FEBRUARY 28, 2025

FRIENDS OF THE NEUBERGER MUSEUM OF ART, INC. 735 ANDERSON HILL ROAD PURCHASE, NY 10577-1400 ATTENTION: MS. SARAH JAMES

DEAR SARAH:

ENCLOSED IS THE ORGANIZATION'S 2023 EXEMPT ORGANIZATION RETURN. THE RETURN SHOULD BE SIGNED, DATED, AND MAILED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

PLEASE SIGN AND MAIL ON OR BEFORE MAY 15, 2025.

MAIL TO:

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

SINCERELY,

BONADIO & CO., LLP

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

	(*).	request up	to a 6-month extension of time to fi	ie any or t	ne iomis					
listed be	elow except for Form 8870, Information Return for Transfe	rs Associa	ted With Certain Personal Benefit Co	ontracts. A	An extension					
request	for Form 8870 must be sent to the IRS in a paper format (see instrud	ctions). For more details on the electi	ronic filing	g of Form					
8868, v	sit www.irs.gov/e-file-providers/e-file-for-charities-and-non-p	orofits.								
Caution	: If you are going to make an electronic funds withdrawal (direct deb	it) with this Form 8868, see Form 845	53-TE and	Form 8879-TE for p	oayment				
instruct	ons.									
All corp	orations required to file an income tax return other than Fo	rm 990-T	(including 1120-C filers), partnerships	s, REMICs	s, and trusts					
must us	e Form 7004 to request an extension of time to file income	e tax returi	ns.							
Part I -	Identification									
Type or	Name of exempt organization, employer, or other filer	, see instru	ictions.	Taxpayer	identification numb	er (TIN)				
Print	Print FRIENDS OF THE NEUBERGER MUSEUM									
	OF ART, INC.			23-717985	55					
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions.									
filing your	735 ANDERSON HILL ROAD									
return. See instruction		reign addr	ress, see instructions.							
	PURCHASE, NY 10577-1400	9	,							
Enter th	e Return Code for the return that this application is for (file	a separat	e application for each return)			01				
	tion Is For			Return						
7400.00		Return Code	Application Is For			Code				
Form 90	00 or Form 990-EZ	01	Form 4720 (other than individual)			09				
	'20 (individual)	03	Form 5227			10				
Form 99		Form 6069			11					
	00-T (sec. 401(a) or 408(a) trust)	Form 8870			12					
	00-T (trust other than above)			13						
	00-T (corporation)			14						
Form 10	• • •	07 08	Form 5330 (other than individual)			14				
	/ou enter your Return Code, complete either Part II or Part		including signature is applicable of	alv for an	ovtonoion of					
		ı III. Fart III	, including signature, is applicable of	illy lor arr	extension of					
tillie to										
	file Form 5330.	ou must s	ator the following information							
• If this	application is for an extension of time to file Form 5330, y	ou must ei	nter the following information.							
• If this	application is for an extension of time to file Form 5330, year Name	ou must ei	nter the following information.							
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• If this P P Part II -	application is for an extension of time to file Form 5330, yean Name an Number an Year Ending (MM/DD/YYYYY) Automatic Extension of Time To File for Exempt Organi									
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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A F	or the	2 2023 calendar year, or tax year beginning $$ JUL 1 , 2023 and $$	ending J	UN 30, 2024					
B 0	heck if oplicable	C Name of organization		D Employer identific	cation number				
	Addres	S OF ADD THE							
	Name change			23-71798	55				
	Initial return Final	735 ANDERSON HILL BOAD	Room/suite	E Telephone numbe 914-251-					
	Jreturn/ termin- ated			G Gross receipts \$ 1,418,847.					
	Ameno			H(a) Is this a group re					
	Application			for subordinates? Yes X No					
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in					
II	ax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527	1	list. See instructions				
	Vebsit			H(c) Group exemptio					
K F	orm of	organization: X Corporation Trust Association Other	L Year		■ State of legal domicile: NY				
	rt I	Summary	•	•	V				
	1	Briefly describe the organization's mission or most significant activities: SUPPO	ORT AN	D DEVELOPME	NT OF THE				
Governance		NEUBERGER MUSEUM OF ART AND FINE ARTS PRO							
rna	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass					
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	19				
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			15				
Activities &	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			0				
Λij	6	Total number of volunteers (estimate if necessary)		6	40				
∕ cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.				
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.				
				Prior Year	Current Year				
Φ	8	Contributions and grants (Part VIII, line 1h)		616,272.	378,201.				
eun		Program service revenue (Part VIII, line 2g)		53,806.	5,130.				
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		143,751.	87,202.				
—	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		16,979.	-36,645.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		830,808.	433,888.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.				
) Su	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 232,59		1 000 000	1 050 565				
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,203,932.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,203,932.	1,258,567.				
	19	Revenue less expenses. Subtract line 18 from line 12		-373,124.	-824,679.				
s or				ginning of Current Year	End of Year				
sset 3alai	20	Total assets (Part X, line 16)		10,690,021.	10,727,883.				
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		57,762.	71,366.				
2 <u>-</u> 2	rt II	Net assets or fund balances. Subtract line 21 from line 20		10,632,259.	10,656,517.				
		Signature Block			. Lancard and a second first fact of the				
		Ities of perjury, I declare that I have examined this return, including accompanying schedules		•	knowledge and belief, it is				
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	licii preparer	lias any knowledge.					
C:		Signature of officer		I Date					
Sign		PAUL ZUKOWSKY, CHAIRPERSON		Dato					
Her	е	Type or print name and title							
			T	Date Check C	PTIN				
Paid		Print/Type preparer's name ARIEL F RUIZ ARIEL F RUIZ ARIEL F RUIZ		2/28/25 self-employ					
Prep		Firm's name BONADIO & CO., LLP	lo Io		6-1131146				
Use		Firm's address 6 WEMBLEY CT		Timi Still T					
	,	ALBANY, NY 12205		Phone no (5	18) 464-4080				
May	the IF	RS discuss this return with the preparer shown above? See instructions		11 Holle Ho. (3	X Yes No				
		Paperwork Reduction Act Notice, see the separate instructions. 332001 12	2-21-23		Form 990 (2023)				

