

EXTENDED TO NOVEMBER 15, 2024 **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A F	or the	2023 calendar year, or tax year beginning and endin	g		
В с	heck if	C Name of organization	I	D Employer identific	cation number
	Addres	HILL-STEAD MUSEUM			
	Name change			06-06466	73
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room	/suite I	E Telephone number	•
	Final return/	35 MOUNTAIN ROAD		86067747	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	_ (G Gross receipts \$	3,459,131.
	Amend	FARMINGTON, CT 06032-2304		H(a) Is this a group re	
	Applica tion pendin	F Name and address of principal officer: DR - ANNA M - SWINDOWNE		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	
		mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	,	list. See instructions
	Vebsit			H(c) Group exemption	
		organization: Corporation X Trust Association Other L Summary	. Year of	formation: 1940 N	1 State of legal domicile: CT
1 0		Briefly describe the organization's mission or most significant activities: HILL-ST	FΔD	MIIGEIIM / HQN	/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
9		NATIONAL HISTORIC LANDMARK, SERVES DIVERSE A			
Jan		Check this box if the organization discontinued its operations or disposed of			
Governance		Number of voting members of the governing body (Part VI, line 1a)		ا ہ ا	25
င်္ဗ		Number of independent voting members of the governing body (Part VI, line 1b)			25
જ		Fotal number of individuals employed in calendar year 2023 (Part V, line 2a)			37
iţi		Total number of volunteers (estimate if necessary)			0
Activities		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)		992,313.	1,078,959.
eun		Program service revenue (Part VIII, line 2g)		327,795.	320,243.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		174,627.	323,671.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		176,422.	170,461.
-		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,671,157.	1,893,334.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		855,141.	0. 857,848.
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 336,096.		0.	<u> </u>
Ä		Total fundraising expenses (Part IX, column (D), line 25) 336, 096. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		985,222.	975,552.
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,840,363.	1,833,400.
		Revenue less expenses. Subtract line 18 from line 12		-169,206.	59,934.
P S			Begi	nning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		9,859,731.	10,319,857.
ASS	21	Total liabilities (Part X, line 26)		84,162.	168,402.
<u>E</u> E	22	Net assets or fund balances. Subtract line 21 from line 20		9,775,569.	10,151,455.
	rt II	Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedules and st			knowledge and belief, it is
true,	correc	, and complete. Declaration of preparer (other than officer) is based on all information of which pre	eparer ha	as any knowledge.	
		Signature of officer		 Date	
Sign			ITIO	Date	
Here	€	DR. ANNA M. SWINBOURNE, EXECUTIVE DIRECTOR/C Type or print name and title	EU		
			Da	te Check	PTIN
Paid		Print/Type preparer's name KIMBERLY NAPP	"	if self-employ	
r aiu Prep	- 1	Firm's name WHITTLESEY PC			6-0903326
Use	- 1	Firm's address 280 TRUMBULL ST 24TH FL		THIII 3 LIN U	
	,	HARTFORD, CT 06103		Phone no. 86	0.522.3111
May	the IF	S discuss this return with the preparer shown above? See instructions		1	X Yes No

Par	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:
	HILL-STEAD MUSEUM (HSM), A NAT'L HISTORIC LANDMARK, SERVES DIVERSE
	AUDIENCES IN CT AND BEYOND AS A WELCOMING PLACE FOR LEARNING,
	REFLECTION AND ENJOYMENT.
_	
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
•	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$
40	EDUCATION AND VISITOR SERVICES
	HILL-STEAD MUSEUM SERVES AS A DESTINATION FOR LEARNERS OF ALL AGES AND
	OFFERS NEARLY 7,000 PUBLIC TOURS EACH YEAR IN ART, ARCHITECTURE, AND
	GARDENS WITHIN THE CONTEXT OF THE LATE 19TH AND EARLY 20TH CENTURIES.
	SINCE OPENING TO THE PUBLIC IN 1947, OVER 1 MILLION VISITORS HAVE
	TOURED THE POPE-RIDDLE HOUSE, EXPLORED THE 152-ACRE GROUNDS, AND
	PARTICIPATED IN ART, LITERATURE, AND NATURE PROGRAMS. IN KEEPING WITH
	THE POPE-RIDDLE FAMILY'S ENJOYMENT OF CULTURAL PURSUITS, HSM OFFERED A
	WIDE VARIETY OF PROGRAMMING INCLUDING CONCERTS, CAMPS, WORKSHOPS, AND
	FESTIVALS.
4b	(Code:) (Expenses \$507,967. including grants of \$) (Revenue \$)
	COLLECTIONS AND CONSERVATION
	HILL-STEAD'S 1901 COUNTRY HOME, CHARACTERZIED BY A 33,000 SQUARE FOOT,
	36 ROOM INTERIOR AND WHITE CLAPBOARD EXTERIOR WITH MOUNT VERNON
	VERANDA, IS CONSIDERED "PERHAPS THE FINEST COLONIAL REVIVAL HOUSE AND MUSEUM IN THE UNITED STATES" (NATIONAL HISTORIC LANDMARK REPORT).
	ESTABLISHED IN 1946 AS A CULTURAL RESOURCE FOR THE PUBLIC IN
	PERPETUITY, HSM IS ONE OF THE NATION'S FEW REMAINING REPRESENTATIONS OF
	EARLY 20TH-CENTURY COUNTRY PLACE ESTATES. HSM BOASTS FRENCH
	IMPRESSIONIST MASTERPIECES - FOUR BY CLAUDE MONET, THREE BY EDGAR DEGAS
	- AND NOTABLE WORKS BY EDOUARD MANET, MARY CASSATT, AND JAMES MCNEILL
	WHISTLER, AMONG OTHERS. COLLECTIONS INCLUDE 250 PRINTS AND PHOTOGRAPHS,
	290 CERAMICS, 400 PIECES OF FURNITURE, 3,300 BOOKS AND 16,000+ ARCHIVAL
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 1,281,680.
	Form 990 (2023)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	, ,	8	Х	
0	Schedule D, Part III	-	- 21	
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
=	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u></u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
-1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	democracy government on traiting, conditing try, into it: II res. complete scriedule i, Parts Fand II	41		

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Form 990 (2023) HILL-STEAD MUSEUM
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			1
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? f	28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
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			v
0.4	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	24	Х	
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	- 21	х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
J	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
D-	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
4-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 26 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	(gambling) winnings to prize winners?	1c	Х	
332004	4 12-21-23		990	(2023)

	990 (2023) HILL-STEAD MUSEUM 06-0646	<u>673</u>	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<u> </u>
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		Ь—
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			l
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	_X_	├─
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	├─
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		\vdash
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		├─
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 Cross respires included on Form 200 Part VIII, line 12 for public use of all the facilities.			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			

b Gro	oss income from other sources. (Do not net amounts due or paid to other sources against				
amo	ounts due or received from them.)	11b			
12a Sec	ction 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b If "\	Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13 Sec	ction 501(c)(29) qualified nonprofit health insurance issuers.				
a Is th	he organization licensed to issue qualified health plans in more than one state?		13a		
Not	te: See the instructions for additional information the organization must report on Schedule O.				
b Ent	er the amount of reserves the organization is required to maintain by the states in which the				
orga	anization is licensed to issue qualified health plans	13b			
c Ent	er the amount of reserves on hand	13c			
14a Did	the organization receive any payments for indoor tanning services during the tax year?		14a		_X
b If "\	Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O	14b		
15 Is th	he organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration or			
exc	cess parachute payment(s) during the year?		15		_X_
If "Y	Yes," see the instructions and file Form 4720, Schedule N.				
16 Is th	he organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		_X_
If "Y	If "Yes," complete Form 4720, Schedule O.				
17 Sec	ction 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
that	t would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
If "\	Yes," complete Form 6069.			000	

a Gross income from members or shareholders

Form **990** (2023)

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 Section A. Governing Body and Management Yes No 25 **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. 25 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a X b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 X 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website X Upon request Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records DAN FLYNN - 860-677-4787 35 MOUNTAIN ROAD, FARMINGTON, CT 06032-2304

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-NEĆ) of more than \$100,000 from the organization and any related organizations.

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

- 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	(do box	not c	Pos heck	ition		one n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer 5	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) DR. ANNA M. SWINBOURNE	40.00			Х				115 000	0	10 171
(2) DANIEL FLYNN	20.50	X	\vdash	Δ.				115,000.	0.	12,171.
DIRECTOR OF FINANCE	0.50	1		х				54,416.	0.	0.
(3) KATHERINE V. SMITH	1.00	-		^				34,410.	0.	<u> </u>
GOVERNOR	0.50	X						0.	0.	0.
(4) MARISELA A. SENER	1.00									
GOVERNOR	0.50	Х						0.	0.	0.
(5) KAREN CRONIN WHEAT	1.00									
GOVERNOR	0.50	Х						0.	0.	0.
(6) CHARLES MUELLER, AIA	1.00									
GOVERNOR	0.50	Х						0.	0.	0.
(7) LAVELL M. L. THOMPSON	5.00									
PRESIDENT	0.50			X				0.	0.	0.
(8) KRISTEN RENEHAN	1.00									
FIRST VICE PRESIDENT	0.50			Х				0.	0.	0.
(9) DANIEL C. TRACY	3.00									
SECOND VICE PRESIDENT	0.50			Х				0.	0.	0.
(10) NINA MAYHALL HAYES	3.00									
COLONIAL DAMES TRUSTEE	0.50	Х						0.	0.	0.
(11) JAMES W. FANELLI	3.00								_	_
BANK TRUSTEE	0.50	X	_		_			0.	0.	0.
(12) RAFEENA BACCHUS LEE	1.00									
GOVERNOR	0.50	Х						0.	0.	0.
(13) MYLES R. BROWN	1.00									
GOVERNOR	0.50	Х	<u> </u>		_			0.	0.	0.
(14) SUSAN CHANDLER	1.00									
GOVERNOR	0.50	Х						0.	0.	0.
(15) CAROLINE EDWARDS	1.00	-							_	
INSTITUTIONAL HISTORIAN	0.50	A						0.	0.	0.
(16) CAROL M. ENGLISH	1.00	₩.							_	
GOVERNOR (17) DR. ANJANETTE FERRIS SENATUS		X	\vdash		\vdash			0.	0.	0.
GOVERNOR	1.00	X						0.	0.	0.
oo , marini	1 0.20	Λ					<u> </u>	0.	ı U•	Form 990 (2022)

