

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2011

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
 MUSEUM OF THE CITY OF NEW YORK

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
 1220 FIFTH AVENUE

City or town, state or country, and ZIP + 4
 NEW YORK, NY 10029

D Employer identification number
 13-1624098

E Telephone number
 (212) 534-1672

G Gross receipts \$ 14,586,496

F Name and address of principal officer
 SUSAN HENSHAW JONES
 1220 FIFTH AVENUE
 NEW YORK, NY 10029

H(a) Is this a group return for affiliates? Yes No

H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

J Website: WWW.MCNY.ORG

K Form of organization Corporation Trust Association Other ▶ **L** Year of formation 1923 **M** State of legal domicile NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE MUSEUM OF THE CITY OF NEW YORK PRESENTS AND INTERPRETS THE PAST, PRESENT AND FUTURE OF NEW YORK CITY AND CELEBRATES ITS HERITAGE OF DIVERSITY, TOLERANCE, OPPORTUNITY, AND PERPETUAL TRANSFORMATION. FOUNDED IN 1923 AS A PRIVATE, NON-PROFIT CORPORATION, THE MUSEUM SERVES THE PEOPLE OF NEW YORK AND VISITORS FROM ACROSS THE COUNTRY AND AROUND THE WORLD THROUGH EXHIBITIONS, COLLECTIONS, PUBLICATIONS, AND SCHOOL AND PUBLIC PROGRAMS		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	45
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	45
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	178
	6 Total number of volunteers (estimate if necessary)	6	111
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	11,869,257	9,097,458
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,391,978	1,687,835
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	728,896	671,804
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-53,884	77,449
		13,936,247	11,534,546
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	1,427,806
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,173,779	6,705,549
	16a Professional fundraising fees (Part IX, column (A), line 11e)	42,000	48,000
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,396,079		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,818,499	5,239,939
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	11,034,278	13,421,294
19 Revenue less expenses Subtract line 18 from line 12	2,901,969	-1,886,748	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	47,549,532	45,345,733
	21 Total liabilities (Part X, line 26)	687,484	675,866
22 Net assets or fund balances Subtract line 21 from line 20	46,862,048	44,669,867	

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.

Sign Here

Signature of officer: ***** Date: 2013-07-15

Type or print name and title: SUSAN HENSHAW JONES PRESIDENT AND DIRECTOR

Paid Preparer's Use Only

Preparer's signature: FREDERICK H ROTHMAN Date: _____ Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4: LOEB & TROPER LLP, 655 THIRD AVENUE 12TH FLOOR, NEW YORK, NY 10017

Preparer's taxpayer identification number (see instructions): P01275277

EIN: 13-1517563

Phone no: (212) 867-4000

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission
 THE MUSEUM OF THE CITY OF NEW YORK PRESENTS AND INTERPRETS THE PAST, PRESENT AND FUTURE OF NEW YORK CITY AND CELEBRATES ITS HERITAGE OF DIVERSITY, TOLERANCE, OPPORTUNITY, AND PERPETUAL TRANSFORMATION FOUNDED IN 1923 AS A PRIVATE, NON-PROFIT CORPORATION, THE MUSEUM SERVES THE PEOPLE OF NEW YORK AND VISITORS FROM ACROSS THE COUNTRY AND AROUND THE WORLD THROUGH EXHIBITIONS, COLLECTIONS, PUBLICATIONS, AND SCHOOL AND PUBLIC PROGRAMS

