mana	age the sup	ρροπεα
_		organization(s). You mus			in connoc	tion with	and functions	lly intograt	ad with
С		J Type III functionally inte						iny integrate	ea with,
d		its supported organization Type III non-functionally						rtod organi	zation(c)
u		that is not functionally int						Ũ	
		requirement (see instruct			-		-	u an alleni	IVEIIESS
е		Check this box if the orga							
Ŭ		functionally integrated, or					x 1 ypc 1, 1 ypc	, n, rype m	
f	Ente	er the number of supported of		inan) integratea eappert					
g		vide the following information	•	ed organization(s).			•••••		
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	f monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Tota	al								

Schedule A (Form 990) 2023

FITCHBURG ART MUSEUM

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

(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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	851,293.	819,825.	2,363,746.	645,960.	879,359.	5,560,183.
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 \dots						
4	Total. Add lines 1 through 3	851,293.	819,825.	2,363,746.	645,960.	879,359.	5,560,183.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						5,560,183.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	851,293.	819,825.	2,363,746.	645,960.	879,359.	5,560,183.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	641,996.	304,747.	1,451,994.	836,416.	689,650.	3,924,803.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)				16,932.	6,187.	23,119.
11	Total support. Add lines 7 through 10						9,508,105.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third, t	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop						
See	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2023 (•	(//		14	58.48 %
	Public support percentage from 2022					15	57.95 %
16 a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on l	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2023. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pu	blicly supported o	organization		
b	10% -facts-and-circumstances tes	t - 2022. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	ck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17t	o, check this box a	and see instructions	s
						Schedule A /	Form 990) 2023

Schedule A (Form 990) 2023

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 202	23 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that	-					
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 202	23 (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	L	rst, second, third.	, fourth, or fifth tax	x year as a section !	- 501(c)(3) orc	anization,
	check this box and stop here	•					
Sec	tion C. Computation of Pub						
15	Public support percentage for 2023 ((line 8, column (f), c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2022	2 Schedule A, Part	III, line 15			16	%
	ction D. Computation of Inve)			
	1 0					17	%
	Investment income percentage from 33 1/3% support tests - 2023. If the					18	d line 17 is not
199							
I-	more than 33 1/3%, check this box a						1/20/ and
a	33 1/3% support tests - 2022. If the						
20	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	JIT UIU NOT CHECK a	box on line 14, 19	a, or 190, check	unis pox and see in:		
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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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chedule A	(Form 990) 2023	FITCHBURG	ART	MUSEUM
Part IV	Supporting Or	ganizations (continued	()	

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 Part VI 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 examination operate for the bonefit of any supported examination other than the supported

rganization 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 C. Type II Supporting Organizations

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

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3b Schedule A (Form 990) 2023

2a

2b

За

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No Yes

Schedule A (Form 990) 2023 FITCHBURG ART MUSEUM Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations FITCHBURG ART MUSEUM

Check here if the organization satisfied the Integral Part Test as			Part VI). See instruction
All other Type III non-functionally integrated supporting organiza	. , .		·
Section A - Adjusted Net Income	·	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instruction	ns) 6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater ar	nount,		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A) 3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non		ad Type III supporting or	

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

Schedule A (Form 990) 2023

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continued}	d)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	1			
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	ns :	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6		9		
10	Line 8 amount divided by line 9 amount		1	0	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023		(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
c	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
c	Excess from 2021				
d	Excess from 2022				
e	Excess from 2023				

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023	FITCHBUR					04-6111758 _{Pag}
Part VI	Supplemental Info	1, 2, 3b, 3c, 4b, 4c,), lines 2 and 3; Part	5a, 6, 9a, IV, Sectio	9b, 9c, 1 [.] n E, lines	1a, 11b, and 11c; Pa 1c, 2a, 2b, 3a, and 3	art IV, Section B, lines 3b; Part V, line 1; Par	or 17b; Part III, line 12; s 1 and 2; Part IV, Section C, t V, Section B, line 1e; Part V,
	(See instructions.)						
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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

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

Employer identification number

04-6111758

FITCHBURG A	RT MUSEUM
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Organization type (check or	Organization type (check one):						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						

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

General Rule

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.