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Form **990** (2023)

Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (D) (E) (F) Position Average Reportable Name and title Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any ndividual trustee or director the organizations compensation hours for organization (W-2/1099-MISC/ from the lighest compensated related nstitutional trustee (W-2/1099-MISC/ 1099-NEC) organization organizations ey employee 1099-NEC) and related below organizations line) (18) EVAN S. GOLDSTEIN 1.00 GOVERNOR 0.50 X 0. 0. 0. (19) ERIN HAZELTON 1.00 0.50 X 0. 0. 0. GOVERNOR (20) KIMBERLEY KERSEY 1.00 0.50 GOVERNOR X 0 0. 0. (21) STEPHEN S. MADSEN 1.00 INSTITUTIONAL HISTORIAN 0.50 X 0. 0. 1.00 (22) MARIE C. O'BRIEN GOVERNOR 0.50 X 0. 0. 0. (23) WILLIAM O'REILLY 1.00 GOVERNOR 0.50 X 0. 0. 0. (24) MARK SIDES 1.00 0.50 0. 0. 0. GOVERNOR X (25) MICHAEL SHOFF 1.00 GOVERNOR 0.50 0. 0. 0. (26) GEORGE R. TRUMBULL IV, PH.D. 1.00 GOVERNOR 0.50 0 0. 0. 416. 0. 12,171. 169, 1b Subtotal 0. 0. 0. Total from continuation sheets to Part VII, Section A 169,416. 0. 12.171 Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable

compensation from the organization

Yes No

Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

4 X

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	NONE	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Form 990 (2023)

X

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Form 990 (2023) HILL-ST
Part VIII Statement of Revenue

		Check if Schedule O contains a	response (or note to any line	e in this Part VIII			
		Check if Concadio C Contains to	response ((A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
			Т. Т					30000013 3 12 3 14
Contributions, Gifts, Grants and Other Similar Amounts	1 :	Federated campaigns	1a					
ira Ou	ı	Membership dues	1b					
S, G		Fundraising events	1c	58,000.				
a ii.		d Related organizations	1d					
s, C		Government grants (contributions)	1e	187,704.				
Sign	1	All other contributions, gifts, grants, and						
her		similar amounts not included above	1f	833,255.				
햧		Noncash contributions included in lines 1a-1f	1g \$,				
ou		Total. Add lines 1a-1f	·9ΙΨ		1,078,959.			
0 10		Total: Add lines 1a-11		Business Code	_,,			
	_	ADMICCIONC C DROCDAMC FEEC		900099	106 502	186,503.		
<u>ic</u> e	2 :	ADMISSIONS & PROGRAMS FEES			186,503.	· · · · · · · · · · · · · · · · · · ·		
er v		FACILITY RENTAL INCOME		900099	133,740.	133,740.		
Program Service Revenue	•							
ev.		d						
og B		e						
P	1	All other program service revenue						
		Total. Add lines 2a-2f			320,243.			
	3	Investment income (including divide						
	_				139,786.			139,786.
	4	Income from investment of tax-exer	mnt hand n	roceeds	,			,
				1				
	5	Royalties	(i) Real					
			(i) Real	(ii) Personal				
	6	a Gross rents 6a						
		Less: rental expenses 6b						
		Rental income or (loss) 6c						
		d Net rental income or (loss)						
	7 :	a Gross amount from sales of (i) s	Securities	(ii) Other				
		assets other than inventory 7a 1,	629,925.					
		Less: cost or other basis						
<u>o</u>			446,040.					
nu			183,885.					
her Revenue	· ·	dalifor (loss)			183,885.	183,885.		
r R		d Net gain or (loss)			103,003.	103,003.		
the	8	a Gross income from fundraising events (
ŏ		including \$ 58,000	_					
		contributions reported on line 1c). S						
		Part IV, line 18	8a	254,788.				
	- 1	Less: direct expenses	8b	115,497.				
		Net income or (loss) from fundraising	ng events		139,291.			139,291.
		a Gross income from gaming activitie						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gaming a						
	10	Gross sales of inventory, less return		25 420				
		and allowances	<u>10a</u>					
	- 1	Less: cost of goods sold	10b	4,260.				
		Net income or (loss) from sales of in	nventory		31,170.	31,170.		
				Business Code				
ous.	11 :	a						
ne								
ella								
Miscellaneous Revenue		d All other revenue						
Σ	· '			-				
		Total Add lines 11a-11d			1,893,334.	535,298.	0.	279,077.
	12	Total revenue. See instructions			1,000,004.	1 333,230.	1 0.	Form 990 (2023)
33200	9 12-2	1-23						FULLI 330 (2023)

04	(a. 501/a)/0) and 501/a)/4) amaginations are to a soul	lata all a alcumana. All atta								
Secti	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).									
	Check if Schedule O contains a respons	se or note to any line in		(C)	(D)					
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(ט) 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,									
	trustees, and key employees	169,416.	121,015.	23,890.	24,511.					
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	556,804.	411,837.	61,552.	83,415.					
8	Pension plan accruals and contributions (include	220,002.	,	02,0020	30,110.					
J	section 401(k) and 403(b) employer contributions)	18,796.	14,793.	819.	3,184.					
9		60,425.	44,638.	6,079.	9,708.					
	Other employee benefits	52,407.	36,973.	8,063.	7,371.					
10	Payroll taxes	J2, 1 01•	30,3130	0,000.	1,511.					
11	Fees for services (nonemployees):									
	Management									
	Legal	33,083.	3,083.	30,000.						
	Accounting	33,003.	3,003.	30,000.						
	Lobbying									
	Professional fundraising services. See Part IV, line 17	25,851.		25,851.						
f	Investment management fees	45,651.		23,031.						
g	Other. (If line 11g amount exceeds 10% of line 25,	280,835.	150 225	10 052	100 E40					
	column (A), amount, list line 11g expenses on Sch O.)	18,304.	152,335.	18,952.	109,548.					
12	Advertising and promotion	33,146.	17,149.	6 002						
13	Office expenses		9,643.	6,002.	17,501.					
14	Information technology	32,779.	25,916.	1,974.	4,889.					
15	Royalties	100 770	100 500	C 21 F	01 072					
16	Occupancy	128,778.	100,590.	6,215.	21,973.					
17	Travel	5,720.	4,492.	901.	327.					
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	040 450	100 445	12 222	40 444					
22	Depreciation, depletion, and amortization	242,179.	188,415.	13,320.	40,444.					
23	Insurance	57,634.	45,188.	3,187.	9,259.					
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 Sebdula (A).									
_	amount, list line 24e expenses on Schedule 0.) REPAIRS AND MAINTENANCE	101,916.	101,187.	188.	541.					
d L	DUES AND MEMBERSHIPS	15,327.	4,426.	8,631.	2,270.					
b		10,041.	4,440.	0,031.	4,410.					
c										
d	All other eveness									
	All other expenses	1,833,400.	1,281,680.	215,624.	336,096.					
25	Total functional expenses. Add lines 1 through 24e	1,000,400.	1,201,000.	413,044.	330,030.					
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)									
	Check here if following SOP 98-2 (ASC 958-720)				000					

Form **990** (2023)

Form 990 (2023)
Part X | Balance Sheet

Pai	rt X	Balance Sheet				
		Check if Schedule O contains a response or note to	any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments	822,823.	2	994,113.	
	3	Pledges and grants receivable, net		169,646.	3	115,787.
	4	Accounts receivable, net		15,475.	4	10,000.
	5	Loans and other receivables from any current or form	ner officer, director,			
		trustee, key employee, creator or founder, substantia	al contributor, or 35%			
		controlled entity or family member of any of these pe	ersons		5	
	6	Loans and other receivables from other disqualified	persons (as defined			
		under section 4958(f)(1)), and persons described in s			6	
ts	7	Notes and loans receivable, net		46.246	7	40.650
Assets	8	Inventories for sale or use		46,346.	8	42,679.
⋖	9			36,456.	9	25,458.
	10a	Land, buildings, and equipment: cost or other	6 405 041			
		basis. Complete Part VI of Schedule D10	a 6,405,841.	4 411 504		4 000 555
	b		ь 2,176,084.	4,411,784. 4,357,201.	10c	4,229,757.
	11	Investments - publicly traded securities		4,357,201.		4,902,063.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		0 050 731	15	10 210 057
	16	Total assets. Add lines 1 through 15 (must equal lin		9,859,731. 41,114.	16	10,319,857. 118,587.
	17	Accounts payable and accrued expenses	41,114.	17	110,307.	
	18	Grants payable		42,548.	18 19	49,315.
	19	Deferred revenue		42,540.	20	47,313.
	20 21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part	N/ - CO - l l- l- D		21	
	22	Loans and other payables to any current or former o			21	
Liabilities	~~	trustee, key employee, creator or founder, substantia				
þi		controlled entity or family member of any of these pe			22	
<u>Lia</u>	23	Secured mortgages and notes payable to unrelated			23	
	24	Unsecured notes and loans payable to unrelated thir			24	
	25	Other liabilities (including federal income tax, payable				
		parties, and other liabilities not included on lines 17-				
		of Schedule D	<i>,</i> .	500.	25	500.
	26	Total liabilities. Add lines 17 through 25		84,162.	26	168,402.
		Organizations that follow FASB ASC 958, check h	ere X	,		
es		and complete lines 27, 28, 32, and 33.				
anc	27	Net assets without donor restrictions		5,340,267.	27	5,229,375.
Bal	28	Net assets with donor restrictions		4,435,302.	28	4,922,080.
pu		Organizations that do not follow FASB ASC 958, or				
Ē		and complete lines 29 through 33.				
S O	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or equipr			30	
As	31	Retained earnings, endowment, accumulated incom			31	
Net Assets or Fund Balances	32			9,775,569.	32	10,151,455.
	33			9,859,731.	33	10,319,857.
				<u> </u>		Form 990 (2023

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,89		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,83		
3	Revenue less expenses. Subtract line 2 from line 1	3		9,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,77		
5	Net unrealized gains (losses) on investments	5	31	5,9	52.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	10,15	1,4	55.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	_X_	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X 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	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<u> </u>		
			Form	990	(2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