	FRIENDS OF THE NEUBERGER MUSEUM	
	990 (2023) OF ART, INC. 23-7179855 Page	. 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	SUPPORT AND DEVELOPMENT OF THE NEUBERGER MUSEUM OF ART AND FINE ARTS	
	PROGRAMS AT PURCHASE COLLEGE.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	ю
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X N	ю
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$121,631. including grants of \$) (Revenue \$	_ }
	COLLECTION MANAGEMENT- THE NEUBERGER MUSEUM OF ART STRATEGICALLY PLANS	
	FOR THE USE AND DEVELOPMENT OF ITS COLLECTION, GUIDED BY ITS MISSION TO	
	PROVIDE PUBLIC ACCESS TO ITS COLLECTION WHILE ENSURING ITS	
	PRESERVATION. EMBRACING THE HIGHEST STANDARDS OF ARTISTIC, ACADEMIC AND	
	PROFESSIONAL EXCELLENCE, THE NEUBERGER FACILITATES THE PRODUCTION OF	
	NEW ART; COLLECTS AND PRESERVES ART IN ITS GROWING COLLECTIONS; AND	
	PRESENTS AND INTERPRETS THE ART IN ITS PERMANENT COLLECTION AND	
	CHANGING EXHIBITIONS, OFFERED ON SITE, IN NATIONAL AND INTERNATIONAL	
	VENUES, AND IN PRINT AND ONLINE PUBLICATIONS.	
4b	(Code:) (Expenses \$	_ }
	EXHIBITION - IN A TYPICAL YEAR, SPECIAL EXHIBITIONS ARE THE CORNERSTONE	
	OF ANY MUSEUM'S PROGRAMMING. THE NEUBERGER MUSEUM OF ART FOCUSES ON	
	SPECIAL EXHIBITIONS OF INTERNATIONAL MODERN AND CONTEMPORARY ART,	
	INCLUDING AN AREA SPECIALIZED IN LATIN AMERICAN ART, AND OF AFRICAN ART	
	TO EXPAND UPON THE STRENGTHS INHERENT IN OUR PERMANENT COLLECTIONS. WE	
	OFFER A CHANGING SCHEDULE TWICE PER YEAR FOR UP TO A TOTAL OF 8 SPECIAL	
	EXHIBITIONS PER YEAR.	
		_
4c	(Code:) (Expenses \$	_ }
	EDUCATION PROGRAMS IN A TYPICAL YEAR, THE NEUBERGER MUSEUM OF ART'S	
	DYNAMIC EDUCATIONAL PROGRAMMING PROMOTES THE DEVELOPMENT OF STUDENTS'	
	CRITICAL THINKING AND OBSERVATIONAL SKILLS, AND FOSTERS AND	
	APPRECIATION OF ART FROM A YOUNG AGE. EACH YEAR, MORE THAN 2,000	
	STUDENTS EXPLORE THE MUSEUM'S TRADITIONAL AFRICAN ART COLLECTION AND A	
	RANGE OF 20TH-CENTURY AND CONTEMPORARY ART THROUGH INQUIRY-BASED	
	EXHIBITION TOURS. THAT COMPLY WITH CURRENT NEW YORK STATE LEARNING	
	STANDARDS AND NATIONALLY-BASED BEST PRACTICES IN LEARNING.	
		_

4d Other program services (Describe on Schedule O.)

247,097. including grants of \$
xpenses 832,604.

40,659.)

Form **990** (2023)

Form 990 (2023) OF ART, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	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	<u> </u>		
•	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			
3		5		х
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III			
6				x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		37	
	Schedule D, Part III	8	_X_	
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		Х
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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
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		x
17		10		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17	Х	
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	''-	- 41	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10	Х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ا مہ ا		v
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			7.7
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

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Form 990 (2023)
Part IV | Checklist of R

Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	l l		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's cur	rent		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
	Schedule J	<u>23</u>		X
24a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as o	f the		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		v
	Schedule K. If "No," go to line 25a			X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defeas			
الم	any tax-exempt bonds?			
	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		\vdash
2 5a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	s Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, ar			
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete	l l		
	, , ,	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			<u> </u>
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employed	l l		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% con	l l		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Pan			x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	,		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
_	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M		Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	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			1
	Part V, line 1	34		X
35a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	ا م		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled enti			1
	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	zation?		۱
	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			۱
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			1
Dar	Note: All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
rar	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
		25	Yes	No
	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	25		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0		
С			v	
	(gambling) winnings to prize winners?	1c	X	<u></u>

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Form 990 (2023) OF ART, INC.

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

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	C)		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b		
				За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?	4a		Х
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	nts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			OD		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices	orovided to the payor?	7a	Х	
	If IDA and the committee the market has a larger of the control of			7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		uired	10		
·	to file Form 8282?	23 TCQ	unca	7c		х
Ч	If "Yes," indicate the number of Forms 8282 filed during the year	7d		70		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		•	7e		х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Fo		399 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	ie			
	an analysis of superior tips have average hypiness heldings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a		_		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
I2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	۱	ı			
	organization is licensed to issue qualified health plans	13b		-		
	Enter the amount of reserves on hand	13c				v
				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			45		Х
	excess parachute payment(s) during the year?			15		Λ
16	If "Yes," see the instructions and file Form 4720, Schedule N.	l inco	mo?	10		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment of "You" complete Form 4720. School 10.0	LITICO	me?	16		Λ
17	If "Yes," complete Form 4720, Schedule O.	+i\vi+:~	•			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac			47		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	n roo, complete i onii occo.					

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Form **990** (2023)

23-7179855

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 19 **1a** Enter the number of voting members of the governing body at the end of the tax year 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. 15 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Х Did the organization have a written document retention and destruction policy? 14 14 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? X The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed **NY** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request X Another's website Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records PAUL ZUKOWSKY - 914-251-6100

Form **990** (2023)

PUR00901

735 ANDERSON HILL ROAD, PURCHASE. NY

10577-1400

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

X Check this box if neither the organization ne	or any related	orga	niza	tion	con	nper	sat	ed any current officer, d	irector, or trustee.	
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do		Pos		ì than d	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week			u a u	l	1711 43		from	from related	other
	(list any hours for	lirecto				L		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	96 Or (stee			satec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru:		yee	ım per		1099-NEC)	10001120,	and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	Jer.			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) PAUL ZUKOWSKY	1.50								_	
CHAIR		Х		Х				0.	0.	0.
(2) BONNIE ROMANO	1.50									_
VICE CHAIR		Х		Х				0.	0.	0.
(3) JAMES DUBIN	1.50									_
TREASURER		Х		Х				0.	0.	0.
(4) SUSAN DUBIN	1.50									•
SECRETARY	1 00	Х		X				0.	0.	0.
(5) MARC GROSSMAN	1.00									•
TRUSTEE	1 00	Х						0.	0.	0.
(6) BILL BRAVERMAN	1.00	.,								•
TRUSTEE	1 00	Х						0.	0.	0.
(7) DANIEL FELDMAN	1.00	37								0
TRUSTEE (8) JAMIE GORDON	1.00	Х						0.	0.	0.
(8) JAMIE GORDON TRUSTEE	1.00	Х						0.	0.	0.
(9) LAUREN KARP	1.00	Λ						0.	0.	<u> </u>
TRUSTEE	1.00	Х						0.	0.	0.
(10) JIM NEUBERGER	1.00	Λ						0.	0.	<u>0 •</u> _
TRUSTEE	1.00	Х						0.	0.	0.
(11) STACEY OESTREICH	1.00							· ·		•
TRUSTEE	1100	х						0.	0.	0.
(12) HELEN STAMBLER NEUBERGER	1.00								•	
TRUSTEE		х						0.	0.	0.
(13) MILAGROS PENA	1.00							-	-	
TRUSTEE - EX-OFFICIO		Х						0.	0.	0.
(14) EARNEST LAMB	3.00									
TRUSTEE - EX-OFFICIO		Х						0.	0.	0.
(15) JASON SOTO	3.00									
TRUSTEE - EX-OFFICIO		Х						0.	0.	0.
(16) TRACY FITZPATRICK, MUSEUM EXEC.	3.00									
TRUSTEE - EX-OFFICIO		Х						0.	0.	0.
(17) SUELLEN PELUSO	1.00									
TRUSTEE - EX-OFFICIO		Х						0.	0.	0.

