

EXTENDED TO MAY 15, 2023

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

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

| <u>A I</u> | or u | le 2021 calendar year, or tax year beginning 00017 , 2021 and end | iing U | UN 30, 2022 | |
|-------------------------|----------------------|---|-------------|--------------------------------|---|
| В | Check in applicat | C Name of organization | | D Employer identifi | cation number |
| | Addr | | | | |
| | Nam chan | ge Doing business as | | 06-14222 | 34 |
| | Initia retur | Number and street (or P.O. box if mail is not delivered to street address) | m/suite | E Telephone numbe | |
| | ☐Final retur | y 50 DEXINGTON STREET | | 860-229- | |
| | term ated | | | G Gross receipts \$ | 16,819,853. |
| | Ame retur | new Britain, CI 00052 | | H(a) Is this a group re | |
| | Appl tion | F Name and address of principal officer: BREII ABBOII | | for subordinates | s? Yes X No |
| | pend | SAME AS C ABOVE | | H(b) Are all subordinates in | ncluded? Yes No |
| | | xempt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or | 527 | If "No," attach a | list. See instructions |
| | | ite: ▶ WWW.NBMAA.ORG | | H(c) Group exemption | |
| | | of organization: X Corporation | L Year | of formation: 1903 I | M State of legal domicile; CT |
| Pa | art I | Summary | | | |
| συ | 1 | Briefly describe the organization's mission or most significant activities: THE MI | | | |
| Activities & Governance | | ACQUIRE, HOUSE, EXHIBIT, INTERPRET, RESEARC | | | |
| rns | 2 | Check this box if the organization discontinued its operations or disposed of | of more | ı | |
| ŏ | 3 | | | 3 | 27 |
| ه ص | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | | 27 |
| es | 5 | Total number of individuals employed in calendar year 2021 (Part V, line 2a) | | | 61 |
| ₹. | 6 | Total number of volunteers (estimate if necessary) | | | 155 |
| Act | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. |
| _ | l b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | | 0. |
| | _ | | | Prior Year | Current Year |
| ē | 8 | Contributions and grants (Part VIII, line 1h) | | 3,693,171. | 2,886,917. |
| en. | 9 | Program service revenue (Part VIII, line 2g) | | 100,762. | 210,597. |
| Revenue | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 1,466,641. | 2,482,189. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 54,721. 5,315,295. | 145,292. |
| _ | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 0. | 5,724,995. |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 1,777,736. | 1,944,318. |
| Expenses | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 0. | 0. |
| ens | 108 | Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) | | <u> </u> | 0. |
| Ä | ^ | | | 3,038,316. | 2,708,034. |
| | '' | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 4,816,052. | 4,652,352. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 | | 499,243. | 1,072,643. |
| | 19 | neverue less expenses. Subtract line 16 from line 12 | | ginning of Current Year | End of Year |
| ts o | 20 | Total assets (Part X, line 16) | De | 53,713,319. | 48,215,040. |
| ASSE | 21 | Total liabilities (Part X, line 16) | | $\frac{33,713,313}{1,206,473}$ | 505,907. |
| Net Assets or | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 52,506,846. | 47,709,133. |
| Pa | art II | | | 32/300/0100 | 17770371331 |
| | | alties of perjury, I declare that I have examined this return, including accompanying schedules and | d stateme | ents, and to the best of my | v knowledge and belief, it is |
| | | ct, and complete. Declaration of preparer (other than officer) is based on all information of which p | | | ,o., |
| | , | | F F | | |
| Sig | n | Signature of officer | | Date | |
| Her | | ▶ BRETT ABBOTT, DIRECTOR & CEO | | | |
| | | Type or print name and title | | | |
| | | Print/Type preparer's name Preparer's signature | | Date Check | PTIN |
| Paid | i | LAURA KIELCZEWSKI LAURA KIELCZEWSKI | 1 | 1/18/22 if self-employ | P00740769 |
| Pre | parer | Firm's name ► COHNREZNICK LLP | | | 22-1478099 |
| Use | Only | Firm's address 350 CHURCH STREET, 12TH FLOOR | | | |
| | | HARTFORD, CT 06103 | | Phone no. 95 | 9-200-7000 |
| Ma | v the | RS discuss this return with the preparer shown above? See instructions | | | X Yes No |

| Pai | 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: |
| | THE MISSION OF THE MUSEUM IS TO ACQUIRE, HOUSE, EXHIBIT, INTERPRET, |
| | RESEARCH, AND CONSERVE WORKS IN ALL ARTISTIC MEDIA BY ARTISTS WHO ARE |
| | AMERICAN CITIZENS; OR HAVE PRODUCED A SIGNIFICANT BODY OF WORK WHILE |
| | LIVING IN THE UNITED STATES; OR CONTRIBUTE TO ILLUMINATING THE |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? |
| | 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 No |
| | 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 \$3 , 105 , 364including grants of \$) (Revenue \$\$ |
| 14 | IN ADDITION TO DISPLAYING A SELECTION OF ITS PERMANENT COLLECTION, THE |
| | MUSEUM MOUNTS 10+ CHANGING EXHIBITIONS PER YEAR. |
| | MODEON HOUNTS TO CHIMOTHO EMILBITIONS TEN TENNS |
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| 4b | (Code:) (Expenses \$530,066. including grants of \$) (Revenue \$) (Revenue \$) |
| | EDUCATION IS CENTRAL TO THE MUSEUM'S MISSION ENGAGING NEARLY HALF OF |
| | ALL VISITORS IN A VARIETY OF PROGRAMS FOR ALL AGES. SCHOOL PROGRAMS |
| | INCLUDED A VARIETY OF STANDARDS-BASED, THEMED DOCENT-LED SCHOOL TOURS |
| | WITH RELATED STUDIO ACTIVITY THAT SUPPORT CLASSROOM TEACHING IN ART, |
| | HISTORY, LANGUAGE ARTS, MATH AND SCIENCE. PROFESSIONAL DEVELOPMENT |
| | WORKSHOPS FOR EDUCATORS (TOURS, STUDIO ACTIVITIES, AND IDEAS FOR |
| | INTEGRATING AMERICAN ART INTO CLASSROOM LEARNING); REGULAR PROGRAMS FOR |
| | CHILDREN AND FAMILIES WERE OFFERED WEEKLY AND DURING SCHOOL VACATIONS, |
| | TAUGHT BY ARTISTS/EDUCATORS AND/OR MUSEUM EDUCATORS AND SERVE CHILDREN |
| | OF ALL AGES- FROM INFANTS AND TODDLERS TO TEENS INCLUDING COMMUNITY |
| | DAYS, FAMILY DAYS, HOMESCHOOL DAYS, SCOUT PROGRAMS, AND BIRTHDAY |
| | PARTIES. ADULT PROGRAMMING CONSISTED OF: GALLERY TALKS, LECTURES, |
| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$ |
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| | Other program services (Describe on Schedule O.) |
| -tu | |
| 40 | (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 3 , 635 , 430 . |
| 70 | Form 990 (2021 |

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 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | <u> </u> | | |
| _ | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | Ť | | |
| • | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i> | - | | |
| 0 | , , | 8 | Х | |
| • | Schedule D, Part III | - ° | - 21 | _ |
| 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_ | | <u> X</u> |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | 37 | |
| | 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 | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | X | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | X | |
| 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 | | X |
| 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 | | х |
| 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 | | | |
| .5 | 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 | - " | | |
| .0 | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | х |
| 17 | | 10 | | |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | 47 | | x |
| 40 | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | v |
| 40 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | <u> </u> |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | . v |
| | complete Schedule G, Part III | 19 | | X |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| _ | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II | 21 | | X |

Page 4

Part IV Checklist of Required Schedules (continued) Yes No 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 Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete Х 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No," go to line 25a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c "Yes," complete Schedule L, Part IV Х 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 47 **1a** Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

132004 12-09-21

(gambling) winnings to prize winners?