ZUZJ

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

HTLL-STEAD MUSEUM

Employer identification number 0.6 - 0.646673

Da	L		STEAD MODI					0 0040075			
	rt I	Reason for Public C					ee instructions.				
	organ	ization is not a private found			-	-					
1	\square	A church, convention of chu				n 170(b)(1)(A)(i).				
2	\square	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3	Ш	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
		city, and state:									
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describe	ed in			
		section 170(b)(1)(A)(iv). (C	omplete Part II.)								
6		A federal, state, or local gov	ernment or governm	ental unit described in	section 17	70(b)(1)(A)	(v).				
	X	An organization that normal	· ·				• •	oublic described in			
-		section 170(b)(1)(A)(vi). (Co	-		5		g (
8		A community trust describe		1)(A)(vi) (Complete Par	+ II)						
9	H	An agricultural research org			•	ed in coniu	nction with a land-grant	college			
•		or university or a non-land-g				-	_	-			
		university:	rant college or agrici	alture (see iristructions).	Litter tile i	name, only	, and state of the college	; OI			
10		An organization that normal	lly receives (1) more t	than 33 1/30/ of its supp	ort from o	ontribution	e momborship foos and	d gross receipts from			
10		activities related to its exem	•								
				•				-			
		income and unrelated busin		(less section 511 tax) ito	iii busiiles	sses acquii	ed by the organization a	inter June 30, 1973.			
11		See section 509(a)(2). (Cor An organization organized a		valve to toot for public and	iotu Coo	aaatian EC	00(a)(4)				
	H		•		•			numaces of one or			
12		An organization organized a	•	- ·	-		•				
		more publicly supported org						check the box on			
		lines 12a through 12d that o	* *				•				
а		Type I. A supporting orga	•			-					
		the supported organization		* * *	majority o	of the direc	tors or trustees of the su	ipporting			
		organization. You must c									
b		Type II. A supporting orga	· ·					•			
		control or management of			ame perso	ns that co	ntrol or manage the supp	ported			
		organization(s). You mus									
С		Type III functionally inte	-					ed with,			
		its supported organization									
d			integrated. A supp	orting organization oper	ated in cor	nnection w	rith its supported organiz	zation(s)			
		that is not functionally into	egrated. The organiz	ation generally must sat	sfy a distr	ibution rec	uirement and an attentiv	/eness			
		requirement (see instructi	ons). You must con	plete Part IV, Sections	A and D,	and Part	V.				
е		☐ Check this box if the orga					Type I, Type II, Type III				
		functionally integrated, or		nally integrated supporting	ng organiz	ation.					
f		er the number of supported o	•								
g		vide the following information i) Name of supported	about the supporte	d organization(s). (iii) Type of organization	(iv) Is the oras	anization listed	(v) Amount of monetary	(vi) Amount of other			
	(organization	(11) =114	(described on lines 1-10	in your governi	ng document?	support (see instructions)	support (see instructions)			
		organization		above (see instructions))	Yes	No		Support (See motraotions)			

332021 12-21-23

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) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1326378.	2644393.	4334779.	992,313.	1078959.	10376822.
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	1326378.	2644393.	4334779.	992,313.	1078959.	10376822.
	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,						
	calumn (f)						
6	Public support. Subtract line 5 from line 4.						10376822.
	etion B. Total Support						10370022.
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	1326378.	2644393.	4334779.	992,313.		10376822.
	Gross income from interest,	13203701	20443333.	4334773	332,313.	1070333.	10370022.
0	· ·						
	dividends, payments received on						
	securities loans, rents, royalties,	98,713.	96,002.	325 804	138,305.	139 786	798,610.
0	and income from similar sources	90,713.	90,002.	323,004.	130,303.	139,700.	790,010.
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	00 707	42 207	150 011	260 022	200 217	027 164
	assets (Explain in Part VI.)	82,727.	43,287.	152,011.	200,922.	290,217.	837,164.
	Total support. Add lines 7 through 10						12012596.
	Gross receipts from related activities,	•	,			12	
13	First 5 years. If the Form 990 is for the	-					
<u></u>	organization, check this box and stop						
	ction C. Computation of Publi						06 20
	Public support percentage for 2023 (I					14	86.38 %
	Public support percentage from 2022					15	87.98 %
16a	33 1/3% support test - 2023. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	· ·					•
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organi	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		Ш
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	ck this box and st	op here. Explain in	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instruction	s
						Schedule A	(Form 990) 2023

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

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

Sec	ction A. Public Support	ciow, picase comp	nete i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	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						
c	Add lines 7a and 7b						
8 Se	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	(u) 2010	(6) 2020	(0) 2021	(4) 2022	(0) 2020	(i) rotar
	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 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.)			1	1	1	
14	First 5 years. If the Form 990 is for the	•		*	•	. , . ,	. —
_	check this box and stop here						
	ction C. Computation of Publi						
	Public support percentage for 2023 (I		•	column (f))		15	%
	Public support percentage from 2022					16	%
	ction D. Computation of Inves					T T	
	Investment income percentage for 20					17	%
18	Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	fies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the	•			·	•	
00	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	pox on line 14 19	a or ign check th	his nox and see ins	STRUCTIONS	1 1

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	За		
	01		
	3b		
	3с		
	4a		
	4b		
	4c		
	10		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	00		
	9a		
	9b		
	9с		
	10-		
	10a		
	10b		
Schedule	A (Forn	n 990)	2023

332024 12-21-23 Sched

· u	Continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	etion D. All Type III Supporting Organizations			
	_		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard.	3		
	7			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a				
b				
С	5 The second of the seco	ruction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
L	that these activities constituted substantially all of its activities.	2a		
b	, , ,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	Ob.		
2	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а		30		
h	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard	3b		
	OF ItS SUDDOLLOG OLUBINZATIONS: IF YES THESTTINE IT FAIL VEITHE MIE NIEWEN NV THE ATTENDATION IN THIS TENERAL	UU I		

Schedule A (Form 990) 2023

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

instructions).

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

emergency temporary reduction (see instructions).

6

Schedule A (Form 990) 2023

e Excess from 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

Name of the organization

HILL-STEAD MUSEUM

Employer identification number 06-0646673

Par	t I Organizations Maintaining Donor Advised Funds or	Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		
	(a) Dor	nor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the	assets held in donor advise	ed funds
	are the organization's property, subject to the organization's exclusive legal $% \left(1\right) =\left(1\right) \left(1\right) \left($	control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing	ng that grant funds can be ι	used only
	for charitable purposes and not for the benefit of the donor or donor advisor	, or for any other purpose of	conferring
	impermissible private benefit?		
Par	on protein the organization and		Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all the		
	Preservation of land for public use (for example, recreation or education	on) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation	on contribution in the form o	
	day of the tax year.		Held at the End of the Tax Year
_	Total number of conservation easements		
b			
С.	Number of conservation easements on a certified historic structure included		2c
d	Number of conservation easements included on line 2c acquired after July 2		
•	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, released, extingui	sned, or terminated by the	organization during the tax
	year	1	
4	Number of states where property subject to conservation easement is located.		
5	Does the organization have a written policy regarding the periodic monitorin		Yes No
6	violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of viol	lations and onforcing cons	
U	Stan and volunteer riours devoted to monitoring, inspecting, nariding of viol	lations, and emorcing const	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violation	s and enforcing conservati	ion easements during the year
•	, and are or expenses meaned in morning, inspecting, nariding or violation	io, and ornorong conservat	ion casomonia danng me year
8	Does each conservation easement reported on line 2d above satisfy the requ	uirements of section 170(h)	(4)(B)(i)
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easements in		
	balance sheet, and include, if applicable, the text of the footnote to the orga	·	
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of Art, Histori	ical Treasures, or Oth	her Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report	in its revenue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, e	education, or research in fur	rtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements	s that describes these items	S.
b	If the organization elected, as permitted under FASB ASC 958, to report in it	ts revenue statement and b	alance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, edu	ucation, or research in furth	erance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical treasures, or other	r similar assets for financial	
	the following amounts required to be reported under FASB ASC 958 relating		
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990		Schedule D (Form 990) 2023

	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or O	ther S	imilar		(contin		age Z
3	Using the organization's acquisition, accession							COTTENT	<u> 100)</u>	
	collection items (check all that apply).	,	,							
а	X Public exhibition	d	Loan or exc	hange program						
b										
С	T									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma						\square	Yes	X	No
Par	t IV Escrow and Custodial Arran							ne 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia	an, or other intermed	iary for contribution	s or other assets	s not inc	luded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII									
								Amount		
С	Beginning balance					1c				
d	Additions during the year					1d				
	Distributions during the year					1e				
	Ending balance					1f				
	Did the organization include an amount on Fo							Yes		No
b	If "Yes," explain the arrangement in Part XIII.]
Par	t V Endowment Funds Complete if	the organization ans	wered "Yes" on For							
		(a) Current year	(b) Prior year	(c) Two years ba	ack (d)	Three ye	ars back	(e) Four	years	back
1a	Beginning of year balance	4,796,936.	5,290,344.	4,757,1	65.	4,19	8,667.	3,	808,	130.
b	Contributions		400,000.			10	0,000.			
	Net investment earnings, gains, and losses	656,532.	-783,322.	768,0	04.	59	3,690.		527,	884.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	115,315.	110,086.	234,8	25.	13	5,192.		162,	343.
f	Administrative expenses									
g	End of year balance	5,338,153.	4,796,936.	5,290,3	44.	4,75	7,165.	4,	198,	671.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment 32.0000	%								
С	Term endowment 68.0000	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organizat	tion that are held ar	d administered	for the			_		
	organization by:								Yes	No
								3a(i)		X
								3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza	•						3b		
Do:	Describe in Part XIII the intended uses of the		vment funds.							
Par	t VI Land, Buildings, and Equipm Complete if the organization answered		Dort IV line 11e C	00 Form 000 Da	urt V line	. 10				
			<u> </u>		•		. 1			
	Description of property	(a) Cost or ot basis (investm		or other (other)	(c) Accu depre	imulated ciation	,	(d) Book	valu	e
	Land									1.5
	Buildings		6,12	5,251.	2,05	<u>6,80</u>	9.	4,068	, 4	<u>42.</u>
С	Leasehold improvements									
d	Equipment		28	0,590.	11	9,27	5.	161	<u>.,3</u>	15.
	Other	•						1 6 2 -		
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part >	K, line 10c, column	(B))				4,229		
						c	chodulo	D /Earm	000	2022

Schedule D (Form 990) 2023 HILL-STEAD M	IUSEUM	0	6-0646673 Page 3
Part VII Investments - Other Securities Complete if the organization answered "Yes" of	on Form 990 Part IV line:	11h See Form 000 Part Y line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-vear market value
(1) Financial derivatives	(-,	(0)	
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	1 (1)
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	(D))		
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities	(B))		
Complete if the organization answered "Yes" of	n Form 990 Part IV line	11e or 11f See Form 990 Part X line 2	25
(a) Description of liability		110 01 1111 000 1 01111 000, 1 011111, 11110 1	(b) Book value
(1) Federal income taxes			(b) Dook value
(2) SECURITY DEPOSITS			500.
(3)			300
(4)			
(5)			
(6)			
(7)			
(8)			

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

(9)

500.

