

Mount Arlington, NJ Newton, NJ Bridgewater, NJ

973.298.8500 nisivoccia.com

Independent Member BKR International

# **PUBLIC INSPECTION COPY**

**Return of Organization Exempt From Income Tax** 

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

Interr	nal Reve	nue Service Go to www.irs.gov/Form990 for instructions and the la	test in	formation.		Inspection
A F	or the	e 2023 calendar year, or tax year beginning $$ JUL $1,$ $2023$ and endin	ng Jl	UN 30, 202	4	
<b>B</b> (	heck if	C Name of organization		D Employer iden	tificati	ion number
	Addre:	MACCULLOCH HALL HISTORICAL MUSEUM				
	Name chang	Doing business as	758	}		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room	/suite	E Telephone num	ber	
	Final return	45 MACCULLOCH AVENUE		(973) 5	538-	2404
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		695,061.
	Ameno return			H(a) Is this a group	p retur	n
	Application	F Name and address of principal officer:PATRICIA PONGRACZ		for subordina	tes?	Yes X No
	pendir	SAME AS C ABOVE		H(b) Are all subordinate	es includ	ded? Yes No
1 7	ax-exe	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or	527	If "No," attacl	n a list	. See instructions
	Vebsit			H(c) Group exemp		
			_ Year o	f formation: 1950	<b>) м</b> St	ate of legal domicile: ${ m NJ}$
Pa	art I	Summary	~	D THE 1050		
9	1	Briefly describe the organization's mission or most significant activities: ESTABLI	SHE	D IN 1950	BY	W.
au		PARSONS TODD (1877-1976), MACCULLOCH HALL H				
Governance	_	Check this box if the organization discontinued its operations or disposed of		1	- 1	s. 11
ő		Number of voting members of the governing body (Part VI, line 1a)			3	11
⋖ర		Number of independent voting members of the governing body (Part VI, line 1b)			5	11
Activities		Total number of individuals employed in calendar year 2023 (Part V, line 2a)		·····	-	16
ξi		Total number of volunteers (estimate if necessary)			6 7a	0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12  Net unrelated business taxable income from Form 990-T, Part I, line 11			7a 7b	0.
	В	Net unrelated business taxable income from Form 990-1, Part I, line 11		Prior Year	/B	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	-	478,034		444,295.
	I	Program service revenue (Part VIII, line 2g)			).	9,992.
	l .	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		9,175		21,836.
R		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,004		-369.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		495,213		475,754.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			).	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		C	).	0.
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		304,540	٦.	311,173.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)			_	0.
be		Total fundraising expenses (Part IX, column (D), line 25) 37,891.				
û	l .	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		410,178	3.	201,174.
	l .	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		714,718	3.	512,347.
	19	Revenue less expenses. Subtract line 18 from line 12	. 🗀	-219,505	· .	-36,593.
or			Beg	jinning of Current Ye		End of Year
sets	20	Total assets (Part X, line 16)		990,990	) .	1,047,472.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		C		0.
		Net assets or fund balances. Subtract line 21 from line 20	.	990,990	).	1,047,472.
	art II	Signature Block				
		lties of perjury, I declare that I have examined this return, including accompanying schedules and s			f my kn	owledge and belief, it is
true	correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of which pr	eparer l	has any knowledge.		
		Signature of officer		 Date		
Sig				Date		
Her	е	PATRICIA PONGRACZ, EXECUTIVE DIRECTOR  Type or print name and title				
			I Da	ate Check	$\overline{}$	PTIN
Paid	1	Print/Type preparer's name  RYAN A. HYNSON, CPA  RYAN A. HYNSON, CPA	- 1	1/06/24 of self-em		P03062772
	arer	Firm's name NISIVOCCIA LLP	43 JI.	Firm's EIN		1914888
	Only	Firm's address 200 VALLEY RD. SUITE 300		FILITISEIN	44	T) T #0 0 0
036	Jilly	MT. ARLINGTON, NJ 07856		Phone no (	973	3) 328-1825
May	the IF	RS discuss this return with the preparer shown above? See instructions		Ti none no. (	, , , ,	X Yes No
			<u></u>	<u> </u>		

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	ESTABLISHED IN 1950 BY W. PARSONS TODD (1877-1976), MACCULLOCH HALL
	HISTORICAL MUSEUM PRESERVES AND INTERPRETS ITS HISTORIC HOUSE AND
	GARDENS, UNPARALLELED COLLECTION OF THE WORK OF POLITICAL CARTOONIST
	THOMAS NAST (1840-1902), FINE AND DECORATIVE ARTS COLLECTIONS AND
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	3 7 71 3
	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 \$
	CONSERVATION & CURATORIAL - COUPLED WITH REGULAR COLLECTION ASSESSMENT,
	MONITORING, CONSERVATION, AND STORAGE MAINTENANCE, DURING FY24 MHHM
	CONTINUED TO ORGANIZE AND REHOUSE COLLECTIONS STORAGE IN ACCORDANCE
	WITH PROFESSIONAL STANDARDS, CONSERVED CHARLOTTE MACCULLOCH'S TRAVEL
	TRUNK AND PURCHASED AND INSTALLED THOMAS NAST'S GIRLS HOLDING DOLLS,
	COMPANION PAINTINGS, FOR PERMANENT PUBLIC DISPLAY.
4b	(Code:) (Expenses \$
40	(Code: ) (Expenses \$ 127,074 · including grants of \$ ) (Revenue \$ 9,023 · )  EDCATION & PROGRAMS - YOUTH EDUCATIONAL PROGRAMMING, DEVELOPED
	ACCORDING TO NEW JERSEY STATE LEARNING STANDARDS, ENGAGED STUDENTS,
	SCOUTS, CHILDREN, FAMILIES, AND TEACHERS WITH LOCAL, STATE AND NATIONAL
	HISTORY. HIGHLIGHTS INCLUDED DIG IT! PLANT IT! EAT IT!, IN PARTNERSHIP WITH MORRIS COUNTY OFFICE OF HISPANIC AFFAIRS (MOCHA), PRIDE, AN
	· · · · · · · · · · · · · · · · · · ·
	AFFILIATE OF ECLC IN CHATHAM, CHILDREN ON THE GREEN, NEIGHBORHOOD
	HOUSE, MORRISTOWN PRESBYTERIAN CHURCH NURSERY SCHOOL, MONTGOMERY
	ACADEMY, AND THE HANOVER PARK EXTENDED SCHOOL YEAR AMONG OTHER
	PARTNERS. MHHM TRAINED 3 INTERNS FROM COLLEGES AND UNIVERSITIES
	INCLUDING MORRISTOWN HIGH SCHOOL, BROWN, AND RUTGERS UNIVERSITY.
4c	(Code:) (Expenses \$52,706 • including grants of \$) (Revenue \$)
	HISTORIC SITE PRESERVATION - MHHM INSTALLED FIVE ADDITIONAL INTERIOR
	SECURITY CAMERAS, WATERPROOFED THE BUILDING'S FOUR CHIMNEYS AND ADDED A
	SCREEN TO THE ONE CHIMNEY VENTING THE FURNACES, AND HAD THE HISTORIC
	GARDEN'S CANOPY PROFESSIONALLY PRUNED.
	Other program services (Describe on Schedule O.)
40	
4e	
-+6	Total program service expenses 306,799.