Form 990 (2021)

Form 990 (2021)

NEW BRITAIN MUSEUM OF AMERICAN 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 61 | | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | | | | | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. | | | | | | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 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 O | 3b | | | | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | 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 Accounts (FBAR). | | | | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | х | | | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | х | | | | | |
| c | 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 organization solicit | | | | | | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | х | | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | | | | | | |
| _ | were not tax deductible? | 6b | | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | 0.0 | | | | | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | х | | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | | | | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | | | | | | |
| _ | to file Form 8282? | 7c | | x | | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | | | | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | х | | | | | |
| f | | | | | | | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7 f 7g | | | | | | | |
| | h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | | | | | | |
| | 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | | | | | | |
| _ | sponsoring organization have excess business holdings at any time during the year? | | | | | | | | |
| 9 | | | | | | | | | |
| a Did the sponsoring organization make any taxable distributions under section 4966? | | | | | | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9a 9b | | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | | | | | | |
| 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 | | | | | | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | | | | | | |
| | amounts due or received from them.) | | | | | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | | | | | | |
| 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 | | | | | | | | |
| | organization is licensed to issue qualified health plans | | | | | | | | |
| С | Enter the amount of reserves on hand | | | | | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х | | | | | |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | | | | | | | | | |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | | | | | | | |
| | excess parachute payment(s) during the year? | 15 | | Х | | | | | |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | Х | | | | | |
| | If "Yes," complete Form 4720, Schedule O. | | | | | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any | | | | | | | | |
| | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | | | | | | |
| | If "Yes," complete Form 6069. | | | | | | | | |

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 | | |
|-------------|--|------------|------------------------|--------|---------|-----|--|--|
| Sec | tion A. Governing Body and Management | | | | | | | |
| | | ı | 1 07 | | Yes | No | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | <u>1a</u> | 27 | | | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | 1 b | 27 | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | with | any other | | | | | |
| | officer, director, trustee, or key employee? | | | 2 | | X | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | direc | t supervision | | | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | | | 3 | | X | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 9 | 90 wa | s filed? | 4 | | Х | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's ass | ets? | | 5 | | Х | | |
| 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 ap | point | one or | | | | | |
| | more members of the governing body? | | | 7a | X | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, st | ockho | lders, or | | | | | |
| | persons other than the governing body? | | | 7b | Х | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the yea | | | | | | | |
| а | The governing body? | - | = | 8a | Х | | | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | Х | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read | | | | | | | |
| | organization's mailing address? If "Yes." provide the names and addresses on Schedule O | | | 9 | | Х | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Re | | | | | | | |
| | (The social Disposition and the social socia | | | | Yes | No | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | | | 10a | | Х | | |
| | If "Yes," did the organization have written policies and procedures governing the activities of such ch | | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | | | | | | |
| 11a | 1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | | | | | | | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | 12a | Х | | | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | | | 12b | Х | | | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y | | | | | | | |
| | on Schedule O how this was done | | | 12c | Х | | | |
| 13 | Did the organization have a written whistleblower policy? | | | 13 | Х | | | |
| 14 | Did the organization have a written document retention and destruction policy? | | | 14 | Х | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approva | | | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | _ | • | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | 15a | Х | | | |
| | Other officers or key employees of the organization | | | 15b | Х | | | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen | nent w | ith a | | | | | |
| | taxable entity during the year? | | | 16a | | Х | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate | | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | - | • | | | | | |
| | exempt status with respect to such arrangements? | | | 16b | | | | |
| Sec | tion C. Disclosure | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶CT | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar | nd 990 | -T (section 501(c)(3)s | only) | availat | ole | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | | | |
| | Own website Another's website X Upon request Other (explain | on So | chedule O) | | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co | | , | financ | cial | | | |
| | statements available to the public during the tax year. | | | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's boo | ks an | d records | | | | | |
| | JOANNE HUMEN - 860-229-0257 | | | | | | | |
| | 56 LEXINGTON STREET, NEW BRITAIN, CT 06052 | | | | | | | |

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

| Check this box if neither the organization nor any related organization compensated any | | | | | | | | ed any current officer, di | rector, or trustee. | |
|---|-------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|---------|---------------------------------|------------------------------|-----------------------------|
| (A) | (B) | | | (0 | C) | | | (D) | (E) | (F) |
| Name and title | Average | (do | | Posi | | l than d | one | Reportable | Reportable | Estimated |
| | hours per | box | , unles | ss per | son i | s both | n an | compensation | compensation | amount of |
| | week | | cer an | d a di | recto | ector/trustee) | | from | from related | other |
| | (list any | recto | | | | | | the | organizations | compensation |
| | hours for related | ordi | tee | | | sated | | organization (W-2/1099-MISC/ | (W-2/1099-MISC/ 1099-NEC) | from the |
| | organizations | ruste | l trus | | 99/ | ubeu | | 1099-NEC) | 1099-NEC) | organization and related |
| | below | Individual trustee or director | Institutional trustee | _ | Key employee | st col | <u></u> | 10001120) | | organizations |
| | line) | Indivi | Instit | Officer | Key e | Highest compensated employee | Former | | | J |
| (1) MIN JUNG KIM | 40.00 | | | | | | | | | |
| OUTGOING - DIRECTOR & CEO | | | | Х | | | | 149,557. | 0. | 18,329. |
| (2) JOANNE HUMEN | 40.00 | | | | | | | | | |
| DIRECTOR OF FINANCE & HR | | | | Х | | | | 84,540. | 0. | 16,164. |
| (3) BRETT ABBOTT | 40.00 | | | | | | | | | |
| DIRECTOR & CEO | | | | Х | | | | 0. | 0. | 0. |
| (4) JOHN C. BOMBARA | 0.10 | | | | | | | _ | _ | _ |
| TREASURER | | Х | | Х | | | | 0. | 0. | 0. |
| (5) KENNETH BOUDREAU | 0.10 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (6) RUSSELL E. BURKE III | 0.10 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (7) GAIL BYEFF | 0.10 | | | | | | | | | |
| TRUSTEE | 0.10 | Х | | | | | | 0. | 0. | 0. |
| (8) KENNETH J.CARIFA | 0.10 | | | | | | | | • | • |
| SECRETARY | 0.10 | Х | | Х | | | | 0. | 0. | 0. |
| (9) DONA CASSSELLA | 0.10 | | | 7.7 | | | | | 0 | • |
| CHAIR | 0 10 | Х | | X | | | | 0. | 0. | 0. |
| (10) KAY KNIGHT CLARKE | 0.10 | 3,7 | | 37 | | | | | 0 | 0 |
| VICE CHAIRMAN | 0 10 | Х | | Х | | | | 0. | 0. | 0. |
| (11) JAMIE H. COHEN | 0.10 | v | | | | | | | 0 | 0 |
| OUTGOING TRUSTEE (12) CYNTHIA COOPER | 0.10 | Х | | | | | | 0. | 0. | 0. |
| TRUSTEE | 0.10 | Х | | | | | | 0. | 0. | 0. |
| (13) JOHN DOWNES | 0.10 | Λ | | | | | | 0. | 0. | 0. |
| OUTGOING TRUSTEE | 0.10 | Х | | | | | | 0. | 0. | 0. |
| (14) ANITA FERRANTE | 0.10 | Λ | | | | | | 0. | 0. | 0. |
| IMMEDIATE PAST CHAIR | 0.10 | Х | | Х | | | | 0. | 0. | 0. |
| (15) NEAL FREUDEN | 0.10 | 21 | | 22 | | | | | 0. | <u></u> |
| TRUSTEE | J.10 | Х | | | | | | 0. | 0. | 0. |
| (16) JOHN HOWARD | 0.10 | | | | | | | • | • | |
| TRUSTEE | 0000 | х | | | | | | 0. | 0. | 0. |
| (17) KELLY JARVIS | 0.10 | | | | | | | | 31 | |
| TRUSTEE | | х | | | | | | 0. | 0. | 0. |
| | - | | | | _ | | | | | - QQQ (2224) |