Part XIII Supplemental Information

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

PART III LINES 1A & 4

HILL-STEAD MUSEUM (THE "MUSEUM") WAS ESTABLISHED IN 1946 AS AN EDUCATIONAL AND CHARITABLE TRUST IN ACCORDANCE WITH A BEQUEST MADE UNDER THEODATE POPE RIDDLE'S LAST WILL AND TESTAMENT (THE "WILL"). THE MUSEUM'S COLLECTION IN FARMINGTON, CONNECTICUT, INCLUDES A 152 ACRE ESTATE, GARDENS, A 1901 COLONIAL REVIVAL-STYLE COUNTRY HOUSE WITH ATTACHED SERVANTS' QUARTERS AND THEATRE AS WELL AS EIGHT OTHER HISTORIC BUILDINGS. HOUSED WITHIN THESE BUILDINGS ARE HOLDINGS SUCH AS FRENCH IMPRESSIONIST PAINTINGS, PRINTS SCULPTURES, CERAMICS, FURNISHINGS, INTACT DOMESTIC INTERIORS AND ARCHIVES. THE WILL DEEMED THAT THESE ITEMS WERE INTEGRAL TO THE MUSEUM'S PURPOSE AND BE SAFEGUARDED IN PERPETUITY.

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

Name of the organization						Employer ide	ntification number
					06-0646	673	
Part I Fundraising Activities. required to complete this par	Complete if the organization answett.	red "Y	es" or	n Form 990, Part IV, lir	ne 17	7. Form 990-EZ	filers are not
Indicate whether the organization rais a	sed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursual	tion of tion of fundra (includanted)	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser red in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
List all states in which the organization or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified i	it is e	exempt from re	gistration

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

Schedule G (Form 990) 2023

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 gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5.000

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
						(add col. (a) through
				MAY MARKET	3	col. (c))
Φ			(event type)	(event type)	(total number)	(-)/
Revenue			0.50 400	06.100	0.5 0.00	240 500
3eV	1	Gross receipts	260,438.	26,120.	26,230.	312,788.
			F0 000			F0 000
	2	Less: Contributions	58,000.			58,000.
	2	Gross income (line 1 minus line 2)	202,438.	26,120.	26,230.	254,788.
	3	Gross income (line 1 milius line 2)	202,430.	20,120.	20,250.	234,7000
	4	Cash prizes				
		•				
	5	Noncash prizes				
ses						
Sens	6	Rent/facility costs				
Direct Expenses			66 405	100	0.01	66.010
rect	7	Food and beverages	66,407.	122.	281.	66,810.
Ö	_	Estatelianant	7 012		400.	7 /12
		Entertainment Other direct expenses	7,012.	1,293.	599.	7,412.
		Direct expense summary. Add lines 4 through		1,255.		115,497.
		Net income summary. Subtract line 10 from li				139,291.
Pa	rt I	Gaming. Complete if the organization a		990, Part IV, line 19, or r	eported more than	,
		\$15,000 on Form 990-EZ, line 6a.				
Ф			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(-,9-	bingo/progressive bingo	(-,	col. (a) through col. (c))
Rev		-				
_	_1	Gross revenue				
	2	Cash prizes				
ses	_	Od311 p11203				
ben	3	Noncash prizes				
Direct Expenses						
irec	4	Rent/facility costs				
	5	Other direct expenses				
	_		Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	•	bireet expense summary. Add lines 2 tillough	10 III column (a)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
			, , , , , ,			
9	En	ter the state(s) in which the organization condu	cts gaming activities: _			
а	ls t	the organization licensed to conduct gaming ac	ctivities in each of these	states?		Yes No
b	If "	No," explain:				
	_					
40	14'	and any of the approximation to the second	valuad average 1 1 1	made at all divides a U.S.		
		ere any of the organization's gaming licenses re				Yes No
IJ	11	Yes," explain:				
	_					
	_					-

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

Sch	edule G (Form 990) 2023 HILL-STEAD MUSEUM	16-06	466	73	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Y	es	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?		П _Y	'es	No
13	Indicate the percentage of gaming activity conducted in:				
	The organization's facility	- 1	13a		%
	o An outside facility	1	13b		
	Enter the name and address of the person who prepares the organization's gaming/special events books and records		100		70
14	cinter the frame and address of the person who prepares the organization's garning/special events books and records				
	Name				
	- Name				
	Address				
	- Tudi 000				
15:	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		M Y	es	No
	boos the organization have a contract with a time party from whom the organization receives gaming revenue:				
	of "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization	ınt			
		אוונ			
	of gaming revenue retained by the third party \$				
C	If "Yes," enter name and address of the third party:				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation \$				
	Description of services provided				
	☐ Director/officer ☐ Employee ☐ Independent contractor				
	_ , ,				
17	Mandatory distributions:				
	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
				es	☐ No
	retain the state gaming license?		·	CS	140
I.	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	ine			
Da	organization's own exempt activities during the tax year \$ organization's own exempt activities own exempt				1. 101
Га	The trace and explanations required by the art is, and a constraint (iii) and (iii) an	nd Part	III, Iine	s 9, s	lb, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				
					,
					,

Schedule G	i (Form 990)	HILL-STEAD	MUSEUM		06-0646673	Page 4
Part IV	i (Form 990) Supplemental Infor	mation (continued)				
		(continuou)				
-						
-						

SCHEDULE O (Form 990)

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 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

HILL-STEAD MUSEUM

Employer identification number 06-0646673

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
BEYOND AS A WELCOMING PLACE FOR LEARNING, REFLECTION AND ENJOYMENT. HSM
PRESERVES, DISPLAYS AND INTERPRETS ITS EXCEPTIONAL PAINTINGS, HISTORIC
HOUSE, COLLECTIONS AND LANDSCAPE.
FORM 990, PART III, LINE 1
THE BENEFIT OF PRESENT AND FUTURE GENERATIONS
THE BUILDING TREBUILT THE TOTAL CONSTITUTIONS
FORM 990, PART VI, SECTION A, LINE 6:
THE ORGANIZATION HAS MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7A:
THE "BANK" TRUSTEE AND "COLONIAL DAMES" TRUSTEE HAVE THE POWER TO APPOINT
THE MUSEUM TRUSTEE. PERSONS OTHER THAN TRUSTEES ARE ELECTED TO SERVE AS
GOVERNORS BY VOTE OF THE BOARD OF GOVERNORS AT ITS ANNUAL MEETING.
FORM 990, PART VI, SECTION A, LINE 7B:
WHILE THE BOARD OF GOVERNORS PLAYS A SIGNIFICANT ROLE IN THE CONTROL AND
MANAGEMENT OF THE AFFAIRS AND FUNDS OF HSM, ALL GOVERNANCE DECISIONS
ULTIMATELY LIE WITH THE THREE TRUSTEES.
FORM 990, PART VI, SECTION B, LINE 11B:
IN CONJUNCTION WITH THE ORGANIZATION'S ANNUAL AUDIT PROCESS, THE FORM 990
IS PREPARED BY HSM'S EXTERNAL AUDITORS, DISCUSSED WITH THE FINANCE DIRECTOR
AND FURTHER REVIEWED BY THE EXECUTIVE DIRECTOR, PRESIDENT AND FINANCE
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023

332211 11-14-23

Schedule O (Form 990) 2023 Page 2

Name of the organization HILL-STEAD MUSEUM

Employer identification number 06-0646673

COMMITTEE. ADDITIONALLY, THE FORM 990 IS EMAILED TO THE FULL BOARD UPON

COMPLETION OF THIS INITIAL REVIEW AND PRIOR TO ITS FILING WITH THE IRS.

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

EACH SUMMER, HSM DISTRIBUTES ITS CODE OF ETHICS AND CONFICT OF INTEREST

POLICY TO TRUSTEES, GOVERNORS, AND EMPLOYEES. INDIVIDUALS ARE REQUESTED TO

COMPLETE A QUESTIONNAIRE TO HELP IDENTIFY SITUATIONS THAT COULD LEAD TO A

CONFLICT OF INTEREST AND TO SIGN A STATEMENT THAT HE/SHE HAS READ AND

UNDERSTANDS THE ORGANIZATION'S POLICY. HSM'S EXECUTIVE DIRECTOR REVIEWS ALL

RETURNED FORMS AND, WITH THE ASSISTANCE FROM THE BOARD PRESIDENT AND

COMMITTEE ON GOVERNORS, TAKES THE NECESSARY STEPS TO RESOLVE IDENTIFIED

CONFLICTS OF INTEREST BY ANY TRUSTEE, GOVERNOR, OR EMPLOYEE HAVING

TRANSACTIONS WITH THE ORGANIZATION OR PARTICIPATING IN POLICY-MAKING

DECISIONS FOR THE ORGANIZATION.

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

FORM 990 PART VI LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE PROCESS FOR REVIEWING THE COMPENSATION FOR THE EXECUTIVE DIRECTOR

INCLUDES THE FOLLOWING: 1)SELF-ASSESSMENT OF THE EXECUTIVE DIRECTOR AGAINST

PERFORMANCE GOALS 2) INPUT FROM THE TRUSTEES, BOARD OF GOVERNORS AND

COMMITTEE CHAIRS, AND 3) REVIEW OF THE COMPENSATION BY THE EXECUTIVE

COMMITTEE IN CONCERT WITH INDUSTRY DATA. AFTER REVIEWING ALL DATA, THE

BOARD PRESIDENT PREPARES AND DELIVERS A PERFORMANCE REVIEW AND COMPENSATION

AGREEMENT.