# 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)?		37	
	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			x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
-	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		x
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	3		- 21
O	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
Ū	Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	<u> </u>		
	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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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			3.7
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	, ,		Х	
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete	11f	21	
IZa	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		$\vdash$
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			7.7
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.5	Х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
20-	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		$\vdash$
~ '	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	O CONTRACTOR TO CONTRACTOR OF THE CONTRACTOR OF			

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Form **990** (2023)

# Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00		x
24 a	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		- 21
214	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ZJa		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
28	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	04		X
35.0	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		<del></del>
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	30	21	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	X	

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

2a				Yes	No			
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns?  2b X  3c Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c Did If "Yes," has it field a Form 990-17 for this year? If "No" to line 3b, provide an explanation on Schedule 0  3c Did any taxorium is a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5c If "Yes," either the name of the foreign country See instructions for filling requirements for FnCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c If "Yes," other the name of the foreign country See instructions for filling requirements for FnCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c If "Yes," other is a or 5b, did the organization that was or is a party to a prohibited tax shelter transaction?  5c Did any scondization have amalgross receptish that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  5c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c Did the organization relative appriment in access of \$57 made party is a contribution and party for goods and services provided?  6d Did the organization relative appriment in access of \$57 made party as contribution and party for goods and services provided?  6d Did the organization relative appriment in access of \$57 made party to goods or services provided?  6d Did the organization relative appriment in access of \$57 made party to goods or services provided?  6d Did the organization relative accordance or the value of the goods or service provided?  6d Did the organization or service and the p	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns?  a Did the organization have uninetated business gross income of \$1,000 or more during the year?  b If Yes, 1 has It filed a form 990-1 for this year? If Wo1 to line 3b, provide an explanation on Schedule 0  a 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)?  b If Yes, 1 writer the name of the foreign country  See instructions for filing requirements for FINCEN Form 11-4, Report of Foreign Bank and Financial Accounts (FBAR).  50 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  51 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  52 Was the organization aparty to a prohibited tax was or is a party to a prohibited tax shelter transaction at any time during the tax year?  53 Was the organization and gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the war on tax deductible contributions on the second of the organization solicity and the organization solicity organization solicity organization solicity and the organization solicity and the organization solicity		filed for the calendar year ending with or within the year covered by this return 2a 11						
3a Dt the organization have unrelated business gross income of \$1,000 or more during the year?  4a Aray time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account?  5b If "Yes," senter the name of the foreign country  5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (EBAR).  5a Was the organization party to a prohibited tax shelter transaction at any time during the tax year?  5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization for Both organization that it was or is a party to a prohibited tax shelter transaction?  5c Virve's to line to 6 are 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c Virve's did the organization include with every solicitation an express statement that such contributions or gifts were no tax deductibles of calertable contributions?  6c Virve's did the organization include with every solicitation an express statement that such contributions or gifts were no tax deductibles or a calertable contributions or gifts were no tax deductibles?  7c Organizations that may receive deductible contributions under section 170(c).  8d bift the organization receive apparent in excess of \$5x make garry as a calertable contribution and party for goods and services provided?  8d bift the organization receive a payment in excess of \$5x make garry as a contribution of the value of the goods or services provided?  9d bift the organization receive any service deductible or the value of the goods or services provided?  10 bift the organization receive any service deductible contributions under section 170(c).  10 bift the organization receive any service and services growing the services provided?  11 bift the organization receive any services and services growing the services growing the services of the complete the services of the services of the services of the servic	b		2b	Х				
4a A arry time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5b If "Yes," enter the name of the foreign country  5c a instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c a lost was the organization aparty to a prohibited tax shelter transaction?  5c a lost one before the organization for the organization in the foreign to the organization and the organization and the organization foreign the second and the organization foreign that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles as charitable contributions?  5c b lift "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles as charitable contributions and partly for goods and services provided to the payor?  7c Organizations that may receive deductible contributions under section 170(c).  8 b lift "Yes," did did or organization intolly the donor of the value of the goods or services provided?  7 b lift was required to the payor?  7 c IX  8 lift "Yes," includate the number of forms 8282 filed during the year  9 lot the organization received a contribution of underty, to pay premiums on a personal benefit contract?  9 lot the organization received a contribution of underty, to pay premiums on a personal benefit contract?  9 lot the organization received a contribution of underty, to pay premiums on a personal benefit contract?  9 lot the organization received a contribution of underty, to pay premiums on a personal benefit contract?  9 lot the organization received a contribution of underty, to pay premium on a personal benefit contract?  9 lot the organization received a contribution of underty to pay premium on a personal benefit contract?  9 lot the payonization rece			3a		Х			
4a A arry time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5b If "Yes," enter the name of the foreign country  5c a instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c a lost was the organization aparty to a prohibited tax shelter transaction?  5c a lost one before the organization for the organization in the foreign to the organization and the organization and the organization foreign the second and the organization foreign that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles as charitable contributions?  5c b lift "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles as charitable contributions and partly for goods and services provided to the payor?  7c Organizations that may receive deductible contributions under section 170(c).  8 b lift "Yes," did did or organization intolly the donor of the value of the goods or services provided?  7 b lift was required to the payor?  7 c IX  8 lift "Yes," includate the number of forms 8282 filed during the year  9 lot the organization received a contribution of underty, to pay premiums on a personal benefit contract?  9 lot the organization received a contribution of underty, to pay premiums on a personal benefit contract?  9 lot the organization received a contribution of underty, to pay premiums on a personal benefit contract?  9 lot the organization received a contribution of underty, to pay premiums on a personal benefit contract?  9 lot the organization received a contribution of underty, to pay premium on a personal benefit contract?  9 lot the organization received a contribution of underty to pay premium on a personal benefit contract?  9 lot the payonization rece			3b					
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to If "Yes" to line 5a or 5b, did the organization file Form 8886.T?  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 eductibles?  6b   "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles?  7 Organizations that may receive deductible contributions under section 170(c).  8 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?  7 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?  7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8828? If ed during the year  1 Did the organization received a roy funds, directly or indirectly, to pay premiums on a personal benefit contract?  2 Did the organization neceived a contribution of capalified intellectual property, did the organization file Form 8898 as required?  3 Did the organization received a contribution of capalified intellectual property, did the organization file Form 8898 as required?  4 To I I the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1899 as required?  5 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations make a distribution to a donor advised funds. Did a donor advised fund maintained by the sponsoring organizations make a distribution to a donor, donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4968?  5 Did the sponsoring organization make any taxable distributions under section 4968?  5 Did the sponsoring organization make any taxable distribution and funds and the sponsoring organization funds any tax	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
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d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization during the year, pay premiums, directly to pay premiums on a personal benefit contract? 76 X 77 Y 78 X 79 If the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 71 X 72 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 79 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. 9 Sponsoring organizations maintaining donor advised funds. 10 If the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Section 501(c)(17) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 10 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Gross income from members or shareholders 11 Section 501(c)(12) organizations. Enter: 12 Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them) 11 Section 501(c)(21) organization incended on Part VIII, line 12, for public use of club facilities 13 Section 501(c)(22) qualified nonprofit health insurance issuers. 14 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12 If bif "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified health plans in more than one state? 13 If yes, "has if filed a Form 720 to reposite hese payments? if Yos," provide an explanation or Schedule O. 14 If yes," has if filed a Form 720 to reposite hese payments? if Yos," provide an explanation or schedule O. 15 Is the organization is licensed to issue qualified health plans in more than one state? 16 If Yes," see the instructions	С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
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Form **990** (2023)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X			
Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year						
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1						
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 direct 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 990 was filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X			
6	Did the organization have members or stockholders?	6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
	more members of the governing body?	7a		X			
b							
	persons other than the governing body?	7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	X				
b	Each committee with authority to act on behalf of the governing body?	8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х				
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		X				
12a	a Did the organization have a written conflict of interest policy? If "No," go to line 13						
b							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	on Schedule O how this was done	12c	X				
13	Did the organization have a written whistleblower policy?	13	X				
14	Did the organization have a written document retention and destruction policy?	14	X				
15	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	Х	<u> </u>			
b	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 arrangement with a						
	taxable entity during the year?	16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
	exempt status with respect to such arrangements?	16b					
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed NJ						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only	) availa	able			
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finai	ncial				
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's books and records PATRICIA PONGRACZ - (973) 538-2404						
	45 MACCULLOCH AVE, MORRISTOWN, NJ 07960						