332007 12-21-23

Form 990 (2023)

(A) Name and title	(B) Average hours per week	box	not c	Pos heck i ss per	rson i	than o s both or/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) stimate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	fr org an	pensa om th anizat d relat anizati	e ion ed
(18) SHARI SIMS	1.00											
TRUSTEE - EX-OFFICIO (NON-	1 00	Х						0.	0 .	•		0.
(19) TONY MADDALENA TRUSTEE	1.00	Х						0.	0.			0.
		•										
1b Subtotal								0.	0.			0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								0.	0.			0.
Total number of individuals (including but n compensation from the organization							o re		_	' I		0
3 Did the organization list any former officer,			-	-	-		-	•	•	3	Yes	No X
line 1a? If "Yes," complete Schedule J for so 4 For any individual listed on line 1a, is the su										3		
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	Jf	or such individual		4		Х
5 Did any person listed on line 1a receive or a										_		v
rendered to the organization? If "Yes," com	<u>plete Schedule</u>	e J fo	or su	ıch <u>ı</u>	oers	on .				5		Х
Complete this table for your five highest contains the second secon	mpensated ind	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	3100,000 of compens	ation fro	om	
the organization. Report compensation for	the calendar ye	ear e	ndir	ıg w	ith c	or wi	thin T		ear.			
(A) Name and business	address	NC	ONE	7.				(B) Description of s	services	Compe	C) nsatio	n
			<u> </u>									
Total number of independent contractors (ii \$100,000 of compensation from the organization).	•	ot lin	nited	l to	thos (ted	above) who received mo	ore than			
										Form	990 (2023)

 $\begin{array}{c|c} \text{Form 990 (2023)} & \text{OF} & ART \text{,} \\ \hline \textbf{Part VIII} & \textbf{Statement of Revenue} \end{array}$

			 Check if Schedule O cor 	ntains	a respo	nse d	or note to any lin	e in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
6 6	4 .	_	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts	١,										
S S	'		Membership dues				105,875.				
ts, Ar	•		Fundraising events				103,073.				
igi.	•		Related organizations								
ns, Sim			Government grants (contribu								
er	1	f	All other contributions, gifts, gra				0=0 006				
ję t			similar amounts not included ab	ove			272,326.				
d	,	g	Noncash contributions included in line	s 1a-1f	1g \$	<u> </u>					
<u>ö</u> 5	l	h	Total. Add lines 1a-1f					378,201.			
							Business Code				
ø	2 8	а	MEMBERSHIPS				713990	5,130.	5,130.		
ξ	- 1	b									
Se		С									
Program Service Revenue		d									
.gc		е									
Pro	1	f	All other program service rev	/enue							
			Total. Add lines 2a-2f					5,130.			
	3		Investment income (including					,			
								258,399.			258,399.
	4		Income from investment of to					,			, , , , , , , , , , , , , , , , , , , ,
	5		Royalties			-					
	3		Tioyanies		(i) Real		(ii) Personal				
		_	Cross rents	<u>.</u>	(i) Fical		(ii) i crooriai				
				a							
			· · · · · ·	b							
			Rental income or (loss) 6	ic							
			Net rental income or (loss)			<u></u> .	/::\				
	7 :	а	Gross amount from sales of	(1)	Securit		(ii) Other				
			assets other than inventory 7	'a 📗	741,5	88.					
	ı	b	Less: cost or other basis								
ne				b_	912,7						
her Revenue		С	Gain or (loss) 7	'c	-171,1	97.					
Re		d	Net gain or (loss)			. <u></u>		-171,197.			-171,197.
Jer	8 8	а	Gross income from fundraising	events	(not						
₹			including \$10	5,87	⁵ . of						
			contributions reported on lin	e 1c).	See						
			Part IV, line 18			8a	19,880.				
	ı	b	Less: direct expenses			8b	72,174.				
			Net income or (loss) from fur					-52,294.			-52,294.
			Gross income from gaming a		-	$\overline{}$					·
		-	Part IV, line 19			9a					
		h	Less: direct expenses			9b					
			Net income or (loss) from ga								
			Gross sales of inventory, less			<u>`</u>					
	10 6	a				10a					
		L	and allowances			10a					
			Less: cost of goods sold								
	- (C	Net income or (loss) from sal	es of	niventor	y	Business Code				
S		_	OTHER SOURCES				713990	15 640	15 640		
eo e	11 6		OTHER BOUNCES			_	113330	15,649.	15,649.		
llan		b				_					
Miscellaneous Revenue	(С				_					
Mis	•		All other revenue					45.616			
	•	e	Total. Add lines 11a-11d					15,649.	20 ===	-	24.222
	12		Total revenue. See instructions					433,888.	20,779.	0.	34,908.

Form 990 (2023) OF ART, INC. Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	se or note to any line in t	his Part IX		<u>Y</u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 (Grants and other assistance to domestic organizations				
a	and domestic governments. See Part IV, line 21				
2 (Grants and other assistance to domestic				
i	ndividuals. See Part IV, line 22				
3 (Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16				
4 E	Benefits paid to or for members				
	Compensation of current officers, directors,				
	rustees, and key employees				
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages				
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits				
	Payroll taxes				
	Fees for services (nonemployees):				
	Management				
	_egal				
	Accounting				
	_obbying				
	Professional fundraising services. See Part IV, line 17				
	nvestment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25,	715 240	211 406	101 720	212 122
	column (A), amount, list line 11g expenses on Sch O.)	715,249.	311,406.	191,720.	212,123
	Advertising and promotion	1,648.	20,332.	1,648.	
	Office expenses	1,040.		1,040.	
	nformation technology				
	Royalties				
	Decupancy				
	Fravel				
	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	nterest				
	Payments to affiliates				
		2,509.	2,509.		
	nsurance Other expenses. Itemize expenses not covered	4,309.	4,509.		
a	above. (List miscellaneous expenses on line 24e. If				
- 1	ine 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
	SECURITY	124,278.	124,278.		
_	EXHIBITION LABOR	110,588.	110,588.		
_	EVENTS	98,644.	78,172.		20,472
_	EXHIBITION CATALOGUE	59,244.	59,244.		20, 17
-	All other expenses SEE SCH O	126,075.	126,075.		
	Fotal functional expenses. Add lines 1 through 24e	1,258,567.	832,604.	193,368.	232,595
	loint costs. Complete this line only if the organization	1,230,3010	UU 2 , UU 2 •	133,3000	232,333
	reported in column (B) joint costs from a combined				
	1 1 1				
t	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2023)