FORM 990, PART VI, LINE 15B - COMPENSATION FOR OFFICERS AND KEY EMPLOYEES

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

Schedule O (Form 990) 2023	Page 2
Name of the organization HILL-STEAD MUSEUM	Employer identification number 06-0646673
OTHER THAN THE EXECUTIVE DIRECTOR, THE MUSEUM'S DIRECTORS	ARE NOT
COMPENSATED, AND THERE ARE NO KEY EMPLOYEES AS DEFINED BY	THE IRS.
FORM 990, PART VI, SECTION C, LINE 19:	
THE MUSEUM'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST	POLICY ARE MADE
AVAILABLE UPON REQUEST. FINANCIAL STATEMENTS ARE POSTED OF	N THE MUSEUM'S
WEBSITE AND ARE ALSO MADE AVAILABLE UPON WRITTEN REQUEST.	
TORM 000 DARE TY LINE 110 OFFICE	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
EQUIPMENT RENTAL:	0 2/5
PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES	8,345.
FUNDRAISING EXPENSES	31,105.
TOTAL EXPENSES	39,788.
TOTAL EXIENDED	33,700.
CATERING:	
PROGRAM SERVICE EXPENSES	4,620.
MANAGEMENT AND GENERAL EXPENSES	3,200.
FUNDRAISING EXPENSES	66,831.
TOTAL EXPENSES	74,651.
TECHNICAL, ARTISTIC AND EDUCATORS:	
PROGRAM SERVICE EXPENSES	139,370.
MANAGEMENT AND GENERAL EXPENSES	15,414.
FUNDRAISING EXPENSES	11,612.
TOTAL EXPENSES	166,396.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	280,835.

Schedule O (Form 990) 2023

Scriedule O (Form 990) 202	<u> </u>	Page 2
Name of the organization	HILL-STEAD MUSEUM	Employer identification number 06-0646673
FORM 990 PART	XII LINE 2C	
THERE HAVE BEE	N NO CHANGES MADE TO THE ORGANIZATION'S OVER	SIGHT OR
SELECTION PROC	ESS DURING THE TAX YEAR.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

2023

OMB No. 1545-0047

Open to Public Inspection

(g) Section 512(b)(13) controlled Ŷ Employer identification number × entity? Direct controlling Yes 06-0646673 Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Direct controlling entity End-of-year assets **e** status (if section Public charity 501(c)(3)) Total income **Exempt Code** 9 section ਉ Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) foreign country) CONNECTICUT MANAGEMENT OF THE AFFAIRS AND FUNDS OF HILL-STEAD Primary activity Primary activity HILL-STEAD MUSEUM HILL-STEAD MUSEUM BOARD OF GOVERNORS, INC. Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity FARMINGTON, CT 06032 Name of the organization 35 MOUNTAIN ROAD Department of the Treasury Internal Revenue Service Partl Part II

Schedule R (Form 990) 2023

06 - 0646673

Page 2

HILL-STEAD MUSEUM Schedule R (Form 990) 2023

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(j) (k) General or Percentage managing ownership									
(j) neral or l	Yes No								
(i) Code V-UBI Ger	20 of Schedule Pa K-1 (Form 1065) Ye								
۰ م	Yes No								
(g) Share of									
(f) Share of total									
(e) Predominant income	excluded from tax under sections 512-514)								
(d) Direct controlling									
(c) Legal domicile	(state or foreign country)								
(b) Primary activity									
(a) Name, address, and EIN of related organization									

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

	ion)(13) olled y?	No								
	Section 512(b)(13) controlled entity?	Yes								
(1)	Percentage ownership									
(6)	of ear	doodlo								
	Share of total income									
(e)	Type of entity (C corp, S corp,	OI tidat)								
(b)	Direct controlling entity									
(c)	Legal domicile (state or foreign	country)								
(q)	Primary activity									
(a)	Name, address, and EIN of related organization									

Schedule R (Form 990) 2023

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Yes No	Þ	4 >	4	4	×	×	×	4	×	×	×	×		×	×	×	×	×	×	×	×	×									990) 2023
>	,	<u>n</u> ;	Q L	ပ	9	1 e	7	=	1g	1h	÷	÷	7	¥	=	1m	1n	10	10	10	+	\vdash		volved							Schedule R (Form 990) 2023
	ı Parts II-IV?																						mation on who must complete this line, including covered relationships and transaction thresholds.	(d) Method of determining amount involved							Schedule
	transactions with one or more related organizations listed in Parts II-IV?																						is line, including covered re	(c) Amount involved							
	s with one or more re														nization(s)	nization(s)	on(s)						ho must complete th	(b) Transaction type (a·s)							42
	During the tax year, did the organization engage in any of the following		b GIIT, grant, or capital contribution to related organization(s)	c Gift, grant, or capital contribution from related organization(s)	d Loans or loan guarantees to or for related organization(s)			I DIVIDE ION ION FEIGHT OF GRAND IN STANDINGS	g Sale of assets to related organization(s)	h Purchase of assets from related organization(s)		i Lease of facilities, equipment, or other assets to related organization(s)		k Lease of facilities, equipment, or other assets from related organization(s)	1 Performance of services or membership or fundraising solicitations for related organization(s)	m Performance of services or membership or fundraising solicitations by related organization(s)		o Sharing of paid employees with related organization(s)	p Reimbursement paid to related organization(s) for expenses			Other transfer of cash or property from related organization(s)	for infor	(a) Name of related organization	(1)	(2)		(4)	(5)	(9)	332163 09-28-23

HILL-STEAD MUSEUM Schedule R (Form 990) 2023 Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name address and EIN	(b)	(c)	(d) (d) Dradominant income	Are all	(f)	(g)	(h)	(i) Code V-11R1	(j)	(k)
Name, address, and Ein of entity	rilliary activity	(state or foreign country)	(related, unrelated, excluded from tax under sections 512-514)	partners sec. 501(c)(3) ler 0rgs.?		end-of-year assets	tionate allocations?	topopolications of Schedule K-10 partner? Ves No (Form 1065) Yes No	managing partner?	ownership
				+			$\frac{1}{2}$		\pm	
								Schedule	R (For	Schedule R (Form 990) 2023



EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury

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

A For the 2023 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change HILL-STEAD MUSEUM BOARD OF GOVERNORS INC Name change 06-1349061 Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated 35 MOUNTAIN ROAD 860-677-4787 395,007. **G** Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended return FARMINGTON, CT 06032-2304 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: DR . ANNA M . Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X = 501(c)(3) = 501(c)(insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.HILLSTEAD.ORG H(c) Group exemption number **K** Form of organization: X Corporation Association Other L Year of formation: 1992 M State of legal domicile; CT Part I Summary Briefly describe the organization's mission or most significant activities: TO SUPPORT AND TO PROVIDE ADVICE Activities & Governance AND ASSISTANCE TO THE TRUSTEES OF THE HILL-STEAD MUSEUM, A NATIONAL 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 25 3 Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7h Prior Year **Current Year** 0. Contributions and grants (Part VIII, line 1h) 8 Revenue 0. 0. Program service revenue (Part VIII, line 2g) 47.358. 42,130. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 11 47,358. 42.130 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 0. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 0. 0. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 47,358. 42,130. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 20, 934,421. 1,064,162 Total assets (Part X, line 16) 0. 21 Total liabilities (Part X, line 26) ₽E 421. 934, Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign ANNA M. SWINBOURNE, EXECUTIVE DIRECTOR/CEO Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature P01390521 KIMBERLY NAPP Paid self-employed WHITTLESEY PC Firm's EIN 06-0903326 Preparer Firm's name Firm's address 280 TRUMBULL ST 24TH FL Use Only Phone no. 860.522.3111

X Yes

HARTFORD, CT 06103

Га	Ola Life Land Control of Accomplishments	X
_	Check if Schedule O contains a response or note to any line in this Part III	<u>A</u>
1	Briefly describe the organization's mission: TO SUPPORT AND TO PROVIDE ADVICE AND ASSISTANCE TO THE TRUSTEE	S OF THE
	HILL-STEAD MUSEUM, A NATIONAL HISTORIC LANDMARK AND PUBLIC CHA	
	WHICH PRESERVES, DISPLAYS AND INTERPRETS THE 1901 COLONIAL HOM	
	PROPERTY, AND FINE ART COLLECTIONS OF THEODATE POPE RIDDLE, FO	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	v expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total of	
	revenue, if any, for each program service reported.	1
4a)
	EXPENSES INCURRED TO PRESERVE THE MUSEUM.	,
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Other program conject (Describe on Schedule O.)	
4d	Other program services (Describe on Schedule O.)	١
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses	J
70	Total program sorvice expenses	Form 990 (2023)

Page 3

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			1
0	, ,	8	Х	
_	Schedule D, Part III	<u> </u>	21	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			\ v
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		77	
	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		<u> X</u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the appropriation projection of the construction of the United Obstaco	14a		X
b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<u></u> -
D	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	מדו		
13		15		X
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		1
16		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Α_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_ v
40	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			37
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

332003 12-21-23

Form **990** (2023)