Form **990** (2023)

05418R01

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

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

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

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

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

- 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.

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than is bot	h an	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) PATRICIA C PONGRACZ EXECUTIVE DIRECTOR	37.50			х				81,000.	0.	1,620.
(2) KEVIN BRENNAN	2.00		$\vdash$	<del> </del>		$\vdash$		02,000		
TREASURER		Х		х				0.	0.	0.
(3) JOCK CLARK	7.50									
PRESIDENT		Х		Х				0.	0.	0.
(4) TRISH GRUSHKIN	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(5) PETER HUNTER	2.00								_	_
VICE PRESIDENT		Х		Х				0.	0.	0.
(6) ALFRED GIRALDI	20.00									
SECRETARY	0.00	Х		Х	_	╙	_	0.	0.	0.
(7) SHELLEY BROOKE	2.00	٠,,								_
TRUSTEE	2.00	Х			_	⊢		0.	0.	0.
(8) ALICE DARLINGTON CUTLER TRUSTEE	2.00	X						0.	0.	0.
(9) FRANCE DELLE DONNE	2.00	^	$\vdash$	$\vdash$	$\vdash$	⊢	$\vdash$	0.	0.	•
TRUSTEE	2.00	X						0.	0.	0.
(10) SUSANNAH HARRIS	2.00			$\vdash$	$\vdash$	$\vdash$				
TRUSTEE		Х						0.	0.	0.
(11) RACHEL MULLEN	2.00					$\vdash$				
TRUSTEE		Х						0.	0.	0.
(12) ROBERT ROSE	2.00									
TRUSTEE		Х						0.	0.	0.
						$oxed{oxed}$				
						ــــــ				
		-								
			_	$\vdash$	_	$\vdash$	$\vdash$			
		-								
		$\vdash$			_	$\vdash$				
		ł								
								1		

Form 990 (2023)

05418R01

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A)	(B)			((	C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos heck		than	one	Reportable	Reportable		Est	imate	d
	hours per week	box	, unle	ss pe	rson	is botl or/trus	n an	compensation	compensation	ו		ount o	of
	(list any	$\vdash$	p p		from the	from related organizations		comp	other Sensat	ion			
	hours for	r direc				pa:		organization	(W-2/1099-MIS			m the	
	related	stee o	rustee			oen sat		(W-2/1099-MISC/	1099-NEC)		_	nizati	
	organizations below	ual tru	onal t		ployee	t comp		1099-NEC)				relate nizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orgai	IIZaliC	)I 15
		_	_			T 9							
		1											
										_			
						Н				$\dashv$			
						Н				$\dashv$			
						П							
		ĺ											
								01 000			1	<i>- - - - - - - - - -</i>	20
1b Subtotal								81,000.		0.	1	.,62	<u> </u>
c Total from continuation sheets to Part V								81,000.		0.	1	.,62	
d Total (add lines 1b and 1c)  2 Total number of individuals (including but r								-	000 of roportable			.,02	40.
compensation from the organization	iot iii iiited to ti	1036	liste	ua	DOV	<i>5)</i> WI	10 11	eceived more man proc	,000 of reportable				0
											1	Yes	No
3 Did the organization list any former officer.	director, trust	ee, l	кеу е	emp	loye	e, or	hig	hest compensated emp	oloyee on				
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the si	•							•	•				
and related organizations greater than \$15										L	4	$\rightarrow$	_X_
5 Did any person listed on line 1a receive or	-				-			-					37
rendered to the organization? If "Yes," com	plete Schedul	e J f	or si	ıch	pers	son .					5		X
Section B. Independent Contractors	mnonostod in	done		nt o	ont	root o	ro +	that received more than	\$100,000 of com		tion fr		
<ol> <li>Complete this table for your five highest co the organization. Report compensation for</li> </ol>										Dello	ation in	OIII	
(A)	trio odioridai y	<u>oui</u>	orran	<u> </u>	*****	01 11		(B)	, 641.		(C)	)	
Name and business	address	N	ONE	3				Description of s	ervices	Co	ompen		1
							$\dashv$						
							$\dashv$						
2 Total number of independent contractors (	ncluding but n	ot li	mite	d to	tho	se lis	stec	d above) who received m	ore than				
\$100,000 of compensation from the organi	•	_				0		,					
										F	orm 9	90 (2	(023)

Pa	rt v	Ш	<u> </u>					
			Check if Schedule O contains a response	or note to any lin	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated business revenue	Revenue excluded
Contributions, Gifts, Grants and Other Similar Amounts		b c d e f	Noncash contributions included in lines 1a-1f  Total. Add lines 1a-1f	44,679. 23,147. 376,469. Business Code	444,295.			
ice	2		ADMISSIONS	611600	5,577.	5,577.		
erv		b	EDUCATION	611600	4,415.	4,415.		
n S		С						
ıraı Rev		d						
Program Service Revenue		е						
ъ.			All other program service revenue	' T	0 002			
		g	Total. Add lines 2a-2f		9,992.			
	3 4		Investment income (including dividends, intereditors other similar amounts)  Income from investment of tax-exempt bond programmers.	roceeds	26,084.			26,084.
	5		Royalties (i) Real	(ii) Personal				
	6	_		(ii) i cisoriai				
			Gross rents 6a Less: rental expenses 6b					
			' ···					
			` '					
			Net rental income or (loss)  Gross amount from sales of (i) Securities	(ii) Other				
	1	а	040 054	(II) Other				
			<del>- 1</del>					
Ð		D	Less: cost or other basis and sales expenses					
Revenue			and sales expenses					
eve		С	Gain or (loss) 7c -4,248.		-4,248.			-4,248.
er B			Net gain or (loss)		-4,240.			-4,240.
Oth	8	а	Gross income from fundraising events (not including \$ 44,679. of contributions reported on line 1c). See	2 216				
			Part IV, line 18 8a Less: direct expenses 8b	2,216.				
			N		0.			
					0.			
	9	а	Gross income from gaming activities. See					
			Part IV, line 19	<del>                                     </del>				
			Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns	400.				
			and allowances 10a					
			Less: cost of goods sold 10b		-369.	-369.		
_		С	Net income or (loss) from sales of inventory		-309.	-309.		
sno	44	_		Business Code				
Miscellaneous Revenue	11			<del>                                     </del>				
ella Ven		b						
Re		q	All other revenue					
Σ			All other revenue	-				
	12	e	Total Add lines 11a-11d		475,754.	9,623.	0.	21,836.
	14		Total revenue. See instructions		-10,10±•	J,04J.		2 - , 0 - 0 -

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

<u> </u>	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon				
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	00.00	46.065	00 504	
	trustees, and key employees	82,620.	46,267.	28,781.	7,572
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	198,047.	110,554.	69,272.	18,221
8	Pension plan accruals and contributions (include			4 666	
	section 401(k) and 403(b) employer contributions)	2,940.	1,641. 3,456.	1,029. 2,161.	270
9	Other employee benefits	6,185.	3,456.	2,161.	568
10	Payroll taxes	21,381.	11,946.	7,470.	1,965
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	8,591.	4,295.	4,296.	
13	Office expenses	24,281.	8,933.	11,941.	3,407
14	Information technology				
15	Royalties				
16	Occupancy	26,444.	23,800.	1,983.	661
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	55,285.	32,629.	18,965.	3,691
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule O.)				
а	AUXILIARY ACTIVITIES	32,336.	29,292.	1,862.	1,182
b	OUTSIDE SERVICES	17,062.		17,062.	
С	REPAIRS & MAINTENANCE	14,493.	12,780.	1,359.	354
d	COLLECTIONS MAINTENANCE	14,483.	14,483.		
е	All other expenses	8,199.	6,723.	1,476.	
25	Total functional expenses. Add lines 1 through 24e	512,347.	306,799.	167,657.	37,891
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	n 12-21-23				Form <b>990</b> (202

Form **990** (2023)

		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		33,537.	1	39,561.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, subst				
		controlled entity or family member of any of thes			5	
	6	Loans and other receivables from other disquali				
		under section 4958(f)(1)), and persons described			6	
S	7	Notes and loans receivable, net	F		7	
Assets	8	Inventories for sale or use	F		8	
As	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities	957,453.	11	1,007,911.	
	12	Investments - other securities. See Part IV, line 1	F	-	12	
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets	F		14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal		990,990.	16	1,047,472.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete I			21	
Ś	22	Loans and other payables to any current or form				
Liabilities		trustee, key employee, creator or founder, subst				
abil		controlled entity or family member of any of thes			22	
<b>=</b>	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines				
		of Schedule D			25	
	26			0.	26	0.
		Organizations that follow FASB ASC 958, che				
ces		and complete lines 27, 28, 32, and 33.				
lan	27	Net assets without donor restrictions			27	
Ва	28	Net assets with donor restrictions			28	
pur		Organizations that do not follow FASB ASC 9				
Net Assets or Fund Balances		and complete lines 29 through 33.				
S S	29	Capital stock or trust principal, or current funds		912,555.	29	969,037.
set	30	Paid-in or capital surplus, or land, building, or eq		0.	30	0.
: As	31	Retained earnings, endowment, accumulated in	F	78,435.	31	78,435.
Net	32	Total net assets or fund balances		990,990.	32	1,047,472.
	33	Total liabilities and net assets/fund balances		990,990.	33	1,047,472.