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 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 No
 If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code)	(Expenses \$ 4,395,606	including grants of \$	(Revenue \$ 712,864)
EXHIBITIONS AND PUBLICATIONS GREATEST GRID THE GREATEST GRID THE MASTER PLAN OF MANHATTAN (DECEMBER 6, 2011 THROUGH JULY 15, 2012) CELEBRATED THE 200TH ANNIVERSARY OF THE COMMISSIONERS' PLAN OF 1811, THE FOUNDATIONAL DOCUMENT THAT ESTABLISHED MANHATTAN'S FAMOUS STREET GRID FEATURING AN ORIGINAL HAND-DRAWN MAP OF NEW YORK'S PLANNED STREETS AND AVENUES PREPARED BY THE COMMISSION IN 1811, AS WELL AS OTHER RARE HISTORIC MAPS, PHOTOGRAPHS, PRINTS, DOCUMENTS, AND ARTIFACTS, THE EXHIBITION AND ITS COMPANION BOOK PRESENTED THE GROUNDBREAKING SCHOLARSHIP OF CURATOR HILARY BALLON, TRACING FOR THE FIRST TIME THE STORY OF THE GRID'S DESIGN, IMPLEMENTATION, AND EVOLUTION THIS BLOCKBUSTER EXHIBITION MET WITH UNIVERSAL CRITICAL ACCLAIM, ORIGINALLY SCHEDULED TO CLOSE IN APRIL, IT WAS EXTENDED THROUGH JULY 15, 2012 IN ORDER MEET THE OVERWHELMING PUBLIC RESPONSE THE WALL STREET JOURNAL'S ARCHITECTURAL CRITIC, ADA LOUISE HUXTABLE, NOTED THAT IT WAS "BEAUTIFULLY RESEARCHED AND ORGANIZED BY ITS CURATOR, HILARY BALLON, UNIVERSITY PROFESSOR OF URBAN STUDIES AND ARCHITECTURE AT NEW YORK UNIVERSITY, AND EXPERTLY INSTALLED BY WENDY EVANS JOSEPH," AND THE NEW YORK TIMES'S MICHAEL KIMMELMAN HAILED THE EXHIBITION FOR CELEBRATING "THE ANNIVERSARY OF WHAT REMAINS NOT JUST A LANDMARK IN URBAN HISTORY BUT IN MANY WAYS THE DEFINING FEATURE OF THE CITY "THE GREATEST GRID WAS CO-SPONSORED BY THE MANHATTAN BOROUGH PRESIDENT'S OFFICE, WHICH MADE AVAILABLE THE HAND-DRAWN "RANDEL FARM MAPS" DOCUMENTING THE ISLAND IN THE 1810S, THROUGH A COLLABORATION WITH THE MUSEUM'S DIGITAL PROJECT, THE FULL SET OF 92 MAPS WAS DIGITIZED AND MADE AVAILABLE TO THE PUBLIC FOR THE FIRST TIME VIA A DEDICATED WEBSITE IN ADDITION, THE EXHIBITION WAS CO-PRESENTED WITH THE NEW YORK PUBLIC LIBRARY AND THE ARCHITECTURAL LEAGUE OF NEW YORK, AND THE LEAGUE ALSO COLLABORATED ON A COMPANION EXHIBITION, THE UNFINISHED GRID DESIGN SPECULATIONS FOR MANHATTAN (DECEMBER 6, 2011 THROUGH APRIL 27, 2012) THE UNFINISHED GRID PRESENTED THE EIGHT WINNING PROJECTS SUBMITTED IN RESPONSE TO AN INTERNATIONAL CALL FOR IDEAS ISSUED BY THE ARCHITECTURAL LEAGUE IN PARTNERSHIP WITH THE MUSEUM AND ARCHITIZER, INVITING ARCHITECTS AND URBAN DESIGNERS TO SPECULATE ABOUT HOW MANHATTAN'S GRID MIGHT BE ADAPTED, EXTENDED, OR TRANSFORMED IN THE FUTURE THUMB DESIGN PROVIDED GRAPHIC DESIGN GLORIOUS SKYGLORIOUS SKY HERBERT KATZMAN'S NEW YORK (NOVEMBER 5, 2010, TO FEBRUARY 21, 2011) FEATURED NEARLY 90 PAINTINGS AND WORKS ON PAPER BY HERBERT KATZMAN (1923-2004), AN EXPRESSIONIST PAINTER WHO FIRST CAME TO PROMINENCE WHEN HIS WORK APPEARED IN THE SEMINAL 1952 MUSEUM OF MODERN ART EXHIBITION FIFTEEN AMERICANS OVER THE COURSE OF HIS CAREER, KATZMAN PRODUCED LYRICAL REPRESENTATIONS OF NEW YORK CITY ICONS, INCLUDING THE CITY'S BRIDGES, SKYLINE, LANDMARKS, AND WATERWAYS, VISUALIZED THROUGH HIS HIGHLY PERSONAL LENS WITH ANIMATED BRUSHSTROKES, SIMPLIFIED SHAPES, AND DARING, NON-REFERENTIAL USES OF COLOR GLORIOUS SKY WAS HAILED AS A SIGNIFICANT REEVALUATION OF THIS ARTIST'S 50-YEAR CAREER BY CRITICS, INCLUDING IN ARTNEWS WHICH PRAISED THE SHOW AS "THE FIRST, AND VERY WELCOME, MUSEUM SHOW DEVOTED TO KATZMAN " THE EXHIBITION WAS CURATED BY JULIA BLAUT AND DESIGNED BY ANA LUISA LEITE AND LAURA HOWELL OF JUICYORANGE, THE COMPANION BOOK WAS CO-PUBLISHED BY BUNKER HILL PRESS CECIL BEATON CECIL BEATON THE NEW YORK YEARS (OCTOBER 25, 2011 THROUGH APRIL 22, 2012) FEATURED THE WORK OF A MULTITALENTED MID-20TH CENTURY CHRONICLER OF HIGH SOCIETY WHO BECAME A CELEBRITY IN HIS OWN RIGHT FROM THE 1920S THROUGH THE '60S, MANHATTAN'S ARTISTIC AND SOCIAL CIRCLES EMBRACED BRITISH-BORN PHOTOGRAPHER AND DESIGNER CECIL BEATON (1904-80) THE EXHIBITION BROUGHT TOGETHER EXTRAORDINARY PHOTOGRAPHS, DRAWINGS, DESIGNS, AND COSTUMES BY BEATON TO CHRONICLE HIS IMPACT ON THE CITY'S CULTURAL LIFE BEATON'S RELENTLESS ENERGY AND CURIOSITY SPURRED HIM TO PURSUE NEW FIELDS, FROM FASHION AND PORTRAIT PHOTOGRAPHY TO COