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PUBLIC INSPECTION COPY

Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury
Internal Revenue Service

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

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

Open to Public

A	roi tiit	2020 calendar year, or tax year beginning 001 1, 2020 and	ending 0	UN 30, ZUZI	
В	Check if applicabl	C Name of organization		D Employer identific	cation number
	Addre	THE MONTCLAIR ART MUSEUM			
	Name chang	Doing business as		22-14875	82
	Initial return Final return		Room/suite	E Telephone number 973-746-	
	termin	_		G Gross receipts \$	9,488,787.
	ated Amenoreturn	City or town, state or province, country, and ZIP or foreign postal code MONTCLAIR, NJ 07042		H(a) Is this a group re	
	Application	F Name and address of principal officer: IRA WAGNER		for subordinates	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	
$\frac{1}{1}$	Ταν-ρν	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) €	or 527	1	list. See instructions
÷	Websit	te: WWW.MONTCLAIRARTMUSEUM.ORG	01 021	H(c) Group exemption	
		organization: X Corporation Trust Association Other	I Vear		State of legal domicile: NJ
	art I	Summary	L 1001	01101111aa011, === = IV	Otato or logar dominono, =10
		Briefly describe the organization's mission or most significant activities: THE	МОИТСТ	ATR ART MUS	FIJM .
Activities & Governance	'	TOGETHER WITH ITS VANCE WALL ART EDUCATION	ON CEN	TER, ENGAGE	S OUR
rns	2	Check this box if the organization discontinued its operations or dispose	than 25% of its net as	sets.	
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	38
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			38
Se Se		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			127
Viţi.	1	Total number of volunteers (estimate if necessary)			167
Ċţ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
٩		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)		2,850,270.	2,264,302.
'n		Program service revenue (Part VIII, line 2g)		794,212.	433,175.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		387,300.	1,549,791.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		35,755.	309,483.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,067,537.	4,556,751.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		14,879.	9,440.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,282,099.	2,330,235.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xbe	b	Professional fundraising fees (Part IX, column (A), line 11e)	22.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,229,457.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,526,435.	4,558,598.
	19	Revenue less expenses. Subtract line 18 from line 12		-458,898.	-1,847.
Net Assets or Find Balances			Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		23,018,765.	24,035,266.
t As	21	Total liabilities (Part X, line 26)		3,934,444.	3,895,573.
	22	Net assets or fund balances. Subtract line 21 from line 20		19,084,321.	20,139,693.
	art II	Signature Block			
Und	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of my	/ knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
Sig	ın	Signature of officer		Date	
He	re	IRA WAGNER, EXECUTIVE DIRECTOR			
		Type or print name and title)-i-	DTIN
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai		THOMAS R. DARTNELL CPA/PFTHOMAS R. DARTN	ғгг С1	.2/14/21 self-employe	
	parer	Firm's name NISIVOCCIA LLP	Firm's EIN	22-1914888	
Use	Only	Firm's address 200 VALLEY RD. SUITE 300			72\ 200 400-
		MT. ARLINGTON, NJ 07856		Phone no. (9	73) 328-1825
Ма	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

STUDIOS, AS GREETERS AT SPECIAL EVENTS, AND IN MANY OTHER TASKS, TOGETHER PROVIDING MORE THAN 10,000 VOLUNTEER HOURS ANNUALLY.

Other program services (Describe on Schedule O.)

182 , 020 . including grants of \$

3,455,871. Total program service expenses

12,406.)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	\vdash
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ū	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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? <i>If</i> "Yes," <i>complete</i>			
	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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	441		X
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15	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	-10		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			- v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

032003 12-23-20

Part IV | Checklist of Required Schedules (continued)

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l
	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	24a	х	
b	Schedule K. If "No," go to line 25a	24b		Х
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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			
		25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	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		Х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see 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? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash 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	20	Х	
31	contributions? If "Yes," complete Schedule M	30	21	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	- 31		
-	Schedule N, Part II	32		Х
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			٦,
0.5	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
Ь	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		Х	
Pai	Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
. ui	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

032004 12-23-20

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

2a Inter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, led of the tocal reclarder year ending with or within the year covered by this return b If all least one is reported on line 2a, did the organization file all required feedered employment tax returns? Note: If the sum of lines 1 and 2a is greater than 260, you may be required to 6-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 990-T for this year? If "Yo' to line 3b, provide an explanation on Schedule 0 3c If "Yes," has the filed a Form 990-T for this year? If "Yo' to line 3b, provide an explanation on Schedule 0 3d If "Yes," and the filed a Form 990-T for this year? If "Yo' to line 3b, provide an explanation on Schedule 0 3d If "Yes," and the the name of the foreign country year instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial accounts (FBAR). 5a Was the organization and yor to prohibet dax sheeter transaction of any time during the tax year? 5a Was the organization produced the organization that it was or is a party to a prohibeted tax shelter transaction? 5b If "Yes," old the organization that it was or is a party to a prohibeted tax shelter transaction of the propertion of the propert				Yes	No
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1s and 2a is greater than 250, you may be required to e-file (see instructions) 3	2a				
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 rome during the year? 3a Did the organization have unrelated business gross income of \$1,000 rome during the year? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account; securities account; or other financial account)? 4a X 5b If "Yes," erfer the name of the foreign country When year in the properties of the properties of the financial account (see BAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b IV "Yes" to line Sa or 5b, did the organization file Form 888817? 5c Uses the organization and properties that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5c Uses a contribution that have receive deductible as charitable contributions? 6c Uses the organization shall may receive deductible contributions under section 170(c). 6c Use the organization shall may receive deductible contributions under section 170(c). 6c Uses the organization shall may receive deductible contributions under section 170(c). 6c Uses the organization shall may receive deductible contributions under section 170(c). 6c Use the organization shall may receive deductible contribution of the value of the goods or services provided? 7c Visa, "did the organization between power in excess of \$15" made party as a contribution and party for goods and services provided to the payor? 7a X X 7b If "Yes," did the organization creeive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c If If If I we organization receive any funds, direc		filed for the calendar year ending with or within the year covered by this return 2a 127			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 3b Diff Yes, 'has it filed a Form 980-7 for this year? I'Ves' to line 3b, your owice an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5b If Yes,' enter the name of the foreign country (such as a bank account, securities account, or other financial Accounts (FBAR). 5c In Yes 1 to line 5a or 5b, did the organization that it was or is a party to a prohibited tax was of the companion of the organization and the organization that it was or is a party to a prohibited tax shelter transaction? 5c In Yes,' did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that when to tax deductible? 5c In Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c In Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c In Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c In Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c In Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c In Yes,' did the organization include did the every solicitation and party for goods and services provided to the payor? 7c In Yes,' include the number of Forms 8282 filed during the year 9c If Yes,' include the number of Forms 8282 filed during the year 9c Did the organization received a contribution of cualified i	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
b If Yes, "has it flied a Form 990 T for this year? # No' to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 4b If Yes, "enter the name of the foreign country } 5cen instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5se instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5se instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5se instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5se instructions or filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5se instructions or state and the organization file Form 8888-17 6s Did and the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6s		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a A any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, secturies account, or other financial accounts? b If "Yes," enter the name of the foreign country Person P	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b if 1 Yes, * other the name of the foreign country (such as a bank account, securities account, or other financial account)? b if 1 Yes,* other the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the lax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c I Yes* to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c I Yes* to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c I Yes* to line 5a or 5b, did the organization file Form 8886-17. 6c I O Cost the organization to include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organization start many receive deductible contributions under section 170(c). 8 b If Yes*, did the organization notify the donor of the value of the goods or services provided? 7 b If Yes*, did the organization notify the donor of the value of the goods or services provided? 7 b If the organization receive a payment in excess of 37s made party as a contribution of property for which it was required to line Form 8282? 8 d If Yes*, indicate the number of Forms 8282 filed during the year 9 d If Yes*, indicate the number of Forms 8282 filed during the year 10 id the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07 and 10 the organization has a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07 and 10 the sponsoring organization make any taxable distributions under section 4966? 9 Section 501(c)(12) organization behalve and additional information the organization filing Form 900 in lieu of Form 10417 and 10 and 10 and 10 and 10 and 10	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
b If "Yes," enter the name of the foreign country. ▶ Sae instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5b ID darry taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line Sar of Sb, did the organization file Form 88867? 5c If "Yes" organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c If "Yes", did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," did the organization nority the donor of the value of the goods or services provided? 9b If "Yes," did the organization nority the donor of the value of the goods or services provided? 9b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c Z X 7c Z X 9f If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8882? 8c If If ID did the organization notify the donor of the value of the goods or services provided? 9c ID did the organization received a contribution of qualified intellectual property, did the organization file Form 8989 as required? 9c If ID did the organization measure a distribution of cast, palanes, or other vehicles, did the organization file a Form 1986 CP 8c Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make a distribution to all donor, donor advised, or related person? 9c Sponsoring organization make a	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			15		X
If "Yes," complete Form 4720, Schedule O.					v
	16		16		A
		If "Yes," complete Form 4720, Schedule O.	Form	000	(2020)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1a 1	8		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 3	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	'	•	•
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b				
12a	and the second s	12a	Х	
b		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►NU			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c))	3)s onl	y) avai	lable
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd 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			
	MICHAEL FRASCO, CFO - 973-259-5116			
	3 SOUTH MOUNTAIN AVENUE, MONTCLAIR, NJ 07042			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)					iout	(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition		one	Reportable	Reportable	Estimated
	hours per	box	, unle cer an	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week	_		uau	II CCIO	17 11 43		from the	from related	other
	(list any hours for	Individual trustee or director				p		organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** 2) 1000 (***)	organization
	organizations	trust	nal tru		oyee	ompe				and related
	below	vidua	Institutional trustee	ser	Key employee	Highest compensated employee	Former			organizations
	line)	ib	Inst	Officer	Key	Hig	Ferr			
(1) IRA WAGNER	40.00							00 565		•
EXECUTIVE DIRECTOR	4 00			X				82,767.	0.	0.
(2) ROSE CALI	4.00									•
CO-CHAIR	4 00	Х	_	Х		_		0.	0.	0.
(3) CAROL VANCE WALL	4.00									•
CO-CHAIR		Х	_	Х		_		0.	0.	0.
(4) FRANK J.WALTER III	6.00									•
PRESIDENT	<u> </u>	Х	_	Х		_		0.	0.	0.
(5) NEWTON B. SCHOTT, JR.	5.00									0
VICE CHAIR & SECRETARY	4 00	Х		Х				0.	0.	0.
(6) JOAN ZIEF	4.00	,,		77						0
TREASURER	4 00	Х		Х				0.	0.	0.
(7) SUSAN BRADY ABADAN	4.00	,,		77						0
VICE PRESIDENT	2 00	Х		Х				0.	0.	0.
(8) LISA AMATO	3.00	,,		77						0
VICE PRESIDENT	2.00	Х		Х				0.	0.	0.
(9) LINDER K. ANDLINGER	3.00	٠,,		37					_	0
VICE PRESIDENT	2 00	Х		Х		_	_	0.	0.	0.
(10) HOLLY ENGLISH	3.00	٠,,		37					_	0
VICE PRESIDENT	2 00	Х		Х		_	_	0.	0.	0.
(11) LYNN GLASSER	3.00	Ι.,		7.7				0.	0.	0
VICE PRESIDENT	3.00	Х		Х		_		0.	0.	0.
(12) MICHAEL HENINGBURG, JR.	3.00	Х		х				0.	0.	0.
VICE PRESIDENT (13) CHRISTINE JAMES	3.00	Δ	_	Λ		-		0.	0.	0.
, ,	3.00	X		х				0.	0.	0.
VICE PRESIDENT	3.00	Δ	_	Λ		-		0.	0.	0.
(14) JAMES LEITNER	3.00	X		х				0.	0.	0.
VICE PRESIDENT	3.00	^		Λ		\vdash		0.	0.	0.
(15) LYN B. REITER	3.00	X		х				0.	0.	0.
VICE PRESIDENT (16) ANN SCHAFFER	3.00	^	\vdash	Δ	-	\vdash	-	0.	0.	0.
VICE PRESIDENT	3.00	X		х				0.	0.	0.
(17) CHERYL SLUTZKY	3.00	^	\vdash	Δ	-	\vdash	-	0.	0.	<u> </u>
VICE PRESIDENT	3.00	X		Х				0.	0.	0.
032007 12-23-20		77		21				0.	0 •	Form 990 (2020)

032007 12-23-20

Part VII Section A. Officers, Directors, (A)	(B)	pioy	rees	, and		igne	SIC	(D)	(E)	(F)	
Name and title	Average			Posi	sition			Reportable	Reportable	Estima	ted
Name and title	hours per	box	, unle	heck ss pe	rson	is bot	h an	compensation	compensation	amoun	
	week	\vdash	cer ar	nd a d	irecto	ctor/truste		from	from related	othe	er
	(list any	ector						the	organizations	compens	
	hours for related	or di	ee			ated		organization	(W-2/1099-MISC)	from t	
	organizations	rustee	trust		ee ee	nbens		(W-2/1099-MISC)		organiza and rela	
	below	Individual trustee or director	Institutional trustee	_	nploy	st col	 			organiza	
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Pom				
(18) SHARON C. TAYLOR	3.00										
VICE PRESIDENT		Х		Х				0.	0	•	0.
(19) ROBERT L. TORTORIELLO	3.00										•
VICE PRESIDENT	1 00	Х		Х	_	\vdash	_	0.	0	•	0.
(20) VALERIE J. ABLAZA, MD	1.00	,,							0		0
TRUSTEE	1 00	Х	_		_	\vdash	┝	0.	0	•	0.
(21) MICHAEL A. BACKER, ESQ.	1.00	X							0		0
TRUSTEE (22) ANGELA BEEKERS-UBEROI	1.00	^			\vdash	\vdash	┝	0.	0	•	0.
TRUSTEE	1.00	X						0.	0		0.
(23) HEATHER BENJAMIN	1.00				\vdash	\vdash	\vdash		0	•	•
TRUSTEE	2000	x						0.	0		0.
(24) SUSAN V. BERSHAD, MD	1.00	 									
TRUSTEE		Х						0.	0		0.
(25) JAMES BLAKE	1.00										
TRUSTEE		Х						0.	0	•	0.
(26) SYLVIA COHN	1.00										
TRUSTEE		Х						0.	0	•	0.
1b Subtotal								82,767.	0	•	0.
c Total from continuation sheets to Pa								0.	0		0.
d Total (add lines 1b and 1c)								82,767.		•	0.
2 Total number of individuals (including becompensation from the organization		iose	IISTE	ea ar	DOV	e) wi	no r	eceived more than \$100	,000 of reportable		0
Compensation from the organization										Yes	-
3 Did the organization list any former off	ficer, director, trust	ee. I	kev e	empl	love	e. o	r hic	nhest compensated emo	lovee on		
line 1a? If "Yes," complete Schedule J			•		•		_		•	3	Х
4 For any individual listed on line 1a, is the											
and related organizations greater than	•		-					·		4	X
5 Did any person listed on line 1a receive	e or accrue compe	nsat	ion 1	from	any	y unr	elat	ted organization or indivi	dual for services		
rendered to the organization? If "Yes,"	complete Schedul	e J f	or s	uch _I	pers	son .				5	X
Section B. Independent Contractors											
1 Complete this table for your five higher										sation from	
the organization. Report compensation		ear	endi	ng v	vith	or w	ithir I		/ear.	(0)	
(A) Name and busi		NIC	INC	7				(B) Description of s	ervices	(C) Compensati	ion
		-11	J141				\dashv				
							_				
							\dashv				
2 Total number of independent contractor	ors (includina but n	ot li	mite	d to	tho	se li	stec	d above) who received m	ore than		
\$100,000 of compensation from the or			_		_ (0	_				
SEE PART VII. SECT		ידי	TTTZ	ΔΨΊ	r O i	NT (TH:	FFTC		Form 990	(0000)

Form 990 THE MONT	CLAIR A	K.T.	M	781	TUL	ŇΤ			22-148	/584
Part VII Section A. Officers, Directors, Tr	ustees, Key Eı	mplo	oyee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)	Γ	_	(((D)	(E)	(F)
Name and title	Average			Pos		1		Reportable	Reportable	Estimated
	hours	(cl				at apply)		compensation	compensation	amount of
	per	Ť				Γ̈́	Ť	from	from related	other
	week	١.				yee		the	organizations	compensation
	(list any	rector				em plc		organization	(W-2/1099-MISC)	from the
	hours for	or di	ee			sated		(W-2/1099-MISC)		organization
	related organizations	ustee	trust		ee	npens				and related organizations
	below	dual t	rtiona	_	nploy	stcor	_			Organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) CYNTHIA CORHAN-AITKEN	1.00					\vdash				
TRUSTEE		Х						0.	0.	0.
(28) ALEXIS O. DAVIS	1.00									
TRUSTEE		Х						0.	0.	0.
(29) JOHN M. DOWD	1.00									
TRUSTEE		Х						0.	0.	0.
(30) PATTI B. ELLIOT	1.00	ļ								
TRUSTEE	1 00	Х				_		0.	0.	0.
(31) EDWARD P. GREGORY	1.00	.,								
TRUSTEE	1.00	Х						0.	0.	0.
(32) SAM JOSEPH TRUSTEE	1.00	x						0.	0.	0.
(33) ANDREW LACEY	1.00	^				\vdash		0.	0.	0.
TRUSTEE	1.00	X						0.	0.	0.
(34) JANICE LINAUGH	1.00	123				\vdash				•
TRUSTEE		x						0.	0.	0.
(35) GRETCHEN PRATER	1.00	 								
TRUSTEE		Х						0.	0.	0.
(36) AMY PUTMAN	1.00									
TRUSTEE		Х						0.	0.	0.
(37) SENGAL M.G. SELASSIE	1.00									
TRUSTEE		Х						0.	0.	0.
(38) TESSIE THOMAS	1.00									
TRUSTEE		Х						0.	0.	0.
(39) DOUGLAS W. TURNBULL	1.00									
TRUSTEE	ļ	Х				_		0.	0.	0.
		4								
	1									
		1								
	+						\vdash			
		1								
	1									
		1								
		1								
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

		Check if Schedule O co	ntains a response	or note to any lin	ne in this Part VIII			
			'	,	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
ts ts	1:	Federated campaigns	1a					
ran		Membership dues		287,431.				
٩		Fundraising events		60,715.				
ifts r A		Related organizations		00,720.				
nig,		Government grants (contrib		939,544.				
Sir		All other contributions, gifts, gra	· 	333,344.				
uti Je	'	similar amounts not included ab		976,612.				
등등			···	42,330.				
Contributions, Gifts, Grants and Other Similar Amounts		Noncash contributions included in lin		42,350.	2,264,302.			
0 10		Total. Add lines 1a-1f		Business Code	2,204,302.			
	•	ART SCHOOL TUITION	•	611710	300,354.	300,354.		
je		104144104 5554		900099	61,374.			
Ser	k					61,374.		
m S	(EDUCATION PROGRAMS		900099	54,537.	54,537.		
gra	(MEMBERSHIP DUES			14,700.	14,700.		
Program Service Revenue	•	CURATORIAL PROGRAMS		611710	2,210.	2,210.		
_		All other program service rev			422 175			
$\overline{}$		Total. Add lines 2a-2f			433,175.			
	3	Investment income (includin			254 526			254 526
		other similar amounts)			254,536.			254,536.
	4	Income from investment of t		-				
	5	Royalties	(°) D1	(:) D				
	_		(i) Real	(ii) Personal				
			Sa	24,970.				
		' ···	Sb	78,548.				
		` ' _	ic	-53,578.				
		Net rental income or (loss)	(1) (2)		-53,578.			-53,578.
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		· -	7a 5,965,427.					
σ.	k	Less: cost or other basis						
ů.		· · · · · · · · · · · · · · · · · · ·	b 4,670,172.					
Other Revenue			c 1,295,255.					
ت R		Net gain or (loss)			1,295,255.			1,295,255.
the	8 8	Gross income from fundraising						
0		including \$6						
		contributions reported on lin	' I I					
		Part IV, line 18		520,335.				
		Less: direct expenses		169,680.	250 655			252 655
		Net income or (loss) from ful			350,655.			350,655.
	9 a	Gross income from gaming						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from ga						
	10 a	Gross sales of inventory, les		04 405				
		and allowances		24,185.				
		Less: cost of goods sold		13,636.	40 540	40 540		
\dashv		Net income or (loss) from sa	ales of inventory		10,549.	10,549.		
sn		OMITED PERSONAL		Business Code	4 055	4 05-		
Miscellaneous Revenue		OTHER REVENUE		900099	1,857.	1,857.		
llar	k							
Sce	(
Ĕ		All other revenue			4 055			
		Total. Add lines 11a-11d			1,857.	445 501		1 045 055
	12	Total revenue. See instructions	3		4,556,751.	445,581.	0.	1,846,868.

032009 12-23-20

Part IX | Statement of Functional Expenses

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

D^	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	9,440.	9,440.		
_	individuals. See Part IV, line 22	9,440.	9,440.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	130,000.	39,000.	52,000.	39,000
	trustees, and key employees	130,000.	33,000.	32,000.	33,000
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	1,854,723.	1,284,094.	181,969.	388,660
7	Other salaries and wages	1,001,140.	1,204,094.	101,909.	300,000
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
O	· · · · · · · · · · · · · · · · · · ·	174,859.	130,896.	8,764.	35,199
9	Other employee benefits	170,653.	114,499.	21,910.	34,244
10 11	Payroll taxes Fees for services (nonemployees):	110,000	, -	21,710.	34,444
a					
b		35,230.		35,230.	
q		33,230.		33,230.	
u e	Lobbying				
f	Investment management fees				
g					
9	column (A) amount, list line 11g expenses on Sch 0.)	380,540.	314,836.	27,636.	38,068
12	Advertising and promotion	54,145.	51,870.	316.	1,959
13	Office expenses	54,956.	52,737.	115.	2,104
14	Information technology	0 = 70 0 0 1	0 = 7 . 0		
15	Royalties				
16	Occupancy	452,387.	409,530.	25,847.	17,010
17	Travel				,,
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	121,913.		121,913.	
21	Payments to affiliates	, =		,	
22	Depreciation, depletion, and amortization	519,273.	508,887.	5,193.	5,193
23	Insurance	119,943.	100,299.	14,592.	5,052
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 O.)				
а	ACQUISITIONS	350,922.	350,922.		
b	SUPPLIES AND SPECIAL PR	104,484.	81,495.	2,294.	20,695
c					· · · · · · · · · · · · · · · · · · ·
d					
e	All other expenses	25,130.	7,366.	14,526.	3,238
25	Total functional expenses. Add lines 1 through 24e	4,558,598.	3,455,871.	512,305.	590,422
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)				

Form 990 (2020)

Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or note	to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			950,220.	1	464,737.
	2	Savings and temporary cash investments			1,353,620.	2	1,346,543.
	3	Pledges and grants receivable, net			975,044.	3	657,737.
	4	Accounts receivable, net			5,833.	4	4,254.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial o	contributor, or 35%			
		controlled entity or family member of any of these	e pers	ons		5	
	6	Loans and other receivables from other disqualif	ied pe	rsons (as defined			
		under section 4958(f)(1)), and persons described	in sec	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			48,974.	8	41,433.
⋖	9	Prepaid expenses and deferred charges			45,599.	9	70,277.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	20,042,006.			
	b	Less: accumulated depreciation	10b	11,256,890.	9,258,622.		8,785,116.
	11	Investments - publicly traded securities		10,380,853.	11	12,665,169.	
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa			23,018,765.	16	24,035,266.
	17	Accounts payable and accrued expenses			186,604.	17	210,124.
	18	Grants payable	4.40.004	18	222		
	19	Deferred revenue			143,801.	19	298,898.
	20	Tax-exempt bond liabilities			3,102,412.	20	2,889,864.
	21	Escrow or custodial account liability. Complete P				21	
ies	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, substa					
ä		controlled entity or family member of any of these				22	
_	23	Secured mortgages and notes payable to unrelate		_	14 000	23	0 000
	24	Unsecured notes and loans payable to unrelated		_	14,820.	24	9,880.
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24). Complete Part X	106 007		106 007
		of Schedule D			486,807.		486,807. 3,895,573.
	26	Total liabilities. Add lines 17 through 25			3,934,444.	26	3,033,373.
Se		Organizations that follow FASB ASC 958, chec	ck ner	e 🕨 🔼			
ŭ	07	and complete lines 27, 28, 32, and 33.			16,648,827.	27	17,803,480.
Sale	27	Net assets without donor restrictions			2,435,494.	28	2,336,213.
βE	28	Net assets with donor restrictions			2,433,494.	28	2,330,213.
풀		Organizations that do not follow FASB ASC 95	os, cne	eck nere			
ō		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29 30	
Ass	30	Paid-in or capital surplus, or land, building, or equ				-	
et/	31	Retained earnings, endowment, accumulated inc			19,084,321.	31 32	20,139,693.
Z	32	Total liabilities and not assets/fund balances			23,018,765.	33	24,035,266.
	33	Total liabilities and net assets/fund balances			23,010,103.	აა	Z4,033,200.

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	4,55		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,55		
3	Revenue less expenses. Subtract line 2 from line 1	3			47.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	19,08		
5	Net unrealized gains (losses) on investments	5	1,16	3,0	50.
6	Donated services and use of facilities	6			
7	Investment expenses	7	-10	5,8	31.
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	20,13	9,6	93.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			Form	990	(2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization THE MONTCLAIR ART MUSEUM 22-1487582 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,880,804.	2,842,269.	2,329,643.	2,850,270.	2,264,302.	12,167,288.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,880,804.	2,842,269.	2,329,643.	2,850,270.	2,264,302.	12,167,288.
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)						803,607.
6	Public support. Subtract line 5 from line 4.						11,363,681.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	1,880,804.	2,842,269.	2,329,643.	2,850,270.	2,264,302.	12,167,288.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	313,686.	294,423.	329,983.	277,741.	254,536.	1,470,369.
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.)	9,039.	1,150.	2,600.	4,250.	1,857.	18,896.
11	Total support. Add lines 7 through 10						13,656,553.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 6	,854,875.
13	First 5 years. If the Form 990 is for the	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						.
	ction C. Computation of Publ						
14	Public support percentage for 2020 (14	83.21 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	80.00 %
16a	33 1/3% support test - 2020. If the o	•		•		•	
	stop here. The organization qualifies						X
b	33 1/3% support test - 2019. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	-					
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to	-	· ·	*	-		
b	10% -facts-and-circumstances tes	-					10% or
	more, and if the organization meets the		•				. —
	organization meets the facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	<u> </u>

Schedule A (Form 990 or 990-EZ) 2020

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.)

Se	ction A. Public Support		,				
Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in 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 assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
	check this box and stop here						>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2020 (line 8, column (f), o	divided by line 13,	column (f))		15	%
	Public support percentage from 2019					16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19	a 33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	supported organiz	ation	▶□
k	33 1/3% support tests - 2019. If the	•			•		
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies	as a publicly supp	orted organization	▶∐
20	Private foundation If the organization	on did not check a	hay on line 1/1 10	a or 10h check t	his hay and see in	etructione	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
- Ou		
5b		
5c		
6		
7		
8		
Oc		
9a		
9b		
9с		
10a		
10b		

Pa	rt IV Supporting Organizations _(continued)			
			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 in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 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.	1		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	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	tion 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	$oxed{oxed}$	
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 in 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		L
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	\vdash	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а				
	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.	2a		
b	, , ,			
	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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
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.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	anizations			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions					
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functiona	lly integra	ated Type III supporting org	anization (see		
	instructions).	3				

Schedule A (Form 990 or 990-EZ) 2020

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ıed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which tl	ne organization is responsive	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i_	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
1 0.11	Dat IV Section A lines 1 2 3h 25 4h 45 5a 6 0 9h 0c 11a 11h and 11c Part IV Section B lines 1 and 2 Part IV Section C
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
	(See instructions.)
•	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE MONTCLAIR ART MUSEUM

Employer identification number 22-1487582

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fu	nds or 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 a	dvised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds car	be used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purp	ose conferring
Par		•	90, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education)	n of a historically important land area
	Protection of natural habitat	Preservation	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the fo	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by	the organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		_ _
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing of	conservation easements during the year
7	Associated associated was discussed in the state of the s		
7	Amount of expenses incurred in monitoring, inspecting, hand	ning of violations, and enforcing conse	ervation easements during the year
0	▶ \$ Does each conservation easement reported on line 2(d) above	vo patiety the requirements of poetion	170(b)(4)(P)(i)
8		· · · · · · · · · · · · · · · · · · ·	
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservati		
3	balance sheet, and include, if applicable, the text of the foot	·	
	organization's accounting for conservation easements.	Total to the organization 3 intancial sta	corrected that describes the
Par	t III Organizations Maintaining Collections o	f Art. Historical Treasures, o	Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	68. not to report in its revenue stateme	nt and 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	ncial statements that describes these	items.
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	,	,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
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		> \$
b	Assets included in Form 990, Part X		·
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2020

032051 12-01-20

	t III Organizations Maintaining C	ollections of Ar		easures, or Oth	ner Simi	lar Asse	ts /contin	ued)
3	Using the organization's acquisition, accession		-				•	<u></u>
•	collection items (check all that apply):	on, and other record	o, oncon any or the	Tollowing that make	olgriiioai	11 400 01 110		
а	X Public exhibition	d	X Loan or exc	hange program				
b	X Scholarly research	e	X Other ED	UCATIONAL	PROGE	AMTNG		
	X Preservation for future generations	e		0011111011111	111001			
C		.llaationa and avalate		hitii		in Day	. VIII	
4	Provide a description of the organization's co					ose in Par	t XIII.	
5	During the year, did the organization solicit o						٦,,	X No
Do	to be sold to raise funds rather than to be ma						Yes	
Pai	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		te if the organization	n answered "Yes" o	n Form 99	90, Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custodi on Form 990, Part X?						Yes	□ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:					
							Amount	
С	Beginning balance				1c			
	Additions during the year							
	Distributions during the year							
	Ending balance							
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or c	ustodial account lial	oility?	L	Yes	No No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part X	III			
Par	t V Endowment Funds. Complete it	the organization and	swered "Yes" on Fo	orm 990, Part IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance	5,591,909.	7,871,293.	14,926,627	. 12,	738,672.	11,	306,314.
	Contributions	25,000.	65,500.	148,998	. 2,	332,986.	1,	370,250.
	Net investment earnings, gains, and losses	1,001,598.	544,607.	371,292		750,405.	1,	121,285.
d	Grants or scholarships							
	Other expenditures for facilities							
	and programs	1,131,606.	2,889,491.	7,575,624	.	895,436.	1,	059,177.
f	Administrative expenses	, ,	, ,	, ,		•	,	<u>, </u>
	End of year balance	5,486,901.	5,591,909.	7,871,293	14.	926,627.	12.	738,672.
2	Provide the estimated percentage of the curr	·			,	, -	,	
	Board designated or quasi-endowment	88.4000	%	a)) 1101d do.				
	Permanent endowment 3.4220	%						
0	0 4 5 0 0							
C	The percentages on lines 2a, 2b, and 2c sho	. •						
20	Are there endowment funds not in the posse	•	ation that are hold a	and administered for	the erger	ization		
Sa		SSION OF THE Organiza	tilon that are nelu a	ind administered for	ine organ	iizatiori	Г	Yes No
	by:							Yes No
	(i) Unrelated organizations						3a(i)	X
L	(ii) Related organizations							
D	If "Yes" on line 3a(ii), are the related organiza						3b	
Da.	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment tunas.					
Fai	Complete if the organization answered		Dort IV line 11e G	Coo Form 000 Dort	V line 10			
		1	1	1		LI	(-I) DI	
	Description of property	(a) Cost or ot basis (investm	' '	, ,	Accumula [.] epreciatio		(d) Book	value
	Land	`	,	2,700.	ергестато		133	2,700.
	Land				825,2	262		3,678.
	Buildings		11,41	0,240. 0,	043,4	104.	0,433	,,010.
	Leasehold improvements		2 62	0,366. 2,	431,6	20	100	720
	Equipment Other		2,03	0,300. 2,	+ J I , (740.	130	3,738.
	. Add lines 1a through 1e. (Column (d) must e		X column (R) line 1	100)			8.785	5,116.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 THE MONTCLA	IR ART MUSEUM	22-	-1487582 _{Page} ;
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 000 Port IV line	110 Soc Form 000 Part V line 12	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
	(b) Book value	(b) Welfied of Valuation. Cook of Crid	or your market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a) I	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	>	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) REFUNDABLE ADVANCE			486,807
(3)			
(4)			

486,807. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2020

(5) (6) (7) (8)

	complete in the organization anovered Tee on Term coe, i arriv, into 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	5,862,198
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	1,163,050.		
b	Donated services and use of facilities	2b			
	Recoveries of prior year grants	2c			
	Other (Describe in Part XIII.)	2d	248,228.		
е	Add lines 2a through 2d			2e	1,411,278
3	Subtract line 2e from line 1			3	4,450,920
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	105,831.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	105,831
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,556,751

Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	4,000,020.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	248,228.		
е	Add lines 2a through 2d			2e	248,228.
3	Subtract line 2e from line 1			3	4,558,598.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	4,558,598.

Part XIII Supplemental Information.

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

PART III, LINE 1A:

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

Schedule D (Form 990) 2020

Part XIII Supplemental Information (continued)

COLLECTIONS.

PART III, LINE 4:

THE MUSEUM COLLECTS, PRESERVES AND PRESENTS AMERICAN AND NATIVE AMERICAN

ART. ITS INNOVATIVE EXHIBITIONS AND EDUCATIONAL PROGRAMS INTERPRET AND

EXPLORE RELATIONSHIPS BETWEEN THESE TWO EVOLVING ARTISTIC TRADITIONS.

PART V, LINE 4:

THE MUSEUM'S ENDOWMENT CONSISTS OF INDIVIDUAL FUNDS ESTABLISHED FOR A

VARIETY OF PURPOSES. ITS ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED FUNDS

AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS.

THE MUSEUM'S ENDOWMENT PROVIDES A SUPPLEMENTARY SOURCE OF FUNDS FOR

CURRENT OPERATIONS, ACQUISITION OF WORKS OF ART, INFRASTRUCTURE

REDEVELOPMENT AND OTHER CAPITAL PROJECTS FOR THE BENEFIT OF THE MUSEUM AND

ITS PROGRAMS.

PART X, LINE 2:

THE MUSEUM IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISION OF

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND IS ALSO EXEMPT FROM

STATE INCOME TAXES UNDER CHAPTER 104 OF TITLE 54, REVISED STATUTES OF THE

NEW JERSEY LAW. THE MUSEUM HAS ALSO BEEN CLASSIFIED AS ENTITIES THAT ARE

NOT PRIVATE FOUNDATIONS WITHIN THE MEANING OF SECTION 509(A) AND QUALIFY

FOR DEDUCTIBLE CONTRIBUTIONS AS PROVIDED IN SECTION 170(B)(1)(A)(VI).

ACCORDINGLY, NO PROVISION FOR FEDERAL OR STATE INCOME TAXES HAS BEEN

PRESENTED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

THE MUSEUM FOLLOWS THE PROVISIONS OF FASB ASC, INCOME TAXES. THE STANDARD PRESCRIBES A MINIMUM RECOGNITION THRESHOLD AND MEASUREMENT METHODOLOGY

Part XIII | Supplemental Information (continued)

THAT A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN IS

REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS. IT

ALSO PROVIDES GUIDANCE FOR DERECOGNITION, CLASSIFICATION, INTEREST AND

PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE, AND TRANSITION AS

THEY RELATE TO THOSE TAX POSITIONS.

THE MUSEUM DOES NOT EXPECT A SIGNIFICANT INCREASE OR DECREASE TO THE TOTAL AMOUNTS OF UNRECOGNIZED TAX POSITIONS DURING THE FISCAL YEAR ENDED JUNE 30, 2021. HOWEVER, THE MUSEUM IS SUBJECT TO REGULAR AUDIT BY TAX AUTHORITIES. THE MUSEUM BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR THE POSITIONS TAKEN ON ITS TAX RETURNS. NONETHELESS, THE AMOUNTS ULTIMATELY PAID, IF ANY, UPON RESOLUTION OF THE ISSUES RAISED BY THE TAXING AUTHORITIES MAY DIFFER MATERIALLY FROM THE AMOUNTS ACCRUED EACH YEAR.

MANAGEMENT BELIEVES ITS NONPROFIT STATUS WOULD BE UPHELD UPON EXAMINATION.

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

PART X	I, LINE	2D -	- OTHER	ADJUSTMENTS:
--------	---------	------	---------	--------------

FUNDRAISING EXPENSE	169,680.
RENTAL EXPENSE	78,548.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	248,228.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2020

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

THE MONTCLAIR ART MUSEUM

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not

required to complete this part				,		
1 Indicate whether the organization rais		ng acti	vities.	Check all that apply		
a Mail solicitations				overnment grants		
b Internet and email solicitations	f Solicita	tion of	gover	nment grants		
c Phone solicitations	g Special					
d In-person solicitations						
2 a Did the organization have a written o	r oral agreement with any individual	(includ	ding o	fficers, directors, tru	stees, or	
key employees listed in Form 990, Pa						☐ No
b If "Yes," list the 10 highest paid indiv						
compensated at least \$5,000 by the			Ü			
		1				
(i) Name and address of individual		(iii) fundr have c	Did aiser	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	(ii) Activity	have c	ustody trol of	from activity	fundraiser	to (or retained by) organization
, ,		contrib	utions?	,	listed in col. (i)	Organization
		Yes	No			
3 List all states in which the organization	n is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration
or licensing.						

032081 11-25-20

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

Schedule G (Form 990 or 990-EZ) 2020

Pa	ırt I	Fundraising Events. Complete if the of fundraising event contributions and gr	-			
		on land along over the contribution of and gr	(a) Event #1 ART IN BLOOM	(b) Event #2	(c) Other events 2 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	431,802.		,	508,082.
_	2	Less: Contributions	33,400.	27,200.	115.	60,715.
	3	Gross income (line 1 minus line 2)	398,402.	21,500.	27,465.	447,367.
	4	Cash prizes				
es	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
_	8 9 10	Entertainment Other direct expenses Direct expense summary. Add lines 4 through	127,733. h 9 in column (d)		>	151,476. 151,476.
Pa	11					295,891.
		\$15,000 on Form 990-EZ, line 6a.	anowored 100 on 10m		Toportod more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
_ Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		>	
_	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
а	ls t	ter the state(s) in which the organization condition the organization licensed to conduct gaming a No," explain:	ctivities in each of these			Yes No
		ere any of the organization's gaming licenses re Yes," explain:	· · · · · · · · · · · · · · · · · · ·	-	year?	Yes No

Schedule G (Form 990 or 990-EZ) 2020

032082 11-25-20

Sch	nedule G (Form 990 or 990-EZ) 2020 THE MONTCLAIR ART MUSEUM 22-	1487	582	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	□ No
13	Indicate the percentage of gaming activity conducted in:			
á	The organization's facility	13a		%
ŀ	o An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
ŀ	of "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party \$\bigs\\$			
(If "Yes," enter name and address of the third party:			
	Name ▶			
	Address ►			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	Ш	Yes	└── No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
De	organization's own exempt activities during the tax year > \$			01 401
P	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	'art III, II	nes 9,	96, 106,
	13b, 13c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
_				

Schedule G	(Form 990 or 990-EZ)	THE MONT	CLAIR ART	MUSEUM	22-1487582 Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation (contin	ued)		<u> </u>
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

OMB No. 1545-0047	2020	Open to Public	Inspection

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

Name of th	Name of the organization THE MONTCLAIR	ART	MUSEUM					Employer i	Employer identification number $22-1487582$
Part I	General Information on Grants and Assistance	and Assistance							
1 Does	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate th€	amount of the grants	or assistance, the	grantees' eligibility	/ for the grants or ass	istance, and the selec	tion	
criter	criteria used to award the grants or assistance?	stance?							X Yes
2 Desc	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for monit	oring the use of grant	funds in the United	d States.				
Part II	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Domestic Organi	zations and Domestic	c Governments.	complete if the orga	inization answered "\	es" on Form 990, Part	: IV, line 21,	for any
	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II can	be duplicated if additi	ional space is need	ded.				
1 (a) N	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(t) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) o	(h) Purpose of grant or assistance
2 Enter	Enter total number of section 501(c)(3) and government organizations	and government or	ganizations listed in th	listed in the line 1 table				A	
3 Enter	Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					•	
I HA For	For Paperwork Reduction Act Notice. see the Instructions for Form 990.	see the Instruct	ions for Form 990.					Sched	Schedule I (Form 990) 2020

22-1487582

Schedule I (Form 990) 2020 THE MONTCLAIR ART MUSEUM

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(book, FMV, appraisal, other)	(f) Description of noncash assistance
CHOLARSHIPS	28	.0	9,440.FMV		TUITION
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	luired in Part I, lin	ne 2; Part III, column	i (b); and any other a	dditional information.	
SCHOLARSHIPS ARE APPLIED TO SCHOOL	TUITION	AND STUDENT	NT EXPENSES	S AND ARE NOT	
JSED FOR OUTSIDE PURPOSES. SCHOLA	SCHOLARSHIPS ARE	RE AWARDED	IN ACCORDANCE WITH	ANCE WITH	
ESTABLISHED GUIDELINES.					

Schedule I (Form 990) 2020

SCHEDULE K Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, Supplemental Information on Tax-Exempt Bonds

Open to Public Inspection

OMB No. 1545-0047

explanations, and any additional information in Part VI.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Schedule K (Form 990) 2020 ŝ (i) Pooled financing Employer identification number $22\!-\!1487582$ × Yes ŝ (g) Defeased (h) On behalf å of issuer Yes Yes × ŝ × Yes ô 200. MUSEUM WITH FUNDS O (f) Description of purpose TO PROVIDE THE Yes ŝ Ω Yes CONTINUATIONS (e) Issue price 549 549,200 89,200 4,549,200 × ŝ 2002 4 (d) Date issued 04/29/14 ⋖ 4 Yes × × × (E) COLUMN 22-2045817NONEAVAIL (c) CUSIP # Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, Does the organization maintain adequate books and records to support the For Paperwork Reduction Act Notice, see the Instructions for Form 990. Were the bonds issued as part of a refunding issue of taxable bonds (or, if FOR THE MONTCLAIR ART MUSEUM I (b) Issuer EIN PART issued prior to 2018, an advance refunding issue)? if issued prior to 2018, a current refunding issue)? SEE Has the final allocation of proceeds been made? Working capital expenditures from proceeds A DEVELOPMENT AUTHORITY NEW JERSEY ECONOMIC Capital expenditures from proceeds Credit enhancement from proceeds Amount of bonds legally defeased Capitalized interest from proceeds Gross proceeds in reserve funds Proceeds in refunding escrows Issuance costs from proceeds Year of substantial completion (a) Issuer name final allocation of proceeds? Other unspent proceeds Amount of bonds retired Total proceeds of issue Other spent proceeds Name of the organization Bond Issues Proceeds Part II Part I HAH Q ო 4 2 9 ω 6 15 16 В ပ 10 11 5 5 4 4 Ω

22-1487582	
R ART MUSEUM	
0) 2020 THE MONTCLA	
hedule K (Form 990) 2020	

Page 2

Schedule K (Form 990) 2020 % % % ŝ å Δ Δ Yes Yes % % % % ŝ ŝ Yes Yes % % % % ဍ å Ω Ω Yes Yes % % % % 2 ⋈ ŝ × × × Yes Yes × counsel to review any management or service contracts relating to the financed property? b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside governmental person other than a 501(c)(3) organization since the bonds were issued? outside counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by entities **8a** Has there been a sale or disposition of any of the bond-financed property to a nond If "Yes" to line 3c, does the organization routinely engage bond counsel or other Enter the percentage of financed property used in a private business use as a Are there any research agreements that may result in private business use of result of unrelated trade or business activity carried on by your organization, Are there any lease arrangements that may result in private business use of b If "Yes" to line 8a, enter the percentage of bond-financed property sold or c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations If "Yes" to line 2c, provide in Part VI the date the rebate computation was Are there any management or service contracts that may result in private other than a section 501(c)(3) organization or a state or local government Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Was the organization a partner in a partnership, or a member of an LLC, nonqualified bonds of the issue are remediated in accordance with the Has the organization established written procedures to ensure that all another section 501(c)(3) organization, or a state or local government requirements under Regulations sections 1.141-12 and 1.145-2? Does the bond issue meet the private security or payment test? which owned property financed by tax-exempt bonds? business use of bond-financed property? If "No" to line 1, did the following apply? Is the bond issue a variable rate issue? Penalty in Lieu of Arbitrage Rebate? sections 1.141-12 and 1.145-2? Part III Private Business Use bond-financed property? bond-financed property? Total of lines 4 and 5 b Exception to rebate? a Rebate not due yet? c No rebate due? Part IV Arbitrage disposed of performed 3a ပ က Q 4 2 9 N

Schedule K (Form 990) 2020

ŝ å ۵ Ω Yes Yes ŝ ŝ ပ Yes Yes REFUND THE NJEDA'S VARIABLE RATE ŝ ŝ Ω Ω Yes Yes Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions. ٩ ŝ × × × ISSUER NAME: NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY Yes Yes × d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Has the organization established written procedures to ensure that violations voluntary closing agreement program if self-remediation isn't available under Were any gross proceeds invested beyond an available temporary period? 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? of federal tax requirements are timely identified and corrected through the TO PROVIDE THE MUSEUM WITH FUNDS TO (A) 4a Has the organization or the governmental issuer entered into a qualified Has the organization established written procedures to monitor the SCHEDULE K, PART I, BOND ISSUES Part V Procedures To Undertake Corrective Action DESCRIPTION OF PURPOSE: hedge with respect to the bond issue? d Was the hedge superintegrated? requirements of section 148? e Was the hedge terminated? Part IV Arbitrage (continued) applicable regulations? b Name of provider **b** Name of provider c Term of hedge c Term of GIC Part VI (A) (F) 9

Schedule K (Form 990) 2020

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service Noncash Contributions

OMB No. 1545-0047

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

Attach to Form 990.