132007 12-09-21

Form 990 (2021)

(E)

(C)

(D)

(B)

(A)

(F)

| Name and title | Average hours per | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | Reportable compensation | Reportable compensation | 1 | Estimated amount of | | |
|--|--|--|-----------------------|---------|----------|--------------------------------------|------------|---|---|----------------|---|----------------|--|
| | week (list any hours for related organizations below line) | tee or director | Institutional trustee | Officer | | Highest compensated cutylor employee | | from the organization (W-2/1099-MISC/ 1099-NEC) | from related organizations (W-2/1099-MISC/ 1099-NEC) | f orç an | other npensa rom the ganizat d relat anizati | e ion ed | |
| (18) DAVID JEPSON | 0.10 | | | | | | | _ | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | | | 0. | |
| (19) JOHN M. JEZOWSKI | 0.10 | 37 | | | | | | | 0 | | | 0 | |
| TRUSTEE (20) GARY KNOBLE | 0.10 | Х | | | | | | 0. | 0. | + | | 0. | |
| TRUSTEE | 0.10 | Х | | | | | | 0. | 0. | | | 0. | |
| (21) LOGAN MILLIKEN | 0.10 | | | | | | | 0. | 0. | | | <u> </u> | |
| TRUSTEE | 0.10 | х | | | | | | 0. | 0. | | | 0. | |
| (22) MICHELE PARROTTA | 0.10 | | | | | | | | <u> </u> | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | | | 0. | |
| (23) DAVID POLK | 0.10 | | | | | | | | | | | | |
| OUTGOING TRUSTEE | | Х | | | | | | 0. | 0. | | | 0. | |
| (24) SUSAN RATHGEBER | 0.10 | | | | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | | | 0. | |
| (25) RENE ROSADO | 0.10 | | | | | | | | • | | | • | |
| TRUSTEE | 0 10 | Х | | | | | | 0. | 0. | 1 | | 0. | |
| (26) THOMAS SOYSTER TRUSTEE | 0.10 | Х | | | | | | 0. | 0. | | | Λ | |
| | | | | | <u> </u> | <u> </u> | | 234,097. | 0. | | 4,4 | <u>0.</u> | |
| 1b Subtotal | | | | | | | | 0. | 0. | | , , , | 0. | |
| c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 234,097. | | | | | | 0. | | 4,4 | | | | | |
| Total number of individuals (including but no | | | | | | | o re | · · · · · · · · · · · · · · · · · · · | | | | | |
| compensation from the organization | | | | | | , | | , | , | | | 1 | |
| | | | | | | | | | | | Yes | No | |
| 3 Did the organization list any former officer, | director, truste | ee, k | еу е | empl | loye | e, or | hig | hest compensated empl | oyee on | | | | |
| line 1a? If "Yes," complete Schedule J for so | uch individual | | | | | | | | | 3 | | X | |
| 4 For any individual listed on line 1a, is the su | | | | | | | | | | | .,, | | |
| and related organizations greater than \$150 | | | | | | | | | | 4 | Х | | |
| 5 Did any person listed on line 1a receive or a | · · | | | | - | | | - | | _ | | v | |
| rendered to the organization? <i>If</i> "Yes," <i>com</i> Section B. Independent Contractors | plete Schedule | e <i>J t</i> o | or st | ıch į | oers | on . | | | | 5 | | Х | |
| Complete this table for your five highest cor | mnensated ind | lene | nder | nt co | ontra | acto | rs th | nat received more than \$ | 100 000 of compens | ation fr | om | | |
| the organization. Report compensation for t | • | • | | | | | | | • | | | | |
| (A) | | | | | | | | (B) | | (| C) | | |
| Name and business | address | NC | NE | 3 | | | | Description of se | ervices | Compe | nsatio | n | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| 2 Total number of independent contractors (in | ncluding but no | ot lin | nited | d to | thos | se lis | ted | above) who received mo | ore than | | | | |
| \$100,000 of compensation from the organiz | | | | | (| | | | | | 000 | | |
| SEE PART VII, SECTION | I A CONT | IN | UΑ | TI | ON | S | $_{ m HE}$ | ETS | | Form | 990 (| 2021) | |

| | | | | | | | | AN ART, INC | 06-142 | 2234 |
|---|---------------------|--------------------------------|------------------------|---------|--------------|------------------------------|--------|---------------------------------|-----------------|-----------------------------|
| Part VII Section A. Officers, Directors | , Trustees, Key Er | nplo | yee | s, aı | nd H | lighe | est (| Compensated Employ | ees (continued) | |
| (A) | (B) | | | | C) | | | (D) | (E) | (F) |
| Name and title | Average | | | Pos | ition | | | Reportable | Reportable | Estimated |
| | hours | (cl | (check all that apply) | | | арр | ly) | compensation | compensation | amount of |
| | per | | | | | | | from | from related | other |
| | week | - | | | | loyee | | the | organizations | compensation |
| | (list any hours for | irecto | | | | emp | | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the |
| | related | 9e or c | stee | | | satec | | (44-2/1099-141130) | | organization and related |
| | organizations | Individual trustee or director | Institutional trustee | | yee | Highest compensated employee | | | | organizations |
| | below | idual | tution | ь | Key employee | estoc | ıer | | | |
| | line) | Indiv | Insti | Officer | Key | High | Former | | | |
| (27) NANCY STEWART | 0.10 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (28) MARENDA BROWN STITZER | 0.10 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (29) MELINDA SULLIVAN | 0.10 | | | | | | | | | |
| OUTGOING TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (30) CLAUDIA THESING | 0.10 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (31) ALBERT TOMASSO | 0.10 | | | | | | | | | _ |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (32) SUSAN WARNER | 0.10 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (33) TANIA PICHARDO WEISS | 0.10 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (34) PETER YU | 0.10 | | | | | | | | | |
| TRUSTEE | | X | | | | | | 0. | 0. | 0. |
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| Total to Part VII, Section A, line 1c | | | | | | | | | | |
| | | | | | | | | | | |