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1			5,7			
2	Total expenses (must equal Part IX, column (A), line 25)	2			2,3			
3	Revenue less expenses. Subtract line 2 from line 1	3		-36,593				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments 5							
6	Donated services and use of facilities	6						
7	Investment expenses	7		-	9,3	78.		
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	1	.,04	7,4	72.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII					X		
	•				Yes	No		
1	Accounting method used to prepare the Form 990: X Cash Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat							
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	t,					
	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 Sch	nedule	Ο.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	udit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				

Form **990** (2023)

## **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

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

OMB No. 1545-0047

Open to Public Inspection

MACCULLOCH HALL HISTORICAL MUSEUM

Employer identification number 22-1619758

Pa	rt I	Reason for Public (	Charity Status.	All organizations must o	omplete th	nis part.) S	ee instructions.		
he	organ	ization is not a private found							
1		A church, convention of ch							
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3			hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4	$\overline{\Box}$	A medical research organization						the hospital's name	
		city, and state:		,janionon mini a noopina		00000		and mospital o maine,	
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a d	overnmental unit describ	ned in	
•		section 170(b)(1)(A)(iv). (C		liege of difficulty evilled	а ог орога	iou by u g	overnmental and accord	300 II 1	
6				antal unit described in	section 17	70/6\/4\/A\	(v)		
6	X	A federal, state, or local gov	-					nublic described in	
′	21	An organization that norma	•	ntial part of its support i	rom a gov	emmentai	unit or from the general	public described in	
_		section 170(b)(1)(A)(vi). (Co	-	4VAVed) (Occupieto Dec	L II \				
8	Н	A community trust describe							
9		An agricultural research org				-	_	-	
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	je or	
		university:							
10	ш	An organization that norma							
		activities related to its exen							
		income and unrelated busir		(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.	
		See section 509(a)(2). (Cor	. ,						
11	H	An organization organized a		•	-			_	
12		An organization organized a	•	•	-		•		
		more publicly supported or						Check the box on	
		lines 12a through 12d that	* *			-			
а			•	•					
		the supported organization			a majority	of the dire	ctors or trustees of the s	supporting	
		organization. <b>You must c</b>							
b		■ Type II. A supporting organization.	•					-	
		control or management o			ame perso	ons that co	ontrol or manage the sup	pported	
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С								ed with,	
		its supported organization	n(s) (see instructions	). You must complete I	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	<b>integrated.</b> A supp	orting organization oper	ated in co	nnection v	vith its supported organi	ization(s)	
		that is not functionally int	egrated. The organiz	cation generally must sa	tisfy a dist	ribution re	quirement and an attent	riveness	
		requirement (see instructi	-	-					
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III		
		functionally integrated, or	• •						
f		er the number of supported of							
g		vide the following information		. ,	(iv) le the orga	nization lieted	(-) (	(	
	(	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
		organization		above (see instructions))	Yes	No	Support (See Instructions)	Support (See Instructions)	
- Ota	.I								

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	318,007.	417,304.	664,634.	478,034.	399,616.	2,277,595.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	318,007.	417,304.	664,634.	478,034.	399,616.	2,277,595.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1,250,084.
6	Public support. Subtract line 5 from line 4.						1,027,511.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	318,007.	417,304.	664,634.	478,034.	399,616.	2,277,595.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	32,677.	34,430.	25,821.	26,804.	26,084.	145,816.
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.)	960.	130.	48.	110.		1,248.
11	<b>Total support.</b> Add lines 7 through 10						2,424,659. 82,157.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	82,157.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
_	organization, check this box and stop						<u></u>
	ction C. Computation of Publ		<u>-</u>				40 20
14	Public support percentage for 2023 (					14	42.38 %
15	Public support percentage from 2022					15	44.38 %
16a	33 1/3% support test - 2023. If the o	•		•		•	
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the d						
4-	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes	•					ŕ
	and if the organization meets the fact					VI how the organiz	ation
	meets the facts-and-circumstances to	-		*	-	47	
b	10% -facts-and-circumstances tes	-					1U% or
	more, and if the organization meets the		•				
	organization meets the facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	ına see instruction	3L

Schedule A (Form 990) 2023

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

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

Se	qualify under the tests listed beation A. Public Support	elow, please com	plete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(a) 2021	(4) 2022	(a) 2022	(f) Total
	Gifts, grants, contributions, and	(a) 2019	(6) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	inggo under coetion F10						
4							
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5				_		
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ľ	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.)						
	ction B. Total Support			1			
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	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 the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
	check this box and stop here						
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2023 (	ine 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Se	ction D. Computation of Inves	stment Incom	ne Percentage				
17	Investment income percentage for 20	23 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from	<b>2022</b> Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2023. If the					33 1/3%, and line 1	17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	ation	
k	33 1/3% support tests - 2022. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

332023 12-21-23

# Part IV | Supporting Organizations

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

## Section A. All Supporting Organizations

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

1		Yes	No
	1		
	'		
	2		
	3a		
	3b		
	3с		
	30		
	4a		
	Iu		
	4b		
	4c		
	5a		
	- Ou		
	5b		
	5c		
	6		
	7		
	,		
	8		
	9a		
	9b		
	9c		
	90		
	10a		
	10b		
مادية	A /Earr		2022

332024 12-21-23 Schedule A (Form 990) 2023

Par	t IV	Supporting Organizations (continued)			
		· · · · · · · · · · · · · · · · · · ·		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described on line 11a above?	11b		
С	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sect	tion E	3. Type I Supporting Organizations			
				Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
	•	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	/I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sect	tion (	C. Type II Supporting Organizations			
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
0		pported organization(s).	1		
Sec	ion L	D. All Type III Supporting Organizations		T	
				Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	•	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
2		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described on line 2, above, did the organization's supported organizations have a cant voice in the organization's investment policies and in directing the use of the organization's			
	•	ne or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
		orted organizations played in this regard.	2		
Sec	ion F	E. Type III Functionally Integrated Supporting Organizations	3		<u> </u>
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
' a		The organization satisfied the Activities Test. Complete line 2 below.	•		
b		The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns)	
2		ties Test. <b>Answer lines 2a and 2b below.</b>	01.401.0	Yes	No
a		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			110
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		It the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

32025 12-21-23 Schedule A (Form 990) 2023

22-1619758 Page 6 MACCULLOCH HALL HISTORICAL MUSEUM Schedule A (Form 990) 2023 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 Enter 0.85 of line 1. 2

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

Schedule	Λ	(Earm	OOU)	2022

3

5

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

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

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

emergency temporary reduction (see instructions).

3

<u>4</u>

6

Schedule A (Form 990) 2023

i Carryover from 2018 not applied (see instructions)j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

4 Distributions for 2023 from Section D,

Part VI. See instructions.

and 4c.