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

Open to Public Inspection

Name of the organization

THE MONTCLAIR ART MUSEUM

Employer identification number 22-1487582

Pai	rt I Types of Property							
	·	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contributior amounts reported on Form 990, Part VIII, line	noncash contrib	, determir	•	ts
1	Art - Works of art	Х			SEE STATEM	ENT	IN	PAR
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X		42,33	0.FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28 29	Other () Number of Forms 8283 received by the organi	zation durin	a the tex year for a	ontributions				
29	for which the organization completed Form 82							
	for which the organization completed form 62	05, Fait V, L	oniee Acknowledg	Jeineit 29			Yes	No
30a	During the year, did the organization receive b	v contributio	on any property re	norted in Part I lines 1 th	rough 28 that it		163	140
oou	must hold for at least three years from the date							
	exempt purposes for the entire holding period					30a		Х
b	If "Yes," describe the arrangement in Part II.	•				-		
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard con	ributions?	31	Х	
	Does the organization hire or use third parties							
	contributions?		•			32a		х
b	If "Yes," describe in Part II.					3=4		
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is	checked,			
-	describes to Deat II				,			
	Gescribe in Part II.				Cahadula			

Schedule M (Form 990) 2020

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE M, LINE 33:
DURING 2020, THE VALUE OF CONTRIBUTED WORKS OF ART WERE NOT DETERMINED.
A ZERO AMOUNT WAS REPORTED ON FORM 990, PART VIII, LINE 1G, BECAUSE THE
MUSEUM DID NOT CAPITALIZE ITS COLLECTIONS, AS ALLOWED UNDER SFAS 116
(ASC 958-360-25).
032142 11-23-20 Schedule M (Form 990) 2020

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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 990-EZ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

THE MONTCLAIR ART MUSEUM

Employer identification number 22-1487582

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: DIVERSE COMMUNITY THROUGH DISTINCTIVE EXHIBITIONS, EDUCATIONAL PROGRAMS, AND COLLECTIONS OF AMERICAN AND NATIVE AMERICAN ART. OUR MISSION IS TO INSPIRE AND ENGAGE PEOPLE OF ALL AGES IN THEIR EXPERIENCE WITH ART, INCLUDING THE RICH INTER-CULTURAL AND GLOBAL CONNECTIONS THROUGHOUT AMERICAN HISTORY, AND THE CONTINUING RELEVANCE OF ART TO CONTEMPORARY LIFE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EXPERIENCE WITH ART, INCLUDING THE RICH INTER-CULTURAL AND GLOBAL CONNECTIONS THROUGHOUT AMERICAN HISTORY, AND THE CONTINUING RELEVANCE OF ART TO CONTEMPORARY LIFE.

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

OTHER PROGRAM SERVICES:

MUSEUM STORE - THE STORE AT MAM OFFERS A WIDE VARIETY OF WELL-DESIGNED MERCHANDISE THAT CAN BE ENJOYED BY THE WHOLE FAMILY. ITEMS RELATED TO THE MUSEUM'S COLLECTIONS OF AMERICAN AND NATIVE AMERICAN ART ARE AVAILABLE AS WELL AS HAND-CRAFTED JEWELRY, AND GLASSWARE, CERAMIC OBJECTS AND DECORATIVE HOME ACCENTS OF THE HIGHEST CALIBER. IN ADDITION, THE STORE AT MAM OFFERS A WELL-EDITED SELECTION OF ART-RELATED GIFTS FOR CHILDREN INCLUDING BOOKS, ART IMPLEMENTS, TOYS, GAMES AND FUN COLLECTIBLES.

INCLUDING GRANTS OF \$ 0.

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

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

Schedule O (Form 990 or 990-EZ) 2020

REVENUE \$ 12,406.

EXPENSES \$ 182,020.

Name of the organization THE MONTCLAIR ART MUSEUM

Employer identification number 22-1487582

THE MUSEUM'S CFO WORKS CLOSELY WITH AN EXTERNAL ACCOUNTING FIRM TO PREPARE

ITS IRS FORM 990. A DRAFT OF THE 990 IS THEN SHARED AND REVIEWED WITH THE

MUSEUM'S DIRECTOR, PRESIDENT, AND TREASURER AND MEMBERS OF ITS FINANCE

COMMITTEE. THE CFO AND THESE PARTIES PRESENT A COPY OF THE 990 TO THE

MEMBERS OF THE EXECUTIVE, FINANCE AND AUDIT COMMITTEES, WITH A REASONABLE

AMOUNT OF TIME FOR THEIR REVIEW. COMMENTS ARE THEN GROUPED, SUMMARIZED, AND

PROVIDED THROUGH MANAGEMENT TO THE EXTERNAL ACCOUNTING FIRM. A REFINED

DRAFT IS DISTRIBUTED TO THE ENTIRE BOARD OF TRUSTEES FOR THEIR INFORMATION

AND COMMENT. ANY APPLICABLE QUESTIONS ARE ADDRESSED PRIOR TO THE RETURN

BEING FINALIZED AND APPROVED FOR FILING WITH THE IRS. THE MUSEUM BELIEVES

THIS PROCESS ENSURES THE COMPLETE AND ACCURATE REPORTING OF INFORMATION ON

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

EVERY FISCAL YEAR BOARD OFFICERS, DIRECTORS AND TRUSTEES ARE REQUIRED TO

READ THE MUSEUM'S CONFLICT OF INTEREST POLICY, AND TO FILL OUT A

QUESTIONNAIRE WHICH DISCLOSES ANY POTENTIAL CONFLICTS. THE MUSEUM ALSO

REQUIRES KEY EMPLOYEES TO FILL OUT THE SAME FORM.

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

A SPECIAL AD-HOC COMMITTEE OF THE BOARD WAS CREATED, TO REVIEW SALARY

COMPARABILITY DATA, AND MAKE A RECOMMENDATION TO THE EXECUTIVE COMMITTEE

AND FULL BOARD REGARDING AN APPROPRIATE CANDIDATE AND COMPENSATION

STRUCTURE. THE COMPENSATION AMOUNTS FOR OTHER KEY EMPLOYEES ARE REVIEWED BY

THE EXECUTIVE COMMITTEE AT THE TIME THE POSITION IS FILLED. DURING THE

ANNUAL BUDGETING PROCESS THE BOARD TREASURER, MUSEUM DIRECTOR AND CFO

REVIEW THE SALARY STRUCTURE OF ALL POSITIONS WITHIN THE MUSEUM.

Name of the organization THE MONTCLAIR ART MUSEUM	Employer identification number 22-1487582
FORM 990, PART VI, SECTION C, LINE 19:	
THE MONTCLAIR ART MUSEUM, MAKES ITS FORM 990 AVAILABLE FOR PUBLIC	
INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE BY	
POSTING IT ON GUIDESTAR.ORG. THE MUSEUM MAKES ITS FINANCIAL STATEMENTS	
AVAILABLE ON ITS WEBSITE. IN ADDITION FORMS 990 AS WELL AS THE FINANCIAL	
STATEMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON WRITTEN	
REQUEST AT THE ORGANIZATIONS OFFICE AT 3 SOUTH MOUNTAIN AVE, MONTCLAIR, NJ	
07042.	
990 PART XII LINE 2C	
NO CHANGE FROM PRIOR YEAR.	
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