Page 4

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

332004 12-21-23

06-1349061 Page 5 Form 990 (2023) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 11b 11b 11b 11b 11b 11b 11b 11b 11b				Yes	No
b If at least one is reported on line 22, did the organization file all required federal employment tax returns? 2	2 a				
38 DL the organization have unrelated business gross income of \$1,000 or more during the year? 39 DL If Year, Final field a Form 980 17 for this year? "I year, for the year or year, for the year or year, for the year or year, and the organization have an interest in, or a signature or other authority over, a francial account in a foreign country (such as a bank account; securities account, or other financial account)? See instructions for filing requirements for FinGEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? See instructions for filing requirements for FinGEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See Was the organization have provided that the year of the year of the organization in Expense 1860 for 19 per 1		filed for the calendar year ending with or within the year covered by this return			
b If Vess, "has it field a Form 990-T for this year? If "Not to line 3b, provide an explanation on Schedule O A at any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X X b If "Ves," either the name of the foreign country See instructions for filing requirements for FinCNE Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Us day toxel party notify the organization that was or is a party to a prohibited tax shelter transaction? 5c Us of If "Ves" to line 6a or 5b, did the organization file Form 888-7? 6a Does the organization and unaulty gloss receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If "Ves," did the organization include with every solicitation an express statement that such contributions or gilts were not tax deductible? 7 Organizations that many receive deductible contributions under section 170(c). 8c Did the organization receive a payment in excess of \$75 made party is a contribution and party for goods and services provided to the payor? 7 Organization state that proceive deductible contributions under section 170(c). 8c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8882? filed during the year 9 Did the organization exceive a contribution of qualified intellectual property, did the organization file Form 8899 as required? 9 If the organization received a contribution of qualified intellectual property, did the organization file Form 8890 as required? 9 If the organization received a contribution of care, boots, arginance or other which the organization full property is property for year of the	b				
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 18 If "Yes," bas it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 18 If "Yes," complete Porm 4720, Schedule N. 19 If "Yes," complete Form 4720, Schedule O. 19 If "Yes," complete Form 4720, Schedule O.			44-		v
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 18 X X X X If "Yes," see the instructions and file Form 4720, Schedule N. If "Yes," complete Form 4720, Schedule O. If "Yes,"					
excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 18 X X If "Yes," see the instructions and file Form 4720, Schedule N. In the instruction and file Form 4720, Schedule N. In the instruction and file Form 4720, Schedule N. In the instruction and file Form 4720, Schedule N. In the instruction and file Form 4720, Schedule N. In the instruction and file Form 4720, Schedule N. In the instruction and file Form 4720, Schedule N. In the instruction and file Form 4720, Schedule N. In the instruction and fil			140		_
If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17	IJ		15		x
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 18 X			13		
If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17	16		16		Х
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	.5	-	10		
that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17				
			17		

332005 12-21-23

Form **990** (2023)

HILL-STEAD MUSEUM BOARD OF GOVERNORS INC Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 25 **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. 25 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X 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? Did the organization have members or stockholders? 6 X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? Х 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? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe X 12c on Schedule O how this was done Did the organization have a written whistleblower policy? X 13 13 X 14 14 Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official X 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed $\,$ CT Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

Form **990** (2023)

06032-2304

DAN FLYNN - 860-677-4787

35 MOUNTAIN ROAD, FARMINGTON, CT

Page 7

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-NEĆ) of more than \$100,000 from the organization and any related organizations.

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

- 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)	(B)	I	mza)	ipoi	ioatt	(D)	(E)	(F)
Name and title	Average	/-I.		Pos	ition			Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	than o s both	n an	compensation	compensation	amount of
	week		cer an	id a di	irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or dir	96			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		e e	Suadu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual tr	tional	١.	nploy	st con	_	1099-NEO)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DR. ANNA M. SWINBOURNE	0.50	_	_	_						
EXECUTIVE DIRECTOR & TRUSTEE	40.00	Х		Х				0.	115,000.	12,171.
(2) DANIEL FLYNN	0.50									
DIRECTOR OF FINANCE	20.50			Х				0.	54,416.	0.
(3) LAVELL M. L. THOMPSON	0.50									
PRESIDENT	5.00			Х				0.	0.	0.
(4) KRISTEN RENEHAN	0.50									
FIRST VICE PRESIDENT	3.00			X				0.	0.	0.
(5) NINA MAYHALL HAYES	0.50									
COLONIAL DAMES TRUSTEE	3.00	Х						0.	0.	0.
(6) JAMES W. FANELLI	0.50									
BANK TRUSTEE	3.00	Х						0.	0.	0.
(7) RAFEENA BACCHUS LEE	0.50									
GOVERNOR	1.00	Х						0.	0.	0.
(8) MYLES R. BROWN	0.50									
GOVERNOR	1.00	Х						0.	0.	0.
(9) CAROLINE EDWARDS	0.50								_	_
INSTITUTIONAL HISTORIAN	1.00	Х						0.	0.	0.
(10) CAROL M. ENGLISH	0.50								_	_
GOVERNOR	1.00	Х				_		0.	0.	0.
(11) DR. ANJANETTE FERRIS SENATUS	0.50									
GOVERNOR	1.00	Х				_		0.	0.	0.
(12) EVAN S. GOLDSTEIN	0.50									
GOVERNOR	1.00	Х						0.	0.	0.
(13) ERIN HAZELTON	0.50									
GOVERNOR	1.00	Х						0.	0.	0.
(14) KIMBERLEY KERSEY	0.50									
GOVERNOR	1.00	Х						0.	0.	0.
(15) STEPHEN S.MADSEN	0.50									
INSTITUTIONAL HISTORIAN	1.00	Х				_		0.	0.	0.
(16) MARIE C. O'BRIEN	0.50	,,								_
GOVERNOR	1.00	Х				_		0.	0.	0.
(17) WILLIAM O'REILLY	0.50	٠,								_
GOVERNOR 332007 12:21:23	1.00	Х		<u> </u>				0.	0.	0 . Form 990 (2023)

332007 12-21-23

Form **990** (2023)

			Yes	No
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		Х
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			

Section B. Independent Contractors

rendered to the organization? If "Yes," complete Schedule J for such person

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A)		(B)	(C)
Name and business address	NONE	Description of services	Compensation
2 Total number of independent contractors (including but n	ot limited to those listed	above) who received more than	

Form 990 (2023)

\$100,000 of compensation from the organization

Form	1 990	(2			USEUM BOA	RD OF GOVE	RNORS INC	06-1349	061 Page 9
Pa	rt V	Ш	Statement of Revenue	е					
			Check if Schedule O contain	ns a respons	e or note to any lin				
						(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
						Total revenue	function revenue	business revenue	from tax under
									sections 512 - 514
ts st	1 :	a	Federated campaigns	1a					
iran	-	b	Membership dues	1b					
, G		С	Fundraising events	1c					
ar /		d	Related organizations	1d					
s, c		е	Government grants (contribution	ns) 1e					
ion	1	f	All other contributions, gifts, grants,	and					
Contributions, Gifts, Grants and Other Similar Amounts			similar amounts not included above	1f					
d Tr	,	g	Noncash contributions included in lines 1a-	1f 1g \$					
a au		h	Total. Add lines 1a-1f						
					Business Code				
ė	2 8	а							
r vic	-	b							
Se		С							
am		d							
Program Service Revenue	•	е							
Ā	1	f	All other program service revenu	ıe					
		g	Total. Add lines 2a-2f						
	3		Investment income (including div	vidends, inte	rest, and				
						19,618.			19,618.
	4		Income from investment of tax-e						
	5		Royalties						
				(i) Real	(ii) Personal	-			
	6 a		Gross rents 6a			-			
	-		Less: rental expenses 6b			-			
			Rental income or (loss) 6c						
			Net rental income or (loss)	/:\ O:1:	(::\ OH				
	7 :	a		(i) Securities					
			· · · · · · · · · · · · · · · · · · ·	75,389	•	-			
•		b	Less: cost or other basis	E2 077					
evenue				52,877 22,512	•	-			
eve			· /		_	22,512.	22,512.		
Other R			Net gain or (loss)			22,312.	22,312.		
the	8 8	a	Gross income from fundraising even including \$						
0			-						
			contributions reported on line 10		la l				
		h	Part IV, line 18		sb	-			
			Net income or (loss) from fundra						
			Gross income from gaming activ						
		ч	Part IV, line 19		a				
		h	Less: direct expenses		b				
			Net income or (loss) from gaming	·····					
			Gross sales of inventory, less ref	_					
			and allowances		0a				
		b	Less: cost of goods sold		Ob				
			Net income or (loss) from sales of		<u> </u>				
(6					Business Code				
šno a	11 8	а							
ane	ı	b							
Miscellaneous Revenue	(С							
Mis	(d	All other revenue						
		е	Total. Add lines 11a-11d						

332009 12-21-23

19,618. Form **990** (2023)

12 Total revenue. See instructions

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management а Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 13 Office expenses Information technology 14 Royalties 15 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 22 Depreciation, depletion, and amortization 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) b All other expenses 0 . 0. 0. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

		Check if Schedule O contains a response or note	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	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, substa	antial contributor, or 35%			
		controlled entity or family member of any of these	e persons		5	
	6	Loans and other receivables from other disqualifi	ed persons (as defined			
		under section 4958(f)(1)), and persons described	in section 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ä	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	10b		10c	
	11	Investments - publicly traded securities		934,421.	11	1,064,162.
	12	Investments - other securities. See Part IV, line 1			12	
	13	Investments - program-related. See Part IV, line 1	1		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa		934,421.	16	1,064,162.
	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 P		21		
S	22	Loans and other payables to any current or former	er officer, director,			
ij		trustee, key employee, creator or founder, substa	antial contributor, or 35%			
Liabilities		controlled entity or family member of any of these	e persons		22	
_	23	Secured mortgages and notes payable to unrelate	ed third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, pay	ables to related third			
		parties, and other liabilities not included on lines				
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
"		Organizations that follow FASB ASC 958, chec	ck here X			
čě		and complete lines 27, 28, 32, and 33.				
lan	27	Net assets without donor restrictions		004 404	27	1 064 160
B	28	Net assets with donor restrictions		934,421.	28	1,064,162.
S I		Organizations that do not follow FASB ASC 95	58, check here			
Net Assets or Fund Balances		and complete lines 29 through 33.				
ts c	29	Capital stock or trust principal, or current funds			29	
SSe	30	Paid-in or capital surplus, or land, building, or equ			30	
ţ	31	Retained earnings, endowment, accumulated inc		024 404	31	1 064 160
$\frac{8}{8}$	32	Total net assets or fund balances		934,421.	32	1,064,162.
	33	Total liabilities and net assets/fund balances		934,421.	33	1,064,162.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Form 990 (2023)

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SCHEDULE A

(Form 990)

Total

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

HILL-STEAD MUSEUM BOARD OF GOVERNORS INC 06-1349061 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) 06-0646673 HILLSTEAD MUSEUM X 0.

0.