8 Breakdown of line 7:
 a Excess from 2019
 b Excess from 2020
 c Excess from 2021
 d Excess from 2022
 e Excess from 2023

a Applied to underdistributions of prior yearsb Applied to 2023 distributable amount

c Remainder. Subtract lines 4a and 4b from line 4.
 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater

than zero, explain in Part VI. See instructions.
 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2024. Add lines 3j

332028 12-21-23 Schedule A (Form 990) 2023

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

MACCULLOCH HALL HISTORICAL MUSEUM

**Employer identification number** 22-1619758

Pai	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		Similar Funds o	r Accounts. Complete if the
	organization answered Tes off off 550,1 art 17, iii	(a) Donor advise	d 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		eld in donor advised	funds
	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Ye	s" on Form 990, Par	t IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	1	
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a h	istorically important land area
	Protection of natural habitat		Preservation of a c	ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contrib	ution in the form of a	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			
b	Total acreage restricted by conservation easements			
	Number of conservation easements on a certified historic str			2c
d	Number of conservation easements included on line 2c acqu			
•	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or	terminated by the or	ganization during the tax
4	year Number of states where property subject to conservation ea	coment is leasted		
4 5	Does the organization have a written policy regarding the per		tion handling of	
3	violations, and enforcement of the conservation easements i			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		nd enforcing consen	
Ū	Ctan and volunteer riedre develor to memoring, inspecting,	Training of Violations, a	id ciriorolling corrisors	valien casements daring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and er	forcing conservation	n easements during the year
	G/ 1 G/	,	•	5
8	Does each conservation easement reported on line 2d above	e satisfy the requirement	s of section 170(h)(4	)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservati			
	balance sheet, and include, if applicable, the text of the footr	note to the organization's	financial statement	s that describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections o	•	easures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95	•		
	of art, historical treasures, or other similar assets held for pul	•		erance of public
	service, provide in Part XIII the text of the footnote to its final			
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	c exhibition, education, o	r research in furthera	ance of public service,
	provide the following amounts relating to these items.			•
	(i) Revenue included on Form 990, Part VIII, line 1			•
•				
2	If the organization received or held works of art, historical tre			ain, provide
_	the following amounts required to be reported under FASB A			¢
a	Revenue included on Form 990, Part VIII, line 1			
_ D	Assets included in Form 990, Part X			Φ

332051 09-28-23

Schedule D (Form 990) 2023

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

	t III Organizations Maintaining C	ollections of Ar			ner Simila	ar Asse	ts(contin		ge Z
3	Using the organization's acquisition, accession		•				,		
Ū	collection items (check all that apply).	on, and other record	o, or core arry or are	Tollowing that make	olgimioani	400 01 110			
а	X Public exhibition	d	X Loan or exc	hange program					
b	X Scholarly research	e	Other	nange program					
C	X Preservation for future generations	C							
		Mostions and synlain	how thoy further t	no organization's av	ompt purpo	oco in Dor	+ VIII		
4	Provide a description of the organization's co					ose in Par	L AIII.		
5	During the year, did the organization solicit o to be sold to raise funds rather than to be ma						Yes	X	NI.
Dai	t IV Escrow and Custodial Arran							21	NO
ı aı	reported an amount on Form 990, Par		e ii trie organizatior	ranswered res or	1 FOIII 990,	, Part IV, I	irie 9, or		
	Is the organization an agent, trustee, custodi		liary for contribution	ns or other assets n	ot included				
iu	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII						00		
	Too, oxplain the arrangement in rare xin	and complete the for	lowing table.				Amount		
c	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
	Ending balance  Did the organization include an amount on Fo						Yes		No
	_				•		_ 1es	H	NO
	If "Yes," explain the arrangement in Part XIII. <b>t V Endowment Funds</b> Complete if								
ı aı	Endownient i ands complete ii	(a) Current year	(b) Prior year	(c) Two years back		ears hack	(e) Four	vears h	ack
4.	Danissis of very balance	78,435.	78,435.		1	78,435.	(C) i oui	78,4	
	Beginning of year balance	70,435.	70,435.	70,433.	<u> </u>	70,433.		70,4	133.
	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	78,435.	78,435.	78,435.	,	78,435.		78,4	135.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a	a)) held as:					
	Board designated or quasi-endowment	100.0000	_%						
b	Permanent endowment . 0000	%							
С	Term endowment • 0000 g	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	nd administered for	the				
	organization by:							Yes	No
	(i) Unrelated organizations?						3a(i)		X
	(ii) Related organizations?						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the							•	
Pai	t VI Land, Buildings, and Equipm	ent							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Part 2	X, line 10.				
	Description of property	(a) Cost or ot basis (investm	' '		Accumulate epreciation	ed	(d) Book	value	
1a	Land								
	Buildings								
	Leasehold improvements			İ					
	Equipment								
	Other								
	. Add lines 1a through 1e. (Column (d) must e		X, line 10c. column	(B))					0.
	3 :=:(::: 1.)::::::::		, , , , , , , , , , , , , , , , , , , ,	. ,,					

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023	MACCULLOCH H	ALL HISTORIO	AL MUSEUM	22-1619758 Page 3
Part VII Investments - Other				
		n Form 990. Part IV. line	11b. See Form 990, Part X, I	line 12.
(a) Description of security or category (in		(b) Book value		: Cost or end-of-year market value
(1) Financial derivatives		. ,		,
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)	+			
(E)	+			
(F)				
(G)				
(H)	V line 10 and (D))			
Total. (Col. (b) must equal Form 990, Part Part VIII Investments - Programments				
	•	n Faura 000 Dart IV line	11. Can Farra 000 Dark V I	line 10
(a) Description of inves		(b) Book value	11c. See Form 990, Part X, I	: Cost or end-of-year market value
	SITTETIL	(b) BOOK Value	(c) Method of Valuation	. Cost of end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part	X, line 13, col. (B))			
Part IX Other Assets				
Complete if the organiza			11d. See Form 990, Part X, I	
	( <b>a)</b> D	escription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 9	90, Part X, line 15, col.	(B))		
Part X Other Liabilities	.tian anaau	- Faura 000 Dart IV line	11a au 116 Caa Faura 000 F	and V. line OF
(a) December	ation answered "Yes" o	ii Foiiii 990, Part IV, IIN6	11e or 11f. See Form 990, P	(b) Book value
	THOLLOL HADRILY			(D) DOOK Value
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				

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

Schedule D (Form 990) 2023

(7) (8)