NEW BRITAIN MUSEUM OF AMERICAN ART, INC 06-1422234 Page 9 Form 990 (2021) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenue excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 193,783. 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d 671,453. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 2,021,681 1f 47,971 g Noncash contributions included in lines 1a-1f 2,886,917. h Total. Add lines 1a-1f **Business Code** 2 a ADMISSION AND OTHER EARNED INCOME 713990 210,597. 210,597. Program Service f All other program service revenue 210,597. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 2,520,211 2520211 other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 28,893. 6 a Gross rents 6b **b** Less: rental expenses ... 28,893. c Rental income or (loss) 28,893, 28,893. d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 10,940,916. 4,613. assets other than inventory **b** Less: cost or other basis 10,983,551. Other Revenue and sales expenses 4,613. c Gain or (loss) ______7c -42,635. -38,022. -38,022. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities \triangleright 10 a Gross sales of inventory, less returns 227,706. 10a and allowances 111,307 **b** Less: cost of goods sold 116,399. 116,399. c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue

132009 12-09-21

e Total. Add lines 11a-11d

12 Total revenue. See instructions

Form **990** (2021)

2511082.

5,724,995.

326,996,

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 71,680. 71,680. 323,324. 179,964. trustees, 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) 1,344,244. 1,127,297. 112,855. 104,092. Other salaries and wages 7 Pension plan accruals and contributions (include 47,950. 40,178. 3,338. 4,434. section 401(k) and 403(b) employer contributions) 160,583. 212,335. 22,087. 29,665. Other employee benefits 9 16,465. 11,954. 2,783. 1,728. 10 Payroll taxes Fees for services (nonemployees): Management Legal 28,415. 28,415. Accounting Lobbying Professional fundraising services. See Part IV, line 17 127,257. 127,257. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 225,862. 91,335. 10,062. 327,259 column (A), amount, list line 11g expenses on Sch O.) 187,273. 187,253. Advertising and promotion 12 Office expenses 13 93,723. 135,798. 37,900. 4,175. Information technology 14 15 Royalties 591,284. 3,709. 535,664. 51,911. 16 Occupancy 92,448. 45,957. 39,196. 7,295. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 4,185. 4,185. 20 Payments to affiliates 21 866,339. 831,686. 25,990. 8,663. Depreciation, depletion, and amortization 22 52,968. 43,362. 9,604. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 283,966. 253,530. 16,616. 13,820. MATERIALS, SUPPLIES, OTHER EXPENSES 10,842. 2,516. 8,321. С All other expenses 4,652,352. 3,635,430. 765,150. 251,772. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2021)

| га | I L A | Balance Sneet | | | | | |
|-----------------------------|-------|--|--------------|-----------------------|---------------------------------|-------------|---------------------------|
| | | Check if Schedule O contains a response or not | e to an | y line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 612,419. | 1 | 879,617. |
| | 2 | Savings and temporary cash investments | | | | 2 | |
| | 3 | Pledges and grants receivable, net | | | 863,919. | 3 | 584,289. |
| | 4 | Accounts receivable, net | | | 3,103. | 4 | 6,824. |
| | 5 | Loans and other receivables from any current or | | | | | |
| | | trustee, key employee, creator or founder, subs | tantial c | ontributor, or 35% | | | |
| | | controlled entity or family member of any of the | se perso | ons | | 5 | |
| | 6 | Loans and other receivables from other disquali | fied per | sons (as defined | | | |
| | | under section 4958(f)(1)), and persons described | d in sec | tion 4958(c)(3)(B) | | 6 | |
| Ś | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | 139,120. | 8 | 160,929. |
| ¥ | 9 | Prepaid expenses and deferred charges | | | 105,321. | 9 | 133,514. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 32,288,806. | | | |
| | b | Less: accumulated depreciation | 10b | 9,977,826. | 23,015,533. | 10c | 22,310,980. |
| | 11 | Investments - publicly traded securities | | 27,585,011. | 11 | 22,987,018. | |
| | 12 | Investments - other securities. See Part IV, line | | | | 12 | |
| | 13 | Investments - program-related. See Part IV, line | | | 13 | | |
| | 14 | Intangible assets | | 14 | | | |
| | 15 | Other assets. See Part IV, line 11 | 1,388,893. | 15 | 1,151,869. | | |
| | 16 | Total assets. Add lines 1 through 15 (must equ | 53,713,319. | 16 | 48,215,040. | | |
| | 17 | Accounts payable and accrued expenses | | | 648,613. | 17 | 265,616. |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | 57,779. | 19 | 61,169. |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete | Part IV | of Schedule D | | 21 | |
| S | 22 | Loans and other payables to any current or form | ner offic | er, director, | | | |
| Liabilities | | trustee, key employee, creator or founder, subs | tantial c | ontributor, or 35% | | | |
| abi | | controlled entity or family member of any of the | | 22 | | | |
| | 23 | Secured mortgages and notes payable to unrela | d parties | 460,708. | 23 | 150,009. | |
| | 24 | Unsecured notes and loans payable to unrelated | d third p | parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa | yables ' | to related third | | | |
| | | parties, and other liabilities not included on lines | s 17-24) | . Complete Part X | | | |
| | | of Schedule D | | | 39,373. | 25 | 29,113. |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 1,206,473. | 26 | 505,907. |
| | | Organizations that follow FASB ASC 958, che | ck her | e ▶ X | | | |
| Ses | | and complete lines 27, 28, 32, and 33. | | | | | |
| an | 27 | Net assets without donor restrictions | | | 40,523,149. | 27 | 37,395,868. |
| Ba | 28 | Net assets with donor restrictions | 11,983,697. | 28 | 10,313,265. | | |
| Ē | | Organizations that do not follow FASB ASC 9 | eck here 🕨 📖 | | | | |
| Ē | | and complete lines 29 through 33. | | | | | |
| Net Assets or Fund Balances | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| se | 30 | Paid-in or capital surplus, or land, building, or ed | | | | 30 | |
| t As | 31 | Retained earnings, endowment, accumulated in | | | 50 506 046 | 31 | 48 800 400 |
| Š | 32 | Total net assets or fund balances | | | 52,506,846. | 32 | 47,709,133. |
| | 33 | Total liabilities and net assets/fund balances . | | | 53,713,319. | 33 | 48,215,040. |

Form **990** (2021)

Form **990** (2021)

| LOHI | 1990 (2021) NEW DITTAIN MODEOM OF AMERICAN ART, INC | 00 | T 4 7 7 | 434 | Pa | ge 🕰 |
|------|---|---------|-----------|-------|-----|-------------|
| Pa | rt XI Reconciliation of Net Assets | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | <u></u> | | | X |
| | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | ,72 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | ,65 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 1 | ,07 | 2,6 | 43. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 52 | ,50 | 6,8 | 46. |
| 5 | Net unrealized gains (losses) on investments | 5 | <u>-5</u> | ,82 | 8,9 | <u> 17.</u> |
| 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 | | - 4 | 1,4 | 39. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | | |
| | column (B)) | 10 | 47 | ,70 | 9,1 | <u>33.</u> |
| Pa | rt XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | <u></u> | | | 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 | _X_ | |
| | 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 Sche | 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 Sin | gle Auc | lit | | | |
| | Act and OMB Circular A-133? | | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed aud | it | | | |
| | an availte availais valevasse Caleadula O and describe and attack to underse availe availte | | | 1 01- | | 1 |