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) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4			, ,			
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)		•	12	
	First 5 years. If the Form 990 is for the	· · · · · · · · · · · · · · · · · · ·					
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), c	livided by line 11, o	column (f))		14	%
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2023. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				
b	33 1/3% support test - 2022. If the	organization did no	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2023. If the org	ganization did not d				
	and if the organization meets the fact						
	meets the facts-and-circumstances te	st. The organization	on qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	-	-	*			
	more, and if the organization meets the	•				•	
	organization meets the facts-and-circle				-		
18	Private foundation. If the organization						s
	<u> </u>						(Form 990) 2023

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

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

Sec	ction A. Public Support	ciow, picase comp	nete i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	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						
c	Add lines 7a and 7b						
8 Se	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	(u) 2010	(6) 2020	(0) 2021	(4) 2022	(0) 2020	(i) rotar
	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 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.)			<u> </u>	1	1	
14	First 5 years. If the Form 990 is for the	•		*	•	. , . ,	. —
_	check this box and stop here						
	ction C. Computation of Publi					 	
	Public support percentage for 2023 (I		•	column (f))		15	%
	Public support percentage from 2022					16	%
	ction D. Computation of Inves					T T	
	Investment income percentage for 20					17	%
18	Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	fies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the	•			·	•	
00	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	pox on line 14 19	a or ign check th	his nox and see ins	STRUCTIONS	1 1

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1	X	
	2		X
	За		X
	3b		
—	JU		
—	3c		
			37
	1 a		X
	1b		
	1c		
			37
<u></u>	5a		X
	5b		
	5C		
	6		X
	7		Х
	8		Х
	0		77
			37
9	Эа		X
_ 9	9b		X
9	Эс		_X_
1	0a		X
1	0b		
	UU		

	Continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		X
b	A family member of a person described on line 11a above?	11b		X
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		X
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	-		
2				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sac	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
566	tion 6. Type it oupporting organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	X	
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
_	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	· · · · · · · · · · · · · · · · · · ·			

	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ying trust on N	lov. 20, 1970 (<i>explain in</i> l	Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations me	ust complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrated	d Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2023

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continu	ued)	
Sect	tion D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported		
	organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive		
	(provide details in Part VI). See instructions.	8	
9	Distributable amount for 2023 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reason-			
able cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D,			
line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if			
any. Subtract lines 3g and 4a from line 2. For result greater			
than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

SCHEDULE 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.

OMB No. 1545-0047 Inspection

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

HILL-STEAD MUSEUM BOARD OF GOVERNORS INC

Employer identification number 06-1349061

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Fund	s or Acc	ounts. Complete if the
	organization answered Tes Sitt Offi 556,1 art iv, inte	(a) Donor advis	sed funds	(b)	Funds and other accounts
1	Total number at end of year	(4) = 20020 20200		(-)	
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 v	vriting that the assets h	neld in donor adv	ised funds	
	are the organization's property, subject to the organization's e	-			Yes No
6	Did the organization inform all grantees, donors, and donor ad				
	for charitable purposes and not for the benefit of the donor or				
	impermissible private benefit?				
Par	t II Conservation Easements. Complete if the org	ganization answered "Y	es" on Form 990	, Part IV, Iir	ne 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)).		
	Preservation of land for public use (for example, recreat	tion or education)	Preservation	of a historio	cally important land area
	Protection of natural habitat		Preservation	of a certifie	d historic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contri	bution in the forn	n of a cons	
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements				2a
b	Total acreage restricted by conservation easements		2b		
С	Number of conservation easements on a certified historic stru				2c
d	Number of conservation easements included on line 2c acqui	•			
	on a historic structure listed in the National Register				2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or	terminated by th	ne organiza	tion during the tax
	year				
4	Number of states where property subject to conservation eas			_	
5	Does the organization have a written policy regarding the peri				
	violations, and enforcement of the conservation easements it				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, a	and enforcing cor	nservation (easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and e	enforcing conserv	ation easer	ments during the year
•		ing of violations, and c	inoromy conserv	ation casei	nonto dannig trio your
8	Does each conservation easement reported on line 2d above	satisfy the requiremen	ts 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 conservation				
	balance sheet, and include, if applicable, the text of the footn	ote to the organization	's financial stater	ments that	describes the
	organization's accounting for conservation easements.				
Par	t III Organizations Maintaining Collections of		easures, or C	ther Sin	nilar Assets.
	Complete if the organization answered "Yes" on Form				
1a	If the organization elected, as permitted under FASB ASC 958	•			
	of art, historical treasures, or other similar assets held for pub	ŕ	·		e of public
	service, provide in Part XIII the text of the footnote to its finan				
р	If the organization elected, as permitted under FASB ASC 958				
	art, historical treasures, or other similar assets held for public	exhibition, education,	or research in fur	therance 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 trea			iai gain, pro	oviae
_	the following amounts required to be reported under FASB AS				Φ
a	Revenue included on Form 990, Part VIII, line 1				
D	Assets included in Form 990, Part X				Φ

332051 09-28-23

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

Schedule D (Form 990) 2023

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets continued			EAD MUSEUM				06-13			age 2
a Particle certainty of the complete the following table: Beginning of year balance Statistical Statistical Statistics Statistic	Pai	•						(contin	าued)_	
a Public exhibition d	3		on, and other records	s, check any of the f	ollowing that make s	significant	use of its			
b Scholarly research e										
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? 1b If "Yes," explain the arrangement in Part XIII and complete the following tables: 1	а		d				017			
## Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. **During the year, did the organization solicit or receive donations of art, historical treasures, or other similar asserts **To be sold to raise funds at whether than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or service an amount on Form 990, Part X, line 21. **In It is the organization and agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. **In It is the organization and agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. **In It is the organization and agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. **In It is the organization and agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. **In It is a second a surface of the explanation of the second and administration and the second and administration and the second and administration and administra	b		е	X Other TE	ACHING COL	TECLI	ON			
Description of the year, did the organization solicit or receive donations of art. historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No										
The beside to raise funds rather than to be maintained as part of the organization's collection?			· · · · · · · · · · · · · · · · · · ·	•	-		ose in Part	XIII.		
Serrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990 Arr IX, line 21, or contributions or other assets not included on Form 990, Part X?	5			,	*			٦.,	77	٦
Teported an amount on Form 990, Part X, line 21. Yes No No Tyes, 'explain the arrangement in Part XIII and complete the following table: Amount Tyes, 'explain the arrangement in Part XIII and complete the following table: Amount Tyes, 'explain the arrangement in Part XIII and complete the following table: Amount Tyes, 'explain the arrangement in Part XIII and complete the following table: Amount Tyes, 'explain the arrangement in Part XIII and complete in the following table Tyes, 'explain the arrangement in Part XIII Tyes, 'explain the arrangement in Tyes, 'explain	Dai									<u>No</u>
1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?	Fai			te if the organization	answered "Yes" on	Form 990), Part IV, II	ne 9, or		
No Free, explain the arrangement in Part XIII and complete the following table:	4-					4 : l l l				
C Beginning balance	та							7 ٧		T No
C Beginning balance	L							_ Yes] NO
Company Comp	b	ii res, explain the arrangement in Part XIII a	and complete the loll	lowing table.			Τ	Amoun		
Additions during the year Ele	_	Paginning balance				10		71110011		
E plistributions during the year f Ending balance	4									
## Ending balance ## Endowment Funds Complete if the explanation has been provided in Part XIII ## Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds Complete if the organization shared "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds Complete if the organization base been provided in Part XIII ## Endowment Funds Complete if the organization shared "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds Complete if the organization base been provided in Part XIII ## Endowment Part XIII ## E	u									
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If Yes,* explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part X Image: Part X	f						†			
Description Part XIII Check here if the explanation has been provided in Part XIII Part X Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IX, line 10. Table Part X Part IX, line 10. Table Part IX Part IX, line 10. Table Part IX, line 10. Ta) 2a							Ves	$\overline{}$	No
Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.		-						_ 100]o
Column C						10.				
b Contributions 137,526 -166,808 482,437 103,222 131,335 c Net investment earnings, gains, and losses 137,526 -166,808 482,437 103,222 131,335 d Grants or scholarships		·					years back	(e) Four	r years	back
b Contributions 137,526 -166,808 482,437 103,222 131,335 c Net investment earnings, gains, and losses 137,526 -166,808 482,437 103,222 131,335 d Grants or scholarships	1a	Beginning of year balance	934,421.	1,108,662.	771,066.		703,388.			
C Net investment earnings, gains, and losses 137,526, -166,808, 482,437, 103,222, 131,335, 131			·							
Complete organizations? Complete organizations? Complete organizations? Complete organizations? Complete organizations? Complete organizations? Complete organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete organization of property Complete organization Complete Co	С		137,526.	-166,808.	482,437.		103,222. 1			
Complete organization by: Complete organizations? Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.	d						,			
Administrative expenses 7,785 7,433 7,030 5,272 5,027 Gend of year balance 1,064,162 934,421 1,108,662 771,066 703,388 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Provide the estimated of quasi-endowment	е									
f Administrative expenses 7,785. 7,433. 7,030. 5,272. 5,027. g End of year balance 1,064,162. 934,421. 1,108,662. 771,066. 703,388. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment / % b Permanent endowment 97.0000 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? 3a(i) X (ii) Related organizations? 3a(ii) X (iii) Related organizations? 3a(iii) X (iii) Eleased organizations? 3a(iii) X (iii) Eleased organizations? 3a(iii) X (iii) Eleased organizations (iii) Related organizations? (iii) Pert VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) (c) Accumulated depreciation (d) Book value depreciation (d) Equipment (e) Equipme					137,811.		30,272.		30,	049.
g End of year balance	f		7,785.	7,433.	7,030.		5,272.		5,	027.
Board designated or quasi-endowment 97.0000 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3 Aer there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iiii) Related organizations? (iiiii) Related organizations? (iiiiii) Related organizations? (iiiiii) Related organizations? (iiiiii) Related organizations? (iiiiii) Related organizations? (iiiiiii) Related organizations? (iiiiiiiiii) Related organizations? (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	g	_ , , , ,	1,064,162.	934,421.	1,108,662.		771,066.		703,	388.
b Permanent endowment 97.0000 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iv) Unrelated organizations? (iv) Unrelated organizations? (iv) Unrelated organizations? (iv) Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other depreciation (d) Book value depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other Other	2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, column (a)) held as:					
Tem endowment 3.0000 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iv) Unrelated organizations? (iv) Unrelated organizations? (iv) Related organizations? (iv) Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other depreciation (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other Other	а	Board designated or quasi-endowment		_%						
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a	b									
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations. (iii) Re	С	Term endowment 3.0000	%							
regardation by: The property Cancer of the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. The property Cancer of the organization answered "Yes" on the basis (investment) Described in provements The property Cancer of the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. The property Cancer of the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. The property Cancer of the basis (investment) Described in provements Described in prov		The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.							
(i) Unrelated organizations? (ii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other	За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held an	d administered for t	he				
(ii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value b Buildings c Leasehold improvements d Equipment e Other		organization by:							Yes	_
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other								3a(i)	\square	_
Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) (c) Accumulated depreciation 1a Land basis (investment) basis (other) (c) Accumulated depreciation b Buildings c Leasehold improvements d Equipment c Other basis (other) (c) Accumulated depreciation		(ii) Related organizations?						3a(ii)	\vdash	X
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation	b							3b	ш	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) basis (other) Columndated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other				wment funds.						
Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment e Other	Pai			D-+ IV 15 44 - 0	F 000 B+V	10 40				
basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other			1	· · ·	T T					
1a Land b Buildings c Leasehold improvements d Equipment e Other		Description of property	1 ' '	. ,	1 ' '			(d) Boo	k value	е
b Buildings			<u> </u>	ierit) Dasis ((ourier) de	epreciation				
c Leasehold improvements d Equipment e Other	_									
d Equipment e Other	b									
e Other	C				-					
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	e Total			V line 10e column	(P))		+			0 -