Sche	edule D (Form 990) 2023 MACCULLOCH HALL HISTORICA	L MUSEU	M	22-	1619758	Page 4
Pai	rt XI Reconciliation of Revenue per Audited Financial Staten	nents With	Revenue per F	Returr	1	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.				
1	Total revenue, gains, and other support per audited financial statements			1	571	,045
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	102,453.			
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
	Other (Describe in Part XIII.)		2,216.			
е	Add lines 2a through 2d			2e		<u>,669</u>
3	Subtract line 2e from line 1			3	466	,376
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	9,378.			
b	Other (Describe in Part XIII.)	4b				
С	Add lines <b>4a</b> and <b>4b</b>			4c		,378
5	, , , , , , , , , , , , , , , , , , , ,					,754
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments Witl	n Expenses per	Retu	rn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a.				
1	Total expenses and losses per audited financial statements			1	514	,563
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
	Other losses					
d	Other (Describe in Part XIII.)	2d	2,216.			
е	Add lines 2a through 2d			2e		,216
3	Subtract line 2e from line 1			3	512	,347

### Part XIII Supplemental Information

Amounts included on Form 990, Part IX, line 25, but not on line 1:

a Investment expenses not included on Form 990, Part VIII, line 7b

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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

## PART X, LINE 2:

**b** Other (Describe in Part XIII.) c Add lines 4a and 4b

THE MUSEUM HAD BEEN CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS AN OPERATING FOUNDATION AS DEFINED IN SECTION 4942(J)(3) OF THE INTERNAL REVENUE CODE. AS SUCH, THE MUSEUM HAD BEEN CLASSIFIED AS A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) OF THE CODE. THE MUSEUM'S TAX-EXEMPT STATUS AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE WAS ALSO IN EFFECT, WHICH PROVIDES FOR INCOME RELATED TO ITS EXEMPT STATUS TO BE EXEMPT FROM FEDERAL INCOME TAXES PURSUANT TO SECTION ON JULY 1, 2018, THE MUSEUM ENTERED A 60-MONTH 501(A) OF THE CODE. TERMINATION PERIOD TO CHANGE ITS TAX-EXEMPT STATUS FROM A PRIVATE FOUNDATION TO A PUBLIC CHARITY. DURING THIS 60-MONTH PERIOD, THE MUSEUM INTENDED TO OPERATE AS A PUBLIC CHARITY AS DESCRIBED IN IRC SECTIONS

Schedule D (Form 990) 2023

4c

512,347

Part XIII Supplemental Information (continued)

509(A)(2) OR 170(B)(1)(A)(VI) AND THE INTERNAL REVENUE SERVICE HAD

PERMITTED THIS ADVANCE RULING PERIOD IN THEIR LETTER TO THE MUSEUM DATED

JULY 16, 2018. THE ADVANCE RULING PERIOD ENDED ON JUNE 30, 2023, AT WHICH

TIME THE MUSEUM DEMONSTRATED THAT IT MET THE REQUIREMENTS AS A PUBLIC

CHARITY. THE MUSEUM FILED THE APPROPRIATE FORMS WITH THE IRS AND ITS

DESIGNATION AS A PUBLIC CHARITY WAS GRANTED BY THE IRS IN MARCH 2024.

THE MUSEUM IS ALSO EXEMPT UNDER TITLE 15 OF THE STATE OF NEW JERSEY

CORPORATIONS AND ASSOCIATIONS NOT FOR PROFIT ACT. ACCORDINGLY, NO

PROVISION FOR FEDERAL OR STATE INCOME TAXES HAS BEEN PRESENTED IN THE

ACCOMPANYING FINANCIAL STATEMENTS.

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

THAT A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS. IT ALSO PROVIDES GUIDANCE FOR DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE, AND TRANSITION.

THE MUSEUM DOES NOT EXPECT A SIGNIFICANT INCREASE OR DECREASE TO THE TOTAL AMOUNTS OF UNRECOGNIZED TAX POSITIONS DURING THE FISCAL YEAR ENDED JUNE 30, 2024. HOWEVER, THE MUSEUM IS SUBJECT TO REGULAR AUDIT BY TAX AUTHORITIES. THE MUSEUM BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR THE POSITIONS TAKEN ON ITS TAX RETURNS. NONETHELESS, THE AMOUNTS ULTIMATELY PAID, IF ANY, UPON RESOLUTION OF THE ISSUES RAISED BY THE TAXING AUTHORITIES MAY DIFFER MATERIALLY FROM THE AMOUNTS ACCRUED EACH YEAR.

Schedule D (Form 990) 2023

## SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Schedule G (Form 990) 2023

Name of the organization Employer identification number MACCULLOCH HALL HISTORICAL MUSEUM 22-1619758 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants h Internet and email solicitations Solicitation of government grants ☐ Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

LHA 332081 09-13-23

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gr	oss income on Form 990	J-EZ, III les Tarid 60. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1 HISTORIC HOUSE TOUR	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
4)			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	46,895.			46,895.
	2	Less: Contributions	44,679.			44,679.
	3	Gross income (line 1 minus line 2)	2,216.			2,216.
	4	Cash prizes				
S	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
		Other direct expenses				2,216.
		Direct expense summary. Add lines 4 through				2,216.
Pa		Net income summary. Subtract line 10 from li <b>II Gaming.</b> Complete if the organization is				0.
		\$15,000 on Form 990-EZ, line 6a.	answered res on rom	1990,1 art IV, line 19, 01	reported more than	
<b>a</b>		,	(a) Dingo	(b) Pull tabs/instant	(a) Other geming	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
3eve						
_	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direc.	4	Rent/facility costs				
	5	Other direct expenses				
		,	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	Q	Net gaming income summary. Subtract line 7	from line 1 column (d)			
	-	Net garning income summary. Subtract line 7	nomine i, column (a)			
9	Ent	er the state(s) in which the organization condu	ucts gaming activities:			
		he organization licensed to conduct gaming a		states?		Yes No
b	If "	No," explain:				
10-	\A1:-	ro any of the expenientian's married linear	ovolcod ovor seededt	arminated during the term	vaar?	Vec N-
ıva	vve	re any of the organization's gaming licenses re	evokea, suspendea, or te	eminated during the tax	year (	Yes No
		Yes " explain:				
		Yes," explain:				