Form 990 (2023)

Part X | Balance Sheet

Par	t X	Balance Sheet				
		Check if Schedule O contains a response or n	ote to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1,773,048.	1	1,830,695
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		144,230.	3	9,055
	4	Accounts receivable, net		16,926.	4	0
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, sub	ostantial contributor, or 35%			
		controlled entity or family member of any of th	ese persons		5	
	6	Loans and other receivables from other disqua				
		under section 4958(f)(1)), and persons describ	ed in section 4958(c)(3)(B)		6	
ဖွ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
₹	9	5			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	. 10a			
	b	Less: accumulated depreciation	. 10b		10c	
	11	Investments - publicly traded securities		8,755,817.	11	8,888,133
	12	Investments - other securities. See Part IV, line	e 11		12	
	13	Investments - program-related. See Part IV, lin		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must ed	qual line 33)	10,690,021.	16	10,727,883
	17	Accounts payable and accrued expenses	9,236.	17	20,035	
	18	Grants payable		18		
	19	Deferred revenue		1,500.	19	0
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complet	e Part IV of Schedule D		21	
န္တ	22	Loans and other payables to any current or fo	rmer officer, director,			
≝		trustee, key employee, creator or founder, sub	ostantial contributor, or 35%			
Liabilities		controlled entity or family member of any of the	iese persons		22	
-	23	Secured mortgages and notes payable to unre			23	
	24	Unsecured notes and loans payable to unrelate	ted third parties		24	
	25	Other liabilities (including federal income tax, p	payables to related third			
		parties, and other liabilities not included on lin	es 17-24). Complete Part X			
				47,026.	25	51,331
_	26	Total liabilities. Add lines 17 through 25		57,762.	26	71,366
,		Organizations that follow FASB ASC 958, cl	heck here X			
Š		and complete lines 27, 28, 32, and 33.		600 550		640 601
lan	27	Net assets without donor restrictions		620,750.		649,601
<u> </u>	28	Net assets with donor restrictions		10,011,509.	28	10,006,916
<u>n</u>		Organizations that do not follow FASB ASC	958, check here			
드		and complete lines 29 through 33.				
ပ္သ	29	Capital stock or trust principal, or current fund			29	
sse	30	Paid-in or capital surplus, or land, building, or			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated		10 600 050	31	10 656 565
Š	32	Total net assets or fund balances		10,632,259.	32	10,656,517
	33	Total liabilities and net assets/fund balances		10,690,021.	33	10,727,883. Form 990 (2023

Pai	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			3,8			
2	Total expenses (must equal Part IX, column (A), line 25)	2		, 25				
3	Revenue less expenses. Subtract line 2 from line 1	3		-82				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10	,63	2,2	<u>59.</u>		
5	5 Net unrealized gains (losses) on investments 5							
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	coluṃn (B))	10	10	<u>,65</u>	<u>6,5</u>	<u> 17.</u>		
Pa	rt XIII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII					X		
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the							
	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 School	edule O)_					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				
				Form	990	(2023)		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

FRIENDS OF THE NEUBERGER MUSEUM

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

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

		OF A	RT, INC.					2	3-7179855
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions	s.	
The 1 2 3 4	organ	ization is not a private found A church, convention of che A school described in sect i A hospital or a cooperative A medical research organiz city, and state:	urches, or association 170(b)(1)(A)(ii). (hospital service orga	on of churches described Attach Schedule E (Form anization described in se	l in sectio n 990).) ection 170	on 170(b)(1)(b)(1)(A)(ii	i).	(iii). Enter	the hospital's name,
5 6 7 8 9	X	An organization operated for section 170(b)(1)(A)(iv). (CA) federal, state, or local government An organization that normal section 170(b)(1)(A)(vi). (CA) community trust described An agricultural research orgon university or a non-land-government.	Complete Part II.) vernment or governn illy receives a substa complete Part II.) ed in section 170(b) ganization described	nental unit described in a ntial part of its support fr (1)(A)(vi). (Complete Part in section 170(b)(1)(A)(i	section 17 rom a gove t II.) ix) operate	70(b)(1)(A)(ernmental u	(v). unit or from th	e general _l land-grant	oublic described in college
10 11 12		university: An organization that normal activities related to its exemincome and unrelated busing See section 509(a)(2). (Con An organization organized an organization organized an organization organized organization org	npt functions, subject ness taxable income mplete Part III.) and operated exclusi and operated exclusi	et to certain exceptions; a (less section 511 tax) fro evely to test for public satively for the benefit of, to	and (2) no one busines fety. See	more than sses acquir section 50 he functior	33 1/3% of its red by the org 9(a)(4). ns of, or to car	s support for anization a service out the	rom gross investment after June 30, 1975. purposes of one or
a		lines 12a through 12d that Type I. A supporting orgathe supported organization organization. You must of Type II. A supporting organization or management of organization(s). You must	describes the type of anization operated, son(s) the power to recomplete Part IV, Sepanization supervised of the supporting organization complete Part IV,	f supporting organization upervised, or controlled gularly appoint or elect a ections A and B. I or controlled in connect anization vested in the sa Sections A and C.	n and comply its supposed in majority of the title in with its ame person	plete lines ported orga of the direct s supporte ns that cor	12e, 12f, and anization(s), ty tors or trustee d organization ntrol or manag	12g. pically by es of the su n(s), by hav ge the supp	giving upporting ving ported
d		 Type III functionally inte its supported organization Type III non-functionally 	n(s) (see instructions). You must complete i	Part IV, Se	ections A,	D, and E.		
е		that is not functionally int requirement (see instructing Check this box if the organization).	tegrated. The organiz ions). You must cor anization received a	cation generally must sat nplete Part IV, Sections written determination from	isfy a distr A and D, m the IRS	ibution req and Part \ that it is a	uirement and V.	an attentiv	
		functionally integrated, or		nally integrated supporting	ng organiz	ation.			
		er the number of supported on the contraction of the following information or the contraction of the contrac	•	ed organization(s)					
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the orga in your governi Yes	nization listed ng document?	(v) Amount of support (see in	•	(vi) Amount of other support (see instructions)
T-4.	.1						i		ı

OF ART, INC.