Schedule D (Form 990) 2023

	dule D (Form 990) 2023 HILL-STEAD MUSEUM BOARD OF			age 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	its With Revenue per R	eturn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b		4c	
5	Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pai	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses per	Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	•		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		•	
a	Donated services and use of facilities	2a		
			\dashv	
b	Prior year adjustments Other leases	1	\dashv	
C	Other (Describe in Dest VIII.)	1 1	\dashv	
d	Other (Describe in Part XIII.)	•	 00	
_	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
_	Investment expenses not included on Form 990, Part VIII, line 7b		\dashv	
b		•		
	Add lines 4a and 4b		4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information		5	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV		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 addit	ional information.		
ם א ב	om tit itage 1a.			
PAR	RT III, LINE 1A:			
T 3.T	KEEDING WIMI GMANDADD MIGHIM DDAGMIGE MUE	ODGANITGAMION!G	COLLEGE ON O	7
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7 D T	THE DAY MILE ODGANIZATION AG A GOLLEGHION		NI AND DIDITO	
AKI	HELD BY THE ORGANIZATION AS A COLLECTION	FOR PRESERVATION	N AND PUBLIC	
-		M GETTING OF DE	DI AGING IMPNO	
ENF	RICHMENT. THE ORGANIZATION IS PRECLUDED FROM	M SELLING OR RE	PLACING ITEMS	
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D 3 E	OF TIT I THE A			
PAF	RT III, LINE 4:			
	L ODGINITATION HOLDS HODIS OF ARE THAT ARE	001 1 D0DT11D1 11 DD		
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- TE	EACHING COLLECTION". THESE WORKS ARE CARRIED	D AT NO VALUE I	N ACCORDANCE	
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00005	00-29-23		Schedule D (Form 990)	・ルハウつ

Schedule D (Form 990) 2023	HILL-STEAD	MUSEUM	BOARD	OF	GOVERNORS	INC	06-1349061	Page 5
Schedule D (Form 990) 2023 Part XIII Supplemental Inform	mation (continued)							
	•							
PURPOSES.								

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.

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

HILL-STEAD MUSEUM BOARD OF GOVERNORS INC

Employer identification number 06-1349061

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

HISTORIC LANDMARK AND PUBLIC CHARITY WHICH PRESERVES, DISPLAYS AND

INTERPRETS THE 1901 COLONIAL HOME, PROPERTY, AND FINE ART COLLECTIONS

OF THEODATE POPE RIDDLE, FOR THE ENRICHMENT, ENLIGHTENMENT, AND

EDUCATION OF THE GENERAL PUBLIC.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ENRICHMENT, ENLIGHTENMENT, AND EDUCATION OF THE GENERAL PUBLIC.

FORM 990, PART VI, SECTION A, LINE 8B:

THE FOLLOWING COMMITTEES HAVE BEEN ESTABLISHED: A) EXECUTIVE B) BUILDINGS &

COLLECTIONS C) COMMITTEE ON GOVERNORS D) EXHIBITIONS & PROGRAMS E) FINANCE &

AUDIT F) STRATEGIC PLANNING/INTERPRETIVE PLANNING G) DEVELOPMENT STEERING.

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

A COPY OF FORM 990 IS PRESENTED TO THE BOARD PRIOR TO FILING.

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

EACH SUMMER, HSM DISTRIBUTES ITS CODE OF ETHICS AND CONFLICT OF INTEREST

POLICY TO TRUSTEES, GOVERNORS, AND EMPLOYEES. INDIVIDUALS ARE REQUESTED TO

COMPLETE A QUESTIONNAIRE TO HELP IDENTIFY SITUATIONS THAT COULD LEAD TO A

CONFLICT OF INTEREST AND TO SIGN A STATEMENT THAT HE/SHE HAS READ AND

UNDERSTANDS THE ORGANIZATION'S POLICY. HSM'S EXECUTIVE DIRECTOR REVIEWS ALL

RETURNED FORMS AND, WITH THE ASSISTANCE FROM THE BOARD PRESIDENT AND

COMMITTEE ON GOVERNORS, TAKES THE NECESSARY STEPS TO RESOLVE IDENTIFIED

CONFLICTS OF INTEREST BY ANY TRUSTEE, GOVERNOR, OR EMPLOYEE HAVING

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 HILL-STEAD MUSEUM BOARD OF GOVERNORS INC	Employer identification number 06-1349061
TRANSACTIONS WITH THE ORGANIZATION OR PARTICIPATING IN POL	ICY-MAKING
DECISIONS FOR THE ORGANIZATION.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS FORM 990, GOVERNING DOCUMENTS,	CONFLICT OF
INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON RE	QUEST.
FORM 990, PART XII, LINE 2C:	
THIS PROCESS HAS NOT CHANGED FROM PRIOR YEARS.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Open to Public Inspection 2023

OMB No. 1545-0047

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

Name of the organization

Department of the Treasury Internal Revenue Service

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. HILL-STEAD MUSEUM BOARD OF GOVERNORS INC

Employer identification number 06-1349061

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) e End-of-year assets		(f) Direct controlling entity	
Identification of Related Tax-Exempt Organizations. Complete organizations during the tax year.		f the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	Part IV, line 34, be	cause it had one	or more related tax-ex	empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling	Section 5	(g) Section 512(b)(13) controlled
00 ga = 12 a 10 a		roreign country)		501(c)(3))	Glifty	Yes	S S
06-0646673							
06032-2304	MUSEUM	CONNECTICUT	501(C)(3)	LINE 7	N/A		×
						_	

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

Schedule R (Form 990) 2023

HILL-STEAD MUSEUM BOARD OF GOVERNORS INC Schedule R (Form 990) 2023

Page 2

06 - 1349061

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(j) (k) General or Percentage managing partner? Yes No		
(j) General or managing partner? Yes No		
Gen mar par		
Code V-UBI camount in box camount in box camount in K-1 (Form 1065)		
onate 1s? No		
(h) Disproportionate allocations? Yes No		
Dis S		
(g) Share of end-of-year assets		
(f) Share of total income		
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		
(d) Direct controlling entity		
(c) Legal domicile (state or foreign country)		
(b) Primary activity		
(a) Name, address, and EIN of related organization		

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

	ion)(13) olled y?	No								
	Section 512(b)(13) controlled entity?	Yes								
(1)	Percentage ownership									
(6)	of ear	doodlo								
	Share of total income									
(e)	Type of entity (C corp, S corp,	OI tidat)								
(b)	Direct controlling entity									
(c)	Legal domicile (state or foreign	country)								
(q)	Primary activity									
(a)	Name, address, and EIN of related organization									

332162 09-28-23

Schedule R (Form 990) 2023

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				≻	Yes No
1 During the tax year, did the organization engage in any of the following transactions	s with one or more rela	transactions with one or more related organizations listed in Parts II-IV?	n Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	>			1a	×
b Giff, grant, or capital contribution to related organization(s)				1	×
c Gift, grant, or capital contribution from related organization(s)				10	×
:				19	×
e Loans or loan guarantees by related organization(s)				1 e	×
f Dividends from related organization(s)				=	×
g Sale of assets to related organization(s)				19	×
h Purchase of assets from related organization(s)				두	×
i Exchange of assets with related organization(s)				=	×
_				; =	×
				:	>
K Lease of facilities, equipment, or other assets from related organization(s)				¥	4
I Performance of services or membership or fundraising solicitations for related organization(s)	ınization(s)			=	×
$oldsymbol{m}$ Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			1	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uoi			1	×
 Sharing of paid employees with related organization(s) 				10	×
p Reimbursement paid to related organization(s) for expenses				4	×
q Reimbursement paid by related organization(s) for expenses				19	×
r Other transfer of cash or property to related organization(s)				+	×
s Other transfer of cash or property from related organization(s)				18	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	tho must complete this	s line, including covered r	elationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	involved	
(1)					
(2)					
(3)					
(4)					
(5)					
(9)					
332163 09-28-23			Schedi	Schedule R (Form 990) 2023	990) 2023

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Schedule R (Form 990) 2023

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

e g		1		
(k) Percenta ownersh				990) 20;
General or F managing partner?				Form
_ 0 Gen ✓ par				e R (
(h) (i) (j) (k) Disproportional pload to all control pload to all control pload all control pload all control pload to all control				Schedule R (Form 990) 2023
Disproportionate allocations?				
Disp tio allocs				
(g) Share of end-of-year assets				
(f) Share of total income				
(e) Are all partners sec. 501(c)(3) orgs.? Yes No				
partn 501 Yes				
(d) Predominant income proceed, unrelated, excluded from tax under sections 512-514)				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of entity				

Schedule R	R (Form 990) 2023	HILL-STEAL	MUSEUM	BOARD (OF GOVERNORS	INC 06-1349061	Page 5
Part VII	Supplemental	Information					
		nformation for responses to	auestions on S	Schedule R. Se	ee instructions.		
_							_