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

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

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

SCHEDULE	D
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Department of the Treasury

Internal Revenue Service

(Form	990)
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Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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



Name of the organization

	Employer	identification	number
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04-6111	.758
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	FITCHBURG ART MUSE	UM	04-6111758
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
Ŭ	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
U	for charitable purposes and not for the benefit of the donor of		
Par		appization answord "Vas" on Form 990. Par	
		· · · · ·	
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (for example, recrea		historically important land area
	Protection of natural habitat	Preservation of a c	certified historic structure
-	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic str		2 c
d	Number of conservation easements included on line 2c acqu	-	
	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the or	rganization during the tax
	year		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser	vation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	n easements during the year
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(h)(4	l)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statement	ts that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and	I balance sheet works
	of art, historical treasures, or other similar assets held for pul		
	service, provide in Part XIII the text of the footnote to its final		
b	If the organization elected, as permitted under FASB ASC 95		ance sheet works of
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items.	,,, _,	
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical tre		
-	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		
		5 101 1 0111 330.	Schedule D (Form 350) 2023
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27 2023.05000 FITCHBURG ART MUSEUM

		RG ART MUSI					04-61			age 2
Par	t III Organizations Maintaining C								nued)	
3										
	collection items (check all that apply).									
а	X Public exhibition	d	Loan or exc							
b	X Scholarly research	e	Other							
С	5									
4	Provide a description of the organization's co						ose in Par	t XIII.		
5	During the year, did the organization solicit o		,	,			_	-	37	7
Der	to be sold to raise funds rather than to be ma							Yes	X	No
Par	t IV Escrow and Custodial Arran		e if the organization	n answered "	Yes" on Fo	orm 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod									٦
	on Form 990, Part X?						L	Yes		∐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:					Amour	+	
	De sincipa la classa							Amou		
	Beginning balance					1c				
	Additions during the year									
e 4	Distributions during the year					1e 1f				
י 29	Ending balance Did the organization include an amount on F							Yes		No
	If "Yes," explain the arrangement in Part XIII.				-					
Par										
		(a) Current year	(b) Prior year	(c) Two yea			ears back	(e) Fou	r years	back
1a	Beginning of year balance	1,739,428.	1,691,785.			, ,		. ,	<u> </u>	
	Contributions	55,000.	11,000.							
	Net investment earnings, gains, and losses	66,482.	49,443.							
	Grants or scholarships	,								
	Other expenditures for facilities									
	and programs	22,181.	12,800.							
f	Administrative expenses		-							
g	End of year balance	1,838,729.	1,739,428.							
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g, column (a)) held as:						
а	Board designated or quasi-endowment	.2720	%							
b	Permanent endowment 99.7280	%	_							
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiza	tion that are held a	and administe	ered for the	e				
	organization by:								Yes	No
	(i) Unrelated organizations?							3a(i)		X
	(ii) Related organizations?							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization	ations listed as require	ed on Schedule R?) 				3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere									
	Description of property	(a) Cost or ot		t or other		umulate	d	(d) Boo	k valu	е
		basis (investm	,	(other)	depr	eciation			- 1	<u> </u>
	Land			37,152.	1 -	01 24	1.4			52.
	Buildings			<u>5,238.</u>		81,31			3,9	
	Leasehold improvements			22,226.		12,78		2,20		
	Equipment		36	57,578.	2(66,25	<u>, 10</u>	τU	$\frac{1,3}{2}$	
	Other			3,938.				2 74	$\frac{3,9}{5,7}$	
Iota	. Add lines 1a through 1e. (Column (d) must e	quai ⊢orm 990, Part)	x, line 10c, columr	ו (<i>B))</i>	<u></u>			3,24		
							Schedule	וזס-1) ע ו	n 990)	, 2023

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: C	Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)(E)			
(F)			
(G)			
(H) Tatel (Cal. (b) must actual Form 000, Dart V, line 10, cal. (D))			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.		11 - Or - France 200 Deat X lie	- 10
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: C	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
(9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets	on Form 990, Part IV, line	11d. See Form 990, Part X, lin	e 15.
(9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes"		11d. See Form 990, Part X, line	
(9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line	e 15. (b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a)		11d. See Form 990, Part X, line	
(9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2)		11d. See Form 990, Part X, line	
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(9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line	
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(9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description	11d. See Form 990, Part X, line	
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(9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, column 15	Description		(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, complete if the organization answered "Yes" Complete if the organization answered "Yes"	Description		(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, coc Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability	Description		(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, cod Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes	Description		(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, part X, line 15, column (b) must equal Form 990, part X, line 15, column (b) must equal Form 990, part X, line 15, column (b) must equal Form 990, part X, line 15, column (b) must equal Form 990, part X, line 15, colum	Description		(b) Book value
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(9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description		(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col 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		(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, ccc Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description		(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col 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		(b) Book value

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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...