23-7179855 Page 2

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	375,288.	581,963.	503,238.	616,272.	378,201.	2454962.
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	132,675.	54,891.	42,761.	36,561.	75,346.	342,234.
4	Total. Add lines 1 through 3	507,963.	636,854.		652,833.		
	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)						776,643.
6	Public support. Subtract line 5 from line 4.						2020553.
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	507,963.	636,854.	545,999.	652,833.	453,547.	2797196.
	Gross income from interest,	,	•	•	,	•	
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	249,507.	194,655.	146,916.	152,539.	258,399.	1002016.
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.)	2,477.	3,760.	20,073.	16,979.	15,649.	58,938.
11	Total support. Add lines 7 through 10	,	•	•	,	•	3858150.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	255,891.
	First 5 years. If the Form 990 is for the	•	,				•
	organization, check this box and stop	-					
Sec	tion C. Computation of Publi						
14	Public support percentage for 2023 (I	ine 6, column (f), di	ivided by line 11, c	olumn (f))		14	52.37 %
15	Public support percentage from 2022	Schedule A, Part I	II, line 14			15	54.35 %
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	k and
	stop here. The organization qualifies						77
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te			=			
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line			
	more, and if the organization meets th	_					
	organization meets the facts-and-circu				-		
<u>18</u>	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a <u>, 16b, 17a,</u> or 17b	, check this box ar		
		·					(Farm 000) 0002

Schedule A (Form 990) 2023

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
r	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.)						
		(a) 2010	(b) 2020	(a) 2021	(4) 2022	(2) 2022	(f) Total
	ndar year (or fiscal year beginning in) Amounts from line 6	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
r	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 on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital 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 th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organization	on,
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2023 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	<u>%</u>
	Public support percentage from 2022					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20			ne 13, column (f))		17	<u>%</u>
18						18	<u>%</u>
19a	33 1/3% support tests - 2023. If the						7 is not
	more than 33 1/3%, check this box ar						L
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	ns box and see ins	tructions	<u></u>

332023 12-21-23

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	_		
	3a		
L	3b		
	0-		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	<u>5c</u>		
	6		
	7		
	0		
	8		
	9a		
	9b		
	9с		
	10a		
	101-		
	10b (Forn	n 990)	2023

Sche	edule A (Form 990) 2023 OF ART, INC.	23-71	7985	5 Pa	age 5
	irt IV Supporting Organizations (continued)			- , ,	ago o
	,			Yes	No
11	Has the organization accepted a gift or contribution from any of the follow	ving persons?			
а	A person who directly or indirectly controls, either alone or together with	persons described on lines 11b and			
	11c below, the governing body of a supported organization?		11a		
b	A family member of a person described on line 11a above?		11b		
	A 35% controlled entity of a person described on line 11a or 11b above?	If "Yes" to line 11a 11b or 11c provide			
	detail in Part VI.	., ., ., ., .,	11c		
Sec	ction B. Type I Supporting Organizations				
				Yes	No
1	Did the governing body, members of the governing body, officers acting	n their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elec-				
	directors, or trustees at all times during the tax year? If "No," describe in				
	effectively operated, supervised, or controlled the organization's activities organization, describe how the powers to appoint and/or remove officers,	,,			
	supported organizations and what conditions or restrictions, if any, applied		1		
2					
	organization(s) that operated, supervised, or controlled the supporting or				
	Part VI how providing such benefit carried out the purposes of the suppo	• •			
	supervised, or controlled the supporting organization.	tod organization(b) that operated,	2		
Sec	ction C. Type II Supporting Organizations				
				Yes	No
1	Were a majority of the organization's directors or trustees during the tax	ear also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "N	o." describe in Part VI how control			
	or management of the supporting organization was vested in the same pe	· ·			
	the supported organization(s).	Ŭ	1		
Sec	ction D. All Type III Supporting Organizations				
				Yes	No
1	Did the organization provide to each of its supported organizations, by the	e last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amour	t of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the dat	e of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification,	to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) app	pointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organ	zation? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship v	· ·	2		
3	By reason of the relationship described on line 2, above, did the organiza	• • • • • • • • • • • • • • • • • • • •			
	significant voice in the organization's investment policies and in directing	-			
	income or assets at all times during the tax year? If "Yes," describe in Pa	art VI the role the organization's			
	supported organizations played in this regard.		3		
Sec	ction E. Type III Functionally Integrated Supporting Organ	nizations			
1	Check the box next to the method that the organization used to satisfy the	Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 belo	w.			
b	The organization is the parent of each of its supported organization	s. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Pal	t VI how you supported a governmental entity (see ins	truction	s).	
2	Activities Test. Answer lines 2a and 2b below.			Yes	No
а	Did substantially all of the organization's activities during the tax year dire	ectly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive?	If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly	y furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, ar				
	that these activities constituted substantially all of its activities.	-	2a		
b		ut for the organization's involvement,			
	one or more of the organization's supported organization(s) would have be	een engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization	· · ·			
	these activities but for the organization's involvement.	.,	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.				
а	Did the organization have the power to regularly appoint or elect a majori	ty of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide	e details in Part VI.	За		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. Schedule A (Form 990) 2023

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

PUR00901

23-7179855 Page 6 OF ART, INC. Schedule A (Form 990) 2023 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 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) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. 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) Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2

emergency temporary reduction (see instructions) 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)

3

4 5

Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990) 2023

3

5

Enter greater of line 2 or line 3.

Income tax imposed in prior year

Sche	dule A (Form 990) 2023 OF ART, INC.			2:	3-7179855 Page 7
Pai	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations _{(continued}	<u>d)</u>	
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	Т	1	10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023		(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.			_	
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
c	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years			_	
<u>h</u>	Applied to 2023 distributable amount				
<u>_i</u>	Carryover from 2018 not applied (see instructions)				
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
<u>C</u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022 Excess from 2023				
•	FACOSS TROM (11.1.3.)				

Schedule A (Form 990) 2023

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	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.)

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.

2023
Open to Public Inspection

Name of the organization

FRIENDS OF THE NEUBERGER MUSEUM OF ART, INC.

Employer identification number 23-7179855

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		illiai Fulius o	i Accounts.	Complete if the	е
	organization answered Tes Offrom 990, Part IV, Illie	(a) Donor advised	funds	(b) Funds ar	nd other accour	nts
1	Total number at end of year	(=) = =================================		(-,		
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w		d in donor advised	l funds		
	are the organization's property, subject to the organization's	~			Yes	No
6	Did the organization inform all grantees, donors, and donor ac				<u> </u>	
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?	•			Yes	☐ No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes	" on Form 990, Pa	ırt 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, recreat	tion or education)	Preservation of a	historically impo	ortant land area	
	Protection of natural habitat		Preservation of a	certified historic	structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribut	tion in the form of	a conservation e	easement on the	e last
	day of the tax year.			Held	at the End of the	e Tax Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements			2b		
С	Number of conservation easements on a certified historic stru	ucture included on line 2a		2c		
d	Number of conservation easements included on line 2c acqui	ired after July 25, 2006, ar	nd not			
	on a historic structure listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or te	rminated by the o	rganization durin	g the tax	
	year					
4	Number of states where property subject to conservation eas	sement is located				
5	Does the organization have a written policy regarding the peri	• •	on, handling of			
	violations, and enforcement of the conservation easements it	***************************************				No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	handling of violations, and	l enforcing conser	vation easement	ts during the ye	ar
-	Annual of consenses in consent in annual increase in consenting the second	lina af cialatiana and anti-				
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enfo	ording conservation	n easements du	ring the year	
8	Does each conservation easement reported on line 2d above	satisfy the requirements	of saction 170(b)(4	1\/D\/i\		
Ü	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, describe how the organization reports conservation				1es	140
3	balance sheet, and include, if applicable, the text of the footne		•		the	
	organization's accounting for conservation easements.	ote to the organization 3 i	maneiai statemen	to that describes	, tric	
Pai	t III Organizations Maintaining Collections of	Art, Historical Trea	sures, or Othe	er Similar As	sets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its rever	nue statement and	d balance sheet v	works	
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education,	or research in furth	herance of public		
	service, provide in Part XIII the text of the footnote to its finan	icial statements that desc	ribes these items.			
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its revenue	statement and bal	lance sheet work	s of	
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in further	rance of public s	ervice,	
	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 trea					
	the following amounts required to be reported under FASB AS					
а	Revenue included on Form 990, Part VIII, line 1			\$		
	Assets included in Form 990, Part X					