132012 12-09-21

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization NEW BRITAIN MUSEUM OF AMERICAN ART 06-1422234 INC Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

| Sed | ction A. Public Support | | | | | | |
|------|--|----------------------|----------------------|------------------------|----------------------|----------------------|------------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 1602619. | 2595337. | 3549124. | 3693171. | 2886917. | 14327168. |
| 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 | 1.500.510 | 050505 | 2542424 | 0.6004.74 | 0005015 | 11007160 |
| | Total. Add lines 1 through 3 | 1602619. | 2595337. | 3549124. | 3693171. | 2886917. | 14327168. |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | 007 065 |
| _ | column (f) | | | | | | 997,065. 13330103. |
| | Public support. Subtract line 5 from line 4. | | | | | | <u> </u> |
| | ndar year (or fiscal year beginning in) | (a) 2017 | (h) 0010 | /a) 2010 | (4) 2020 | (a) 2021 | (f) Total |
| | | (a) 2017 1602619. | (b) 2018 2595337. | (c) 2019 3549124. | (d) 2020 3693171. | (e) 2021 2886917. | (f) Total 14327168. |
| | Amounts from line 4 Gross income from interest, | 1002017. | 233337. | 3343124. | 3033171. | 2000517 | 143271001 |
| 0 | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | 1458642. | 2073156. | 1394826. | 1113573. | 2549104. | 8589301. |
| 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.) | 366,768. | 73,905. | | | | 440,673. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 23357142. |
| 12 | Gross receipts from related activities, | etc. (see instructio | ns) | | | 12 3 | ,010,301. |
| 13 | First 5 years. If the Form 990 is for th | e organization's fir | st, second, third, f | fourth, or fifth tax y | ear as a section 5 | D1(c)(3) | |
| | organization, check this box and stop | | | | | | > |
| | ction C. Computation of Publi | | | | | | |
| | Public support percentage for 2021 (li | | | | | 14 | 57.07 % |
| | Public support percentage from 2020 | | | | | 15 | 56.81 % |
| 16a | 33 1/3% support test - 2021. If the o | | | | | | |
| | stop here. The organization qualifies | | | | | | |
| b | 33 1/3% support test - 2020. If the c | • | | • | | • | |
| 4- | and stop here. The organization qual | | | | | | |
| 17a | 10% -facts-and-circumstances test | _ | | | | | |
| | and if the organization meets the facts | | | | | | ▶ □ |
| | meets the facts-and-circumstances te | • | • | | | 7 | |
| b | 10% -facts-and-circumstances test | _ | | | | | 10% or |
| | more, and if the organization meets the | | • | | | | ▶ □ |
| 40 | organization meets the facts-and-circu | | | | • | | |
| 18 | Private foundation. If the organization | n dia not check a l | oox on line 13, 16a | a, 100, 17a, 0r 17b | , cneck this box at | iu see instructions | s |

Schedule A (Form 990) 2021

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

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

| Se | ction A. Public Support | ciow, picase comp | nete i art ii.j | | | | |
|------|--|---------------------|---------------------|----------------------|---------------------|-----------------------|-------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (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- | | | | | | |
| 7 | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| _ | The value of services or facilities | | | | | | |
| 5 | | | | | | | |
| | furnished by a governmental unit to the organization without charge | | | | | | |
| _ | · · · · | | | | | | |
| | Total. Add lines 1 through 5 | | | | | | |
| / 8 | Amounts included on lines 1, 2, and | | | | | | |
| L | 3 received from disqualified persons | | | | | | |
| | 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.) | | | | | | |
| | | /) 0047 | (1) 0040 | () 0040 | (1) 0000 | () 0004 | (n T |
| | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| | Amounts from line 6 Gross income from interest, | | | | | | |
| 102 | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | | | |
| t | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | | | | | | |
| 11 | 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 | e organization's fi | rst, second, third, | fourth, or fifth tax | year as a section t | 501(c)(3) organizatio | on, |
| _ | check this box and stop here | | | | | | > |
| | ction C. Computation of Public | | | | | T T | |
| | Public support percentage for 2021 (li | | • | .,, | | 15 | <u>%</u> |
| | Public support percentage from 2020 | | | | | 16 | <u>%</u> |
| | ction D. Computation of Inves | | | | | 147 | |
| | Investment income percentage for 20 | | | | | 17 | <u>%</u> |
| | Investment income percentage from 2 | | | | | 18 | % 7 in |
| 198 | a 33 1/3% support tests - 2021. If the | • | | • | | | |
| | more than 33 1/3%, check this box an | - | - | | | | |
| k | 33 1/3% support tests - 2020. If the | • | | | • | • | |
| | line 18 is not more than 33 1/3%, chec | | | | | | |
| 20 | Private foundation. If the organization | n did not check a | box on line 14, 19 | a, or 19b, check th | nis box and see ins | structions | P |

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 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 | | |
| | | |
| 3b | | |
| | | |
| 3c | | |
| _ | | |
| 4a | | |
| | | |
| 4b | | |
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| 4c | | |
| | | |
| 5a | | |
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| 5с | | |
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| 6 | | |
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| 7 | | |
| | | |
| 8 | | |
| | | |
| 9a | | |
| | | |
| 9b | | |
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| 9с | | |
| | | |
| 10a | | |
| | | |
| 10b | ~ 000) | 2001 |

2024 01-04-21 Schedule A (Form 990) 2021

За

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

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

Schedule A (Form 990) 2021 NEW BRITAIN MUSEUM OF AMERICAN ART, INC 06-1422234 Page 6

| Pa | t V Type III Non-Functionally Integrated 509(a)(3) Supporti | ng Organ | nizations | |
|------|--|----------------|-----------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualify | ing trust on | Nov. 20, 1970 (explain in | Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations mu | | • | • |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| _5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| _8_ | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-function | ally integrate | ed Type III supporting orga | inization (see |

Schedule A (Form 990) 2021

instructions).

| Pa | rt V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | nizations (continued) | |
|------|---|-------------------------------|-----------------------|--------------|
| Sect | tion D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | empt purposes | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exemple | pt purposes of supported | | |
| | organizations, in excess of income from activity | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpos | es of supported organizations | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | 4 | | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pr | rovide 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 t | | | |
| | (provide details in Part VI). See instructions. | 8 | | |
| 9 | Distributable amount for 2021 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| | | (i) | /ii\ | (iii) |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2021 | (iii) Distributable Amount for 2021 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2021 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2021 (reason- | | | |
| able cause required - explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2021 | | | |
| a From 2016 | | | |
| b From 2017 | | | |
| c From 2018 | | | |
| d From 2019 | | | |
| e From 2020 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2021 distributable amount | | | |
| i Carryover from 2016 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2021 from Section D, | | | |
| line 7: \$ | | | |
| Applied to underdistributions of prior years | | | |
| b Applied to 2021 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h | | | |
| and 4b from line 1. For result greater than zero, explain in | | | |
| Part VI. See instructions. | | | |
| 7 Excess distributions carryover to 2022. Add lines 3j | | | |
| and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2017 | | | |
| b Excess from 2018 | | | |
| c Excess from 2019 | | | |
| d Excess from 2020 | | | |
| e Excess from 2021 | | | |