Schedule D (Form 990) 2023

332053 09-28-23

Sche	edule D (Form 990) 2023 FITCHBURG ART MUSEUM			04-	6111758	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents Wit	h Revenue per R	eturr	า	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.				
1	Total revenue, gains, and other support per audited financial statements			1	3,187,	,926.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a	1,533,724.			
b	Donated services and use of facilities	2b	1,475.			
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	-9,271.			
е	Add lines 2a through 2d			2e	1,525,	
3	Subtract line 2e from line 1			3	1,661,	,998.
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	-16,046.			
С	Add lines 4a and 4b			4c		,046.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,645,	,952.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater		ith Expenses per	Retu	irn	
Pa	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.				
Pa 1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	a.		Retu 1	ırn 2,097,	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	a.				
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 122 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	a. 2a				
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 122 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	a. 2a 2b				
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 122 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	a. 2a 2b 2c	1,475.			
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 122 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	a. 2a 2b 2c 2d	1,475.		2,097,	,459.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	a. 2a 2b 2c 2c	1,475.	1 2e	<u>2,097,</u> 17,	, <u>459</u> .
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 122 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	a. 2a 2b 2c 2c	1,475.	1	2,097,	, <u>459</u> .
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	a. 	1,475.	1 2e	<u>2,097,</u> 17,	, <u>459</u> .
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	a. 	1,475.	1 2e	<u>2,097,</u> 17,	, <u>459</u> .
1 2 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	a. 2a 2b 2c 2d 2d	1,475.	1 2e	2,097, 17, 2,079,	, <u>459.</u> , <u>521.</u> ,938.
1 2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 122 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	a. 2a 2b 2c 2d 2d 2d	1,475. 16,046. 9,271.	1 2e 3 4c	2,097, 17, 2,079, 9,	<u>,459.</u> ,521. ,938.
1 2 d e 3 4 b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	a. 2a 2b 2c 2d 2d 2d	1,475. 16,046. 9,271.	1 2e 3	2,097, 17, 2,079,	<u>,459.</u> ,521. ,938.

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) 2023 332054 09-28-23 30

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) 2023

332055 09-28-23

13021009 803777 FAM1758

-9,271.

-16,046.

16,046.

Schedule D (Form 990) 2023 FITCHBURG ART MUSEUM Part XIII Supplemental Information (continued)	04-6111758 Page 5
Part XII, Line 4b - Other Adjustments:	
DIRECT COST OF BENEFIT TO DONORS	9,271

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

23

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

Inspection Employer identification number

04 - 6111758

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Name of the organization

FITCHBURG ART MUSEUM

Pa	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu		•	
		applicable		Form 990, Part VIII, line 1g	noncash contribu	ilion ai	nount	5
1	Art - Works of art	Х	55		NOT RECORDE	D		
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 828	83, Part V, D	onee Acknowledg	gement 29				
							Yes	No
30a	During the year, did the organization receive by		•••••		-			
	must hold for at least 3 years from the date of							v
	exempt purposes for the entire holding period?	?				30a		X
	If "Yes," describe the arrangement in Part II.							37
31	Does the organization have a gift acceptance p					31		X
32a	Does the organization hire or use third parties of		-					v
_	contributions?					32a		X
	If "Yes," describe in Part II.				- l d			
33	If the organization didn't report an amount in c	oiumn (c) fo	r a type of propert	y for which column (a) is che	cked,			
	describe in Part II.							1

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

Schedule M (Form 990) 2023

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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.

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332142 09-11-23				Schedule M (Form 990) 2023

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

Form 990, Part VI, Section A, line 2:

NADINE MARTEL AND NADINE PRICE HAVE A FAMILY RELATIONSHIP.

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

THE FINANCE COMMITTEE REVIEWS AND APPROVES THE FORM 990 BEFORE FILING.

AFTER IT IS FILED, IT IS MADE AVILABLE TO THE ENTIRE BOARD OF DIRECTORS.

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

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

Form 990, Part VI, Section C, Line 19:

THE GOVERNING DOCUMENTS, AND POLICIES OF THE MUSEUM ARE MADE AVAILABLE TO

THE PUBLIC UPON REQUEST. FINANCIAL STATEMENTS ARE AVAILABLE ON THE WEBSITE

OF THE MUSEUM.

332212 11-14-23