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

Schedule D (Form 990) 2023

Par	t III Organizations Maintaining Co	llections of Art	, Historical Tre	asures, or Othe	r Simila	r Assets	Contin	ued)	gc –
3	Using the organization's acquisition, accession						(OOTHER)	<u>100)</u>	
	collection items (check all that apply).	,,	,	onoming man mane					
а	X Public exhibition	d	X Loan or exc	hange program					
b	X Scholarly research	e							
c	X Preservation for future generations	-							
4	Provide a description of the organization's coll	ections and explain	how they further th	ne organization's exe	mnt nurno	se in Part	XIII		
5	During the year, did the organization solicit or	•	•	· ·		oo iiii aic	, diii.		
·	to be sold to raise funds rather than to be main						Yes	X	No
Par	t IV Escrow and Custodial Arrang								110
	reported an amount on Form 990, Part		o ii tiio organizatioi	ranoworda roo on	1 01111 000		110 0, 01		
1a	Is the organization an agent, trustee, custodial		iary for contribution	s or other assets no	t included				
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII ar						00		
~	ii roo, explain the arrangement ii r are xiii ar	na complete the follo	owning table.				Amount		
c	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
f	Ending balance								
	Did the organization include an amount on For						Yes	$\overline{}$	No
	If "Yes," explain the arrangement in Part XIII. C				•		_	H	140
Par	· · · · · · · · · · · · · · · · · · ·								
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	/ears back	(e) Four	vears b	ack
10	Beginning of year balance	6,850,504.	6,915,473.			68,856.		616,8	
	Contributions	2,387.	23,669.			25,000.	,	,-	<u> </u>
	Net investment earnings, gains, and losses	699,209.	592,579.		.	37,595.		238,4	100
	Grants or scholarships	033,203.	0,2,0,0,	221,010.	-,-	.,			
е	Other expenditures for facilities	530,552.	681,217.	96,090.		92,815.	1	486 4	125
	and programs	330,332.	001,217.	30,030.		JZ,013.		486,4	
	Administrative expenses	7,021,548.	6,850,504.	6,915,473.	7 0	38,636.	6	368,8	
g	End of year balance				,,,	30,030.	<u> </u>	300,0	
2	Provide the estimated percentage of the curre	nt year end balance		neid as:					
_	Board designated or quasi-endowment Permanent endowment 57.0000	0/	_%						
b	42 0000	%							
С		-							
_	The percentages on lines 2a, 2b, and 2c shoul	-							
Зa	Are there endowment funds not in the possess	sion of the organizat	tion that are held ar	na administered for t	ne		Г	Yes	No
	organization by:							X	NO
	(i) Unrelated organizations?						3a(i)	^ +	
	(ii) Related organizations?						3a(ii)	\dashv	<u>X</u>
	If "Yes" on line 3a(ii), are the related organizati						3b		
Dar	Describe in Part XIII the intended uses of the ct VI Land, Buildings, and Equipme		vment funds.						
Fai			Dort IV line 11e C	on Form OOO Dort V	line 10				
	Complete if the organization answered			· ·		.			
	Description of property	(a) Cost or ot		1 ' '	Accumulate	I	(d) Book	value	
		basis (investm	ent) basis	(other) de	epreciation				
	Land								
	Buildings								
	Leasehold improvements	I							
	Equipment								
	Other								
Total	Add lines 1a through 1e (Column (d) must on	ual Farma OOO Dort V	/ line 10e column	/D\\		1			0.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 OF ART, INC	7.	23	-7179855 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-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, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes'	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
) Description		(b) Book value
	•		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	ol. (B))		
Part X Other Liabilities Complete if the organization answered "Yes"			
(a) Description of liability	0111 01111 000, 1 411 14, 11110	110 01 111. 000 1 0111 000, 1 art X, 1110 20	(b) Book value
			(b) Book value
(1) Federal income taxes (2) DUE TO PURCHASE COLLEGE			51,331.
			31,331.
(3)			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			
(7)			
(8)			

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

Schedule D (Form 990) 2023

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

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Part XI Reconciliation of Revenue per Audited Fina	ncial Statements V	Vith F	Revenue per Re	turn	
Complete if the organization answered "Yes" on Form 99	0, Part IV, line 12a.				
1 Total revenue, gains, and other support per audited financial stat	ements			1	1,410,465.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 1	2:				
	2	a	848,937. 75,346.		
b Donated services and use of facilities			75,346.		
c Recoveries of prior year grants					
d Other (Describe in Part XIII.)		d			004 000
e Add lines 2a through 2d				2e	924,283.
3 Subtract line 2e from line 1				3	486,182.
4 Amounts included on Form 990, Part VIII, line 12, but not on line		ı			
a Investment expenses not included on Form 990, Part VIII, line 7b			-52,294.		
b Other (Describe in Part XIII.) c Add lines 4a and 4b				40	-52 294
c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Page 1)				4c	-52,294. 433,888.
Part XII Reconciliation of Expenses per Audited Fine	ancial Statements	With	Expenses per F		1
Complete if the organization answered "Yes" on Form 99					
4 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1				1	1,386,207.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25					, , .
a Donated services and use of facilities	1	a	75,346.		
b Prior year adjustments		o	-		
c Other losses	I	С			
d Other (Describe in Part XIII.)		d	52,294.		
e Add lines 2a through 2d				2e	127,640.
3 Subtract line 2e from line 1				3	1,258,567.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4:	a			
b Other (Describe in Part XIII.)	4	b			•
c Add lines 4a and 4b				4c	1 250 567
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part XIII Supplemental Information	Part I, line 18.)			5	1,258,567.
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 3.	noo 10 and 4: Dort IV line	00 1h 0	nd Oh: Dort V. line 4	· Dort \	/ line 2: Dort VI
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t				, rait /	N, III le 2, Part XI,
miles 2d and 45, and 1 are Mi, inles 2d and 45. Also complete this part t	o provide any additional	111101111	ation.		
PART III, LINE 1A:					
·					
IN CONFORMITY WITH U.S. GAAP FOLLOW	ED BY ART MUS	EUM	S, THE VAL	UE (OF
FRIENDS' COLLECTIONS HAVE BEEN EXCLU	JDED FROM THE	ST	ATEMENT OF	FI	NANCIAL
POSITION AND GIFTS OF ART OBJECTS A	RE EXCLUDED F	'ROM	REVENUE I	N TI	HE
	NE 30E OD TEGE		, miin notn	NTD C	3.0.0
STATEMENT OF ACTIVITIES. PURCHASE (OF ART OBJECT	:S B	Y THE FRIE.	פטע	ARE
DECODDED AC DECDEACEC IN NEW ACCEMO	דאז שעם פשאשם	יאיביאז	ᠬ ᄉᢑ スᄼᄪᅚݖ	ттт	r c
RECORDED AS DECREASES IN NET ASSETS	IN THE STATE	'ME'N	T OF ACTIV	T.T.T1	2D.
PROCEEDS FROM THE SALE OF ART ARE RI	CODDED AC IN	CDE	ACEC TH TE	мъ∩і	DARTI.V
FROCEEDS FROM THE SALE OF ART ARE KI	CONDED AS IN	CKE	ADED IN IE.	MEOI	MAKIDI
RESTRICTED NET ASSETS.					
PART III, LINE 4:					
THE NEUBERGER MUSEUM OF ART STRATEG	CALLY PLANS	FOR	THE USE A	ND_	
DEVELOPMENT OF ITS COLLECTION OF MOI		~ ~ ~	חלג אור איי	D T 4.	A N.T. A D.M.
DEVELORMENT OF THS COLLECTION OF MOI	JERN CONTERME	ハスス	RY ANII) AH	K I ('/	AN AK'I'