Schedule A (Form 990) 2021

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

2021
Open to Public Inspection

Name of the organization

NEW BRITAIN MUSEUM OF AMERICAN ART, INC

Employer identification number 06-1422234

Schedule D (Form 990) 2021

| Par | t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line | | or Accounts. Complete if the |
|-----|--|---|------------------------------------|
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in w | riting that the assets held in donor advise | ed funds |
| | are the organization's property, subject to the organization's ex | xclusive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor ad | | |
| | for charitable purposes and not for the benefit of the donor or | donor advisor, or for any other purpose of | conferring |
| | | | |
| Par | t II Conservation Easements. Complete if the organic | anization answered "Yes" on Form 990, F | Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | n (check all that apply). | |
| | Preservation of land for public use (for example, recreation | on or education) Preservation of | a historically important 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 qualifie | ed conservation contribution in the form of | |
| | day of the tax year. | | Held at the End of the Tax Year |
| а | | | |
| b | | | |
| С | Number of conservation easements on a certified historic structure of conservation easements on a certified historic structure. | | |
| d | Number of conservation easements included in (c) acquired aff | • | |
| _ | listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, release | ased, extinguished, or terminated by the | organization during the tax |
| | year | | |
| 4 | Number of states where property subject to conservation ease | · · · · · · · · · · · · · · · · · · · | |
| 5 | Does the organization have a written policy regarding the period | | Yes No |
| 6 | violations, and enforcement of the conservation easements it I Staff and volunteer hours devoted to monitoring, inspecting, h | | |
| 6 | Starr and volunteer flours devoted to monitoring, inspecting, in | andling of violations, and emorcing cons | ervation easements during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, handli | ng of violations, and enforcing conservat | ion essements during the year |
| • | S | ing of violations, and emoroning conservat | non casements during the year |
| 8 | Does each conservation easement reported on line 2(d) above | satisfy the requirements of section 170/b | n)(4)(B)(i) |
| Ū | and section 170(h)(4)(B)(ii)? | • • | |
| 9 | In Part XIII, describe how the organization reports conservation | | |
| | balance sheet, and include, if applicable, the text of the footnot | • | |
| | organization's accounting for conservation easements. | ÿ | |
| Par | t III Organizations Maintaining Collections of A | Art, Historical Treasures, or Otl | her Similar Assets. |
| | Complete if the organization answered "Yes" on Form 9 | 990, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under FASB ASC 958 | , not to report in its revenue statement ar | nd balance sheet works |
| | of art, historical treasures, or other similar assets held for publi | ic exhibition, education, or research in fu | rtherance of public |
| | service, provide in Part XIII the text of the footnote to its finance | cial statements that describes these items | s. |
| b | If the organization elected, as permitted under FASB ASC 958 | , to report in its revenue statement and b | palance sheet works of |
| | art, historical treasures, or other similar assets held for public e | exhibition, education, or research in furth | erance of public service, |
| | provide the following amounts relating to these items: | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | > \$ |
| | | | L 4 |
| 2 | If the organization received or held works of art, historical treas | | |
| | the following amounts required to be reported under FASB AS | C 958 relating to these items: | |
| а | Revenue included on Form 990, Part VIII, line 1 | | > \$ |
| b | Assets included in Form 990, Part X | | |

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

| | | TAIN MUSEUM | | | | | 42223 | | age 2 |
|--------|--|--------------------------|----------------------------|--------------------|-------------|----------------|--------------------|---------|-----------------|
| _ | | | | | | | ' | nued) | |
| 3 | Using the organization's acquisition, acces | sion, and other record | s, check any of the f | ollowing that mak | ce signifi | cant use of i | ts | | |
| _ | collection items (check all that apply): | اند. اند | V | h | | | | | |
| а | | a | X Loan or excl | | | | | | |
| b | | е | Other | | | | | | |
| C | | | . la a tla a fitla a tla | | | | VIII | | |
| 4 | Provide a description of the organization's | | | | | | art XIII. | | |
| 5 | During the year, did the organization solicit | | , | , | | | V v | | ٦ |
| Dai | to be sold to raise funds rather than to be r | | | | | | X Yes | | No |
| Fai | reported an amount on Form 990, F | | ete if the organization | n answered "Yes" | on For | m 990, Part i | v, line 9, or | | |
| | · · · · · · · · · · · · · · · · · · · | | | | 4 : 1 | ام ما | | | |
| та | Is the organization an agent, trustee, custo | | • | | | | | | ٦ ٨١٠ |
| | on Form 990, Part X? | | | | | | Yes | | No |
| D | If "Yes," explain the arrangement in Part XI | ii and complete the fol | lowing table: | | Г | | Amoun | + | |
| _ | Denienies balance | | | | H | 4. | Amoun | | |
| | 0 0 | | | | Г | 1c | | | |
| | Additions during the year | | | | | 1d | | | |
| | Distributions during the year | | | | ⊦ | 1e | | | |
| | Ending balance | | | | L | 1f | Yes | | No |
| | - | | | | • | | res | | 」NO □ |
| | or If "Yes," explain the arrangement in Part XI Irt V Endowment Funds. Complet | | | | | | | | |
| | Complet | (a) Current year | (b) Prior year | (c) Two years bac | | Three years ba | ck (e) Four | vears | hack |
| 10 | Reginning of year balance | | 22,912,358. | 23,727,79 | + ` ` | 23,146,01 | | 754, | |
| _ | Beginning of year balance | · · · | 782,981. | 125,00 | _ | 830,74 | - | 309, | |
| b | | 2 22 4 122 | 5,187,079. | 36,81 | _ | 1,375,24 | _ | ,358, | |
| | | 3,234,433. | 3,107,073. | 30,01 | | 1,373,24 | 3. 1 | , 550, | 505. |
| d | 1 | | | | + | | | | |
| е | | 1,554,613. | 1,318,304. | 977,25 | 1 | 1,624,20 | 8 1 | ,276, | 378 |
| _ | and programs | | 1,310,304. | 311,23 | | 1,024,20 | - | , 2, 0, | 370. |
| | Administrative expenses | 22 077 204 | 27,564,114. | 22,912,35 | 8 | 23,727,79 | 8 23 | 146, | 016 |
| g | End of year balance Provide the estimated percentage of the cu | | | | <u> </u> | 25,727,75 | <u> </u> | , , | |
| 2 a | | 60 4440 | % (iiile 19, coluitiit (a) |) Held as. | | | | | |
| b | . 02 0700 | % | | | | | | | |
| | 14 0100 | | | | | | | | |
| · | The percentages on lines 2a, 2b, and 2c sh | — ′ - | | | | | | | |
| 32 | Are there endowment funds not in the pos | · | tion that are held an | nd administered fo | or the or | ganization | | | |
| Ou | by: | session of the organize | tion that are ned an | ia administerea re | or time org | garnzation | 1 | Yes | No |
| | (i) Unrelated organizations | | | | | | 3a(i) | X | |
| | (ii) Related organizations | | | | | | | | X |
| h | If "Yes" on line 3a(ii), are the related organi | zations listed as requir | ed on Schedule R2 | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | [00] | | |
| | art VI Land, Buildings, and Equip | | WITHOUTE TURINGS. | | | | | | |
| | Complete if the organization answe | | , Part IV, line 11a. S | ee Form 990, Par | t X, line | 10. | | | |
| | Description of property | (a) Cost or o | | | c) Accur | | (d) Boo | k valu | e |
| | Description of property | basis (investr | | | deprec | | (u) 500 | it valu | • |
| | Land | , | , | 6,742. | | | 1,12 | 6.7 | 42. |
| b | | | | _ | 7,159 | 702. | 20,12 | | |
| c | | | , - 0 | | , | , , , , , | . , – - | , - | |
| | | | 1,84 | 1,246. | 818 | 3,124. | 1,02 | 3,1 | 22. |
| | Other | | | 0,762. | | | | 0,7 | |
| | al. Add lines 1a through 1e. (Column (d) must | | | | | | 22,31 | | |