Schedule G (Form 990) 2023 332082 09-13-23

Sched	dule G (Form 990) 2023 MACCULLOCH HALL HISTORICAL MUSEUM 22-1	.619/58	Page 3
11 [	Does the organization conduct gaming activities with nonmembers?	Yes	No
	s the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	o administer charitable gaming?	Yes	□ No
	ndicate the percentage of gaming activity conducted in:		
		120	0/
	The organization's facility	13a	<u>%</u>
	An outside facility	13b	%
<b>14</b> E	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
,	Address		
<b>15</b> a [	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b li	f "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
c	of gaming revenue retained by the third party \$		
	f "Yes," enter name and address of the third party:		
	1 103, Office flame and address of the time party.		
N	Name		
A	Address		
16	Gaming manager information:		
N	Name		
_			
C	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
<b>17</b> N	Mandatory distributions:		
	s the organization required under state law to make charitable distributions from the gaming proceeds to		
		Yes	☐ No
	etain the state gaming license?	163	NO
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year \$		
Part		ırt III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
-			

Schedule G	(Form 990)	MACCULLOCH	HALL	HISTORICAL	MUSEUM	22-1619758 <sub>P</sub>	age 4
Part IV	(Form 990) Supplemental Info	rmation (continued)					
	• • • • • • • • • • • • • • • • • • • •	(					

# SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

MACCULLOCH HALL HISTORICAL MUSEUM

Employer identification number 22-1619758

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

PRESERVES AND INTERPRETS ITS HISTORIC HOUSE AND GARDENS, UNPARALLELED

COLLECTION OF THE WORK OF POLITICAL CARTOONIST THOMAS NAST (1840-1902),

FINE AND DECORATIVE ARTS COLLECTIONS AND MACCULLOCH FAMILY ARCHIVES,

INSPIRING VISITORS TO EXPERIENCE EVERYDAY AMERICAN HISTORY WHERE IT

HAPPENED. THE MUSEUM'S UNIQUE HISTORIC SETTING, ITS PERIOD ROOMS AND

PROFESSIONAL GALLERIES EXCITE AND EDUCATE VISITORS OF ALL AGES,

CONNECTING PRESENT TO PAST IN A DYNAMIC CULTURAL ENVIRONMENT. ON SITE,

ONLINE AND THROUGH OUTREACH, MHHM SERVES LOCAL, STATE, NATIONAL AND

INTERNATIONAL COMMUNITIES.

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

MACCULLOCH FAMILY ARCHIVES, INSPIRING VISITORS TO EXPERIENCE EVERYDAY

AMERICAN HISTORY WHERE IT HAPPENED. THE MUSEUM'S UNIQUE HISTORIC

SETTING, ITS PERIOD ROOMS AND PROFESSIONAL GALLERIES EXCITE AND EDUCATE

VISITORS OF ALL AGES, CONNECTING PRESENT TO PAST IN A DYNAMIC CULTURAL

ENVIRONMENT. ON SITE, ONLINE AND THROUGH OUTREACH, MHHM SERVES LOCAL,

STATE, NATIONAL AND INTERNATIONAL COMMUNITIES.

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

EXHIBITS & RESEARCH - DURING FY24 MHHM PRESENTED THOMAS NAST'S GIRL'S

HOLDING DOLLS (AUGUST 2023 TO PRESENT), THOMAS NAST'S CHRISTMAS

ILLUSTRATIONS (DECEMBER 2023- JANUARY 2024) AND THOMAS NAST ILLUSTRATES

EMANCIPATION AND ATTITUDES TOWARDS RACE IN THE UNITED STATES

(MARCH-SEPTEMBER 2024).

EXPENSES \$ 52,552. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2

Name of the organization

MACCULLOCH HALL HISTORICAL MUSEUM

Employer identification number
22-1619758

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

MACCULLOCH HALL HISTORICAL MUSEUM HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND IS READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE, IT IS PROVIDED TO THE MEMBERS OF THE ORGANIZATIONS GOVERNING BODY FOR ANY COMMENTS PRIOR TO ITS SUBMISSION. THE GOVERNING BODY IS PROVIDED WITH A REASONABLE AMOUNT OF TIME TO REVIEW THE FORM 990. ANY COMMENTS ARE THEN GROUPED, SUMMARIZED AND PROVIDED THROUGH MANAGEMENT TO THE OUTSIDE ACCOUNTING FIRM. ANY APPLICABLE ISSUES ARE ADDRESSED PRIOR TO RETURN BRING FINALIZED AND APPROVED FOR FILING.

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

MACCULLOCH HALL HISTORICAL MUSEUM CURRENTLY HAS IN PLACE A CONFLICT OF

INTEREST POLICY WHICH IT REGULARLY MONITORS AND ENFORCES. THE BOARD

MANDATES THAT ALL MEMBERS OF MANAGEMENT AND THE GOVERNING BODY ANNUALLY

SIGN A CONFLICT OF INTEREST POLICY AND DISCLOSE ANY POTENTIAL OR ACTUAL

CONFLICTS THAT MAY EXIST. IF A POTENTIAL OR ACTUAL CONFLICT OF INTEREST

EXISTS, GOVERNING BODY AND MANAGEMENT WILL INVESTIGATE THE ISSUE. IF A

CONFLICT OF INTEREST IS DETERMINED TO EXIST MANAGEMENT AND THE GOVERNING

BODY WILL BE NOTIFIED IMMEDIATELY. THE MEMBER WILL NOT BE ALLOWED TO VOTE

OR BE A PART OF ANY DECISIONS ABOUT ANY SUCH TRANSACTIONS THAT HAVE TO DO

WITH THE CONFLICT UNTIL SUCH TIME THAT THERE IS NO LONGER A CONFLICT.

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

THE COMPENSATION OF THE ORGANIZATIONS OFFICERS OR KEY EMPLOYEES IS REVIEWED AND APPROVED BY THE BOARD OF TRUSTEES, AN INDEPENDENT BODY.

Schedule O (Form 990) 2023 Page **2** 

Name of the organization  MACCULLOCH HALL HISTORICAL MUSEUM	Employer identification number 22-1619758
FORM 990, PART VI, SECTION C, LINE 19:	
MACCULLOCH HALL HISTORICAL MUSEUM MAKES ITS FORM 990 AVAI	LABLE FOR PUBLIC
INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL	REVENUE CODE UPON
WRITTEN REQUEST AT THE ORGANIZATIONS OFFICE AT 45 MACCULL	OCH AVENUE,
MORRISTOWN, NJ 07960. IN ADDITION FORM 1023 AS WELL AS TH	E FINANCIAL
STATEMENTS, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE	UPON WRITTEN
REQUEST AT THE ORGANIZATIONS OFFICE AT 45 MACCULLOCH AVEN	UE, MORRISTOWN, NJ
07960.	
FORM 990 PART XI, LINE 2C	
THERE WAS NO CHANGE FROM THE PRIOR YEAR.	