Schedule D (Form 990) 2023

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Part XIII Supplemental Information (continued)
GUIDED BY ITS MISSION TO PROVIDE PUBLIC ACCESS TO ITS COLLECTION WHILE
ENSURING ITS PRESERVATION.
PART XI, LINE 4B - OTHER ADJUSTMENTS:
FUNDRAISING - NET -52,294.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
FUNDRAISING - NET 52,294.

SCHEDULE G (Form 990)

Department of the Treasury

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

Open to Public

Inspection

Internal Revenue Service FRIENDS OF THE NEUBERGER MUSEUM **Employer identification number** Name of the organization 23-7179855 OF ART INC. 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 raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations Solicitation of government grants X Phone solicitations Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization contributions' listed in col. (i) THE TAGS GROUP - 317 W MORGAN Yes No STREET SUITE 400, RALEIGH, NC Х EVENT PLANNING ASSISTANCE 125,755 0 125,755. 125 755 125,755. Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration CT, FL, IL, LA, ME, MN, NJ, NY, NC, OH, PA, RI

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2023

OF ART, INC.

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Pa	rt I	Fundraising Events. Complete if th	e organization answered	"Yes" on Form 990, Par	t IV, line 18, or reported	more than \$15,000	
of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.							
			(a) Event #1 NEUBERGER 50TH ANNIVER	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))	
Revenue			(event type)	(event type)	(total number)	COI. (C)	
	1	Gross receipts	125,755.			125,755.	
	2	Less: Contributions	105,875.			105,875.	
	3	Gross income (line 1 minus line 2)	19,880.			19,880.	
	4	Cash prizes					
S	5	Noncash prizes					
ense	6	Rent/facility costs					
Direct Expenses		Food and beverages					
	8	Entertainment					
	9	Other direct expenses				72,174.	
	10					72,174.	
		Net income summary. Subtract line 10 from li				-52,294.	
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than		
_		\$15,000 on Form 990-EZ, line 6a.	Ι	6 > Dull take for stood	T	 	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Ж	1	Gross revenue					
es	2	Cash prizes					
Direct Expenses	3	Noncash prizes					
Direct	4	Rent/facility costs					
	5	Other direct expenses					
		Volunteer labor	Yes % No	Yes % No	Yes % No		
	7	Direct expense summary. Add lines 2 through	ı 5 in column (d)				
	8	Net gaming income summary. Subtract line 7					
а	ls t	ter the state(s) in which the organization condu he organization licensed to conduct gaming ac No," explain:	ctivities in each of these			Yes No	
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No	
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FRIENDS OF THE NEUBERGER MUSEUM OF ART. INC.

11 Does the organization conduct gaming activities with nonmembers? 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? Indicate the percentage of gaming activity conducted in: a The organization's facility b An outside facility 13a y 13b y 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name Address 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No No b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ and the amount of gaming revenue retained by the third party:
to administer charitable gaming?
13 Indicate the percentage of gaming activity conducted in: a The organization's facility
a The organization's facility
b 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 Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$
Name Address 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$
Address 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$
b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$
of gaming revenue retained by the third party \$

c If "Yes," enter name and address of the third party:
Name
Address
Address
16 Gaming manager information:
Name
Gaming manager compensation \$
daming manager compensation ψ
Description of services provided
Director/officer Employee Independent contractor
17 Mandatory distributions:
a Is the organization required under state law to make charitable distributions from the gaming proceeds to
retain the state gaming license?
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the
organization's own exempt activities during the tax year \$
Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:
(I) NAME OF FUNDRAISER: THE TAGS GROUP
(T) ADDRESS OF HUNDRALSED
(I) ADDRESS OF FUNDRAISER:
317 W MORGAN STREET SUITE 400, RALEIGH, NC 27601

FRIENDS OF THE NEUBERGER MUSEUM

Schedule G (Form 990) Part IV Supplemental Infor	OF ART, INC.	23-7179855 Pa	age 4
Part IV Supplemental Infor	rmation (continued)		
	(continued)		

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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.

FRIENDS OF THE NEUBERGER MUSEUM

Open to Public Inspection

Employer identification number

	OF ART, INC.					23-71	L79	855	
Pai	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	1	(d) Method of deto cash contribut		_	s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X	3	77,953.	FMV I	DATE OF	DOI	TAV.	TON
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other ()								
27	Other ()								
28	Other (
29	Number of Forms 8283 received by the organiz			1 1					
	for which the organization completed Form 82	83, Part V, L	onee Acknowledg	ement 29				.,	
00-	Date the second of the second			and the David I. Paras de Managar	l- 00 H	F		Yes	NO
30a	During the year, did the organization receive by					t it			1
	must hold for at least 3 years from the date of						20-		Х
	exempt purposes for the entire holding period?	·					30a		
	If "Yes," describe the arrangement in Part II.	a alias , that wa	animaa tha maniann	of any nanatandard contribut	iono		0.4	Х	
31	Does the organization have a gift acceptance p				lions?		31		
32a	Does the organization hire or use third parties		•				20-		Х
L	contributions?						32a		Λ
	If "Yes," describe in Part II. If the organization didn't report an amount in c	olump (a) fa	r a tupo of propert	for which column (a) is about	skod				
33	describe in Part II.	olullili (C) 101	i a type of property	non willou column (a) is chec	oneu,				
	GOOGLING HIT GIL II.								

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

Schedule M (Form 990) 2023

FRIENDS OF THE NEUBERGER MUSEUM

Schedule M	(Form 990) 2023 OF ART, INC.	23-7179855	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, an	ad 33 and whother the organizar	tion
1 0.10 11	is reporting in Part I, column (b), the number of contributions, the number of items received, or a	combination of both Also comp	liori Noto
	this part for any additional information.	combination of both. Also comp	Jiete
	this part for any additional information.		
-			
1		-	
•			

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

FRIENDS OF THE NEUBERGER MUSEUM OF ART, INC.