Schedule D (Form 990) 2021

| <u>1. </u> | (a) Description of liability | (b) Book value |
|---|---|----------------|
| (1) | Federal income taxes | |
| (2) | CHARITABLE GIFT ANNUITY | 29,113. |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. | (Column (b) must equal Form 990. Part X. col. (B) line 25.) | 29,113. |

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) 2021

THE ACQUISITION, PRESENTATION, AND PRESERVATION OF AMERICAN ART IS AT THE FOREFRONT OF OUR MISSION. AROUND 6% OF OUR COLLECTION IS ON DISPLAY ON A DAILY BASIS FOR THE ENJOYMENT OF THE GENERAL PUBLIC. OTHER OBJECTS ARE AVAILABLE TO SCHOLARS FOR STUDY OR FOR LOAN TO OTHER MUSEUMS AND SELECT

CORPORATIONS, ORGANIZATIONS AND PUBLIC AGENCIES. THE MUSEUM'S COLLECTION, NUMBERING OVER 8,000 WORKS AND SPANNING FOUR CENTURIES, REFLECTS STRENGTH IN COLONIAL PORTRAITURE, THE HUDSON RIVER SCHOOL, AMERICAN IMPRESSIONISM AND THE EIGHT. THE COLLECTION INCLUDES THOMAS HART BENTON'S MURAL SERIES "THE ARTS OF LIFE IN AMERICA," DALE CHIHULY'S "BLUE AND BEYOND BLUE" SPECTACULAR CHANDELIER, AND OVER 500 WORKS OF ART BY SOL LEWITT.

PART V, LINE 4:

THE MUSEUM'S ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS. NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS, ARE USED TO SUPPORT THE MUSEUM'S MISSION.

PART X, LINE 2:

THE MUSEUM HAS NO UNRECOGNIZED TAX BENEFITS AT JUNE 30, 2022 AND 2021. THE MUSEUM'S FEDERAL INFORMATION RETURNS PRIOR TO FISCAL YEAR 2019 ARE CLOSED AND MANAGEMENT CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS.

IF THE MUSEUM HAS UNRELATED BUSINESS INCOME TAXES, IT WOULD RECOGNIZE INTEREST AND PENALTIES ASSOCIATED WITH ANY TAX MATTERS AS PART OF THE INCOME TAX PROVISION AND INCLUDE ACCRUED INTEREST AND PENALTIES WITH THE RELATED TAX LIABILITY IN THE STATEMENTS OF FINANCIAL POSITION.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD

111,307.

| Schedule D (Form 990) 2021 Part XIII Supplemental Inform | NEW BRITAIN N | MUSEUM OF | AMERICAN | ART, INC | 06-1422234 | Page 5 |
|---|--------------------|-----------|----------|----------|------------|-------------|
| Part XIII Supplemental Infor | mation (continued) | | | | | |
| | | | | | | |
| | | | | | | |
| PART XI, LINE 4B - C | THER ADJUSTME | NTS: | | | | |
| | | | | | | |
| CHANGE IN VALUE OF S | SPLIT-INTEREST | AGREEMEN | TS | | 41,4 | <u> 39.</u> |
| | | | | | | |
| | | | | | | |
| PART XII, LINE 2D - | OTHER ADJUSTM | ENTS: | | | | |
| | | | | | | |
| COST OF GOODS SOLD | | | | | 111,3 | 07. |
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SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

► Attach to Form 990.

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

Internal Revenue Service Name of the organization

Department of the Treasury

NEW BRITAIN MUSEUM OF AMERICAN ART, INC

Open to Public Inspection
Employer identification number

OMB No. 1545-0047

06-1422234

| Pa | art I Questions Regarding Compensation | | | |
|----|--|----|-----|----|
| | | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (such as maid, chauffeur, chef) | | | |
| | | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | X | |
| | | | | |
| 3 | Indicate which, if any, of the following the organization used to establish the compensation of the organization's | | | |
| | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | Compensation committee X Written employment contract | | | |
| | Independent compensation consultant X Compensation survey or study | | | |
| | Form 990 of other organizations X Approval by the board or compensation committee | | | |
| | | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | |
| | organization or a related organization: | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | X |
| b | Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | | Х |
| С | Participate in or receive payment from an equity-based compensation arrangement? | 4c | | X |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the revenues of: | | | 37 |
| | The organization? | 5a | | X |
| b | Any related organization? | 5b | | |
| _ | If "Yes" on line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the net earnings of: | 0- | | v |
| | The organization? | 6a | | X |
| b | Any related organization? | 6b | | |
| _ | If "Yes" on line 6a or 6b, describe in Part III. | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | | v |
| _ | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | X |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | v |
| _ | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | X |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section 53.4958-6(c)? | 9 | | ı |

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

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) |
|---------------------------|------|--|-------------------------------------|---|-----------------------------------|-------------------------|------------------------------------|---|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 |
| (1) MIN JUNG KIM | (i) | 149,557. | 0. | 0. | 7,622. | 10,707. | 167,886. | 0. |
| OUTGOING - DIRECTOR & CEO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (ii) | | | | | | | |
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| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

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.