Employer identification number 23-7179855

FORM 990, PART VI, SECTION A, LINE

HELEN STAMBLER NEUBERGER AND JIM NEUBERGER ARE HUSBAND AND WIFE. JAMES DUBIN AND SUSAN DUBIN ARE ALSO HUSBAND AND WIFE.

FORM 990, PART VI, SECTION A, LINE 4:

THE BYLAWS OF THE FRIENDS OF THE NEUBERGER MUSEUM OF ART, INC. PREVIOUSLY REQUIRED THE CONVENING OF A DEVELOPMENT COMMITTEE. THE MEMBERS OF THE NOMINATING AND GOVERNANCE COMMITTEE DELIBERATED AND CONCLUDED THAT, THERE HAD NOT BEEN A FUNCTIONING DEVELOPMENT COMMITTEE IN MANY YEARS, REQUIREMENT SHOULD BE REMOVED FROM THE BYLAWS.

RESOLUTION WAS PROPOSED AND ADOPTED AT THE 29 FEBRUARY 2024 BOARD MEETING TO REMOVE THE REQUIREMENT TO MAINTAIN A DEVELOPMENT COMMITTEE OF THE BOARD. THE FIRST SENTENCE OF ARTICLE IV, SECTION 1 OF THE BYLAWS WAS TO THAT END, AMENDED AND RESTATED TO REMOVE THE MENTION OF A DEVELOPMENT COMMITTEE FROM LIST OF COMMITTEES OF THE BOARD. ARTICLE IV, SECTION 7, WHICH ADDRESSED THE DEVELOPMENT COMMITTEE, WAS REMOVED IN ITS ENTIRETY.

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

FRIENDS OF THE NEUBERGER MUSEUM OF ART HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND IS READY TO BE FILED

WITH THE INTERNAL REVENUE SERVICE, IT IS ELECTRONICALLY SENT TO BOARD For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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Schedule O (Form 990) 2023

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization FRIENDS OF THE NEUBERGER MUSEUM OF ART, INC.

Employer identification number 23-7179855

MEMBERS OF THE ORGANIZATION FOR ANY COMMENTS. ANY COMMENTS ARE THE

GROUPED, SUMMARIZED AND PROVIDED TO THE OUTSIDE ACCOUNTANTS. EACH ISSUE IS

DOCUMENTED AND ADDRESSED UNTIL THE RETURN IS FINALIZED AND APPROVED FOR

FILING.

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

THE CONFLICT OF INTEREST POLICY IS APPLICABLE TO BOARD MEMBERS OF THE ORGANIZATION. EACH BOARD MEMBER IS REQUIRED TO READ AND SIGN THE CONFLICT OF INTEREST POLICY WHEN IT IS UPDATED. THE POLICY IS REVIEWED ON A YEARLY BASIS. THE ORGANIZATION MONITORS THE CONFLICT OF INTEREST POLICY THROUGH THE NORMAL COURSE OF BUSINESS. WHENEVER A MATTER ARISES FOR ACTION BY THE BOARD, OR THE MUSEUM ENGAGED IN AN ACTIVITY WHERE THERE IS A POSSIBLE CONFLICT OR APPEARANCE OF CONFLICT BETWEEN THE INTERESTS OF THE MUSEUM AND AN OUTSIDE OR PERSONAL INTEREST OF A BOARD MEMBER, THE OUTSIDE INTEREST SHOULD BE A MATTER OF RECORD. THE CONFLICT OF INTEREST POLICY PROVIDES FOR WRITTEN ACKNOWLEDGEMENT BY EACH TRUSTEE THAT EACH HAS READ AND IS FAMILIAR WITH THE CONFLICT OF INTERST POLICY AND AS TO WHETHER OR NOT THE TRUSTEE IN THOSE CASES WHERE THE BOARD MEMBER IS HAS A CONFLICT OF INTEREST. PRESENT WHEN A VOTE IS TAKEN IN CONNECTION WITH SUCH QUESTION, HE OR SHE SHOULD ABSTAIN.

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

COPIES OF INTERNAL POLICIES, GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS

ARE AVAILABLE UPON REQUEST AT THE OFFICES DURING REGULAR BUSINESS HOURS.

FORM 990 IS AVALIABLE UPON REQUEST, AT OFFICES DURING REGULAR BUSINESS

HOURS, ON THE WEBSITE OF THE OFFICE OF THE ATTORNEY GENERAL OF THE STATE OF

NY, AND ON THE WEBSITE WWW.GUIDESTAR.ORG.

Schedule O (Form 990) 2023 Page 2

Schedule O (Form 990) 2023	Page 2
Name of the organization FRIENDS OF THE NEUBERGER MUSEUM OF ART, INC.	Employer identification number 23-7179855
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OUTSOURCED SALARIES:	
PROGRAM SERVICE EXPENSES	230,874.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	212,123.
TOTAL EXPENSES	442,997.
ENDOWMENT ADMIN FEE:	
PROGRAM SERVICE EXPENSES	80,532.
MANAGEMENT AND GENERAL EXPENSES	191,720.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	272,252.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	715,249.
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES	S:
EDUCATION PROGRAMS:	
PROGRAM SERVICE EXPENSES	46,821.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	46,821.
COLLECTION ITEM PURCHASE:	
PROGRAM SERVICE EXPENSES	32,674.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	32,674.
INSTALLATION MATERIALS:	Sahadula O (Farras 200) 200
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Name of the organization FRIENDS OF THE NEUBERGER MUSEU OF ART, INC.	M Employer identification number 23-7179855
PROGRAM SERVICE EXPENSES	13,798.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	13,798.
LOAN FEES, ART EXHIBITIONS:	
PROGRAM SERVICE EXPENSES	12,000.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	12,000.
OTHER:	
PROGRAM SERVICE EXPENSES	11,942.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	11,942.
SIGNAGE:	
PROGRAM SERVICE EXPENSES	5,665.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,665.
SHIPPING & CRATING:	
PROGRAM SERVICE EXPENSES	3,175.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,175.
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Name of the organization FRIENDS OF THE NEUBERGER MUSEUM OF ART, INC.	Employer identification number 23-7179855
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	126,075.
FORM 990, PART XII LINE 2C:	
THE ORGANIZATION'S AUDIT COMMITTEE ASSUMES THE RESPONSIBIL	ITY FOR
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SEL	ECTION OF AN
INDEPENDENT ACCOUNTANT. THERE IS ONE JOINT AUDIT COMMITTEE	CONSISTING
OF MEMBERS FROM PURCHASE COLLEGE FOUNDATION, FRIENDS OF TH	E NEUBERGER
MUSEUM AND PURCHASE COLLEGE ALUMNI ASSOCIATION. THIS PROCE	SS DID NOT
CHANGE FROM THE PRIOR YEAR.	