NEW BRITAIN MUSEUM OF AMERICAN ART INC Employer identification number 06-1422234

| Pai | rt I Types of Property | | | | | | |
|-----|---|-------------------------------|--------------------------------|--|---|------|--------------|
| | | (a) Check if applicable | (b) Number of contributions or | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of de noncash contribu | • | ts |
| _ | | | items contributed | Form 990, Fart VIII, line 1g | | | |
| 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 | 9 | 22,971. | FMV | | |
| 10 | Securities - Closely held stock | | | | | | |
| 11 | Securities - Partnership, LLC, or trust interests | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | |
| | Historic structures | | | | | | |
| 14 | Qualified conservation contribution - Other | | | | | | |
| 15 | Real estate - Residential | | | | | | |
| 16 | Real estate - Commercial | | | | | | |
| 17 | Real estate - Other | | | | | | |
| 18 | Collectibles | | | | | | |
| 19 | Food inventory | | | | | | |
| 20 | Drugs and medical supplies | | | | | | |
| 21 | Taxidermy | | | | | | |
| 22 | Historical artifacts | | | | | | |
| 23 | Scientific specimens | | | | | | |
| 24 | Archeological artifacts | | | | | | |
| 25 | Other (PIANO) | X | 1 | 25,000. | FMV | | |
| 26 | Other • () | | | | | | |
| 27 | Other | | | | | | |
| 28 | Other () | | | | | | |
| 29 | Number of Forms 8283 received by the organiz | - | • | | | 1 | |
| | for which the organization completed Form 828 | 33, Part V, L | onee Acknowledg | ement 29 | | | TNA |
| 20- | Division the constitution of the constitution | | | autantin Daut I linna 4 thursus | | Yes | No |
| зua | During the year, did the organization receive by | | | | | | |
| | must hold for at least three years from the date | | , | • | | 00 | v |
| | exempt purposes for the entire holding period? | | | | | 30a | X |
| | If "Yes," describe the arrangement in Part II. | المراام | an dual the constant | af amount and the second secon | :0 | 04 V | |
| 31 | Does the organization have a gift acceptance p | | | | lons? | 31 X | + |
| 32a | Does the organization hire or use third parties of | | _ | | | | _v |
| _ | contributions? | | | | | 32a | X |
| | If "Yes," describe in Part II. | | | | | | |
| 33 | If the organization didn't report an amount in co | olumn (c) fo | r a type of property | tor which column (a) is chec | ked, | | |
| | describe in Part II. | | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

132142 11-17-21 Schedule M (Form 990) 2021

SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2021 Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

NEW BRITAIN MUSEUM OF AMERICAN ART, INC

Employer identification number 06-142234

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

ALL ARTISTIC MEDIA BY ARTISTS WHO ARE AMERICAN CITIZENS; OR HAVE

PRODUCED A SIGNIFICANT BODY OF WORK WHILE LIVING IN THE UNITED STATES;

OR CONTRIBUTE TO ILLUMINATING THE EVOLVING STORY OF THE UNITED STATES

OF AMERICA AND THE NOTION OF WHAT IS "AMERICAN," THROUGH THE VISUAL

ARTS; AND TO OPERATE A MUSEUM WHERE ITS COLLECTION, AS WELL AS BORROWED

WORKS, MAY BE DISPLAYED FOR THE ENJOYMENT AND EDUCATION OF THE PUBLIC.

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

EVOLVING STORY OF THE UNITED STATES OF AMERICA AND THE NOTION OF WHAT

IS "AMERICAN," THROUGH THE VISUAL ARTS; AND TO OPERATE A MUSEUM WHERE

ITS COLLECTION, AS WELL AS BORROWED WORKS, MAY BE DISPLAYED FOR THE

ENJOYMENT AND EDUCATION OF THE PUBLIC.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

SYMPOSIA, PANEL DISCUSSIONS, AND TOURS; MONTHLY SUNDAY MUSIC SERIES.;

FILM SCREENINGS; WEEKLY ADULT STUDIO PROGRAMS: (SKETCHING, WATERCOLORS,

PAINTING, PHOTOGRAPHY); THURSDAY EVENING AND WEEKEND STUDIO WORKSHOPS;

DROP-IN DOCENT-LED TOURS OF THE PERMANENT COLLECTIONS; SPECIALTY

EXHIBITION TOURS; DOCENT-LED TOURS FOR ADULT/COLLEGE GROUPS; A

REGULARLY SCHEDULED DOCENT TRAINING PROGRAM; EXHIBITION OPENINGS

INCLUDING STUDENT ART SHOW OPENINGS AND MEMBERS ONLY PREVIEWS; AND THE

NBMAA TRAVEL PROGRAM: ART-INTENSIVE TRIPS.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS MEMBERS

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

Schedule O (Form 990) 2021

<u>Schedule O (Form 990) 2021</u> Page **2**

Name of the organization

NEW BRITAIN MUSEUM OF AMERICAN ART, INC

Employer identification number

06-1422234

FORM 990, PART VI, SECTION A, LINE 7A:

THE ORGANIZATION HAS MEMBERS, WHO MAY ELECT ONE OR MORE TRUSTEES OF THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION A, LINE 7B:

THE MEMBERS OF THE MUSEUM ELECT THE TRUSTEES AT THE ANNUAL MEETING. THE TRUSTEES, COLLECTIVELY AS A BOARD, REPRESENTS THE MUSEUM'S GOVERNING BODY.

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

THE AUDIT COMMITTEE REVIEWS AND APPROVES THE FORM 990 AND PROVIDES TO THE BOARD OF TRUSTEES BEFORE THE FORM 990 IS FILED EACH YEAR.

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

THE MUSEUM MAINTAINS A CODE OF ETHICS AND REQUIRES ANNUALLY THAT EACH
OFFICER, TRUSTEE, DIRECTOR AND KEY EMPLOYEE COMPLETE A CODE OF ETHICS
QUESTIONNAIRE WHICH ACKNOWLEDGES A COMMITMENT TO COMPLY AND TO PROVIDE
RELEVANT INFORMATION ASSOCIATED WITH THE ADMINISTRATION OF THE CODE OF
ETHICS AND TO MEET CERTAIN REGULATORY REPORTING. THE CODE OF ETHICS AND
RELATED REPORTING IS ADMINISTERED BY THE CHAIRMAN OF THE BOARD OF TRUSTEES
AND THE EXECUTIVE COMMITTEE.

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

THE EXECUTIVE COMMITTEE, COMPRISED OF EIGHT INDEPENDENT TRUSTEES,

DETERMINES THE COMPENSATION OF THE MUSEUM'S DIRECTOR AND CEO AND OTHER

OFFICERS OR KEY EMPLOYEES. THE COMMITTEE EVALUATES THE REASONABLENESS OF

COMPENSATION BASED ON PERFORMANCE AND REVIEW OF THE ASSOCIATION OF ART

MUSEUM DIRECTORS (AAMD) ANNUAL SALARY SURVEY TO CONSIDER THE SALARY RANGES

| Schedule O (Form 990) 2021 | | Page 2 |
|------------------------------------|------------------------------------|--|
| Name of the organization NEW BRITA | AIN MUSEUM OF AMERICAN ART, INC | Employer identification number 06-142234 |
| FOR THE POSITIONS. | | |
| | | |
| FORM 990, PART VI, SECT | CION C, LINE 19: | |
| INFORMATION IS AVAILABL | E UPON REQUEST. | |
| | | |
| FORM 990, PART XI, LINE | 9, CHANGES IN NET ASSETS: | |
| CHANGE IN VALUE OF SPLI | T-INTEREST AGREEMENTS | -41,439. |
| CHANGE IN VALUE OF BENE | FICIAL INTERST IN PERPETUAL TRUST | rs . |
| TOTAL TO FORM 990, PART | XI, LINE 9 | -41,439. |
| | | |
| FORM 990, PART XII, LIN | IE 2C | |
| THERE HAVE BEEN NO CHAN | IGES MADE TO THE ORGANIZATION'S AU | JDIT COMMITTEE |
| OVERSIGHT OR SELECTION | PROCESS DURING THE TAX YEAR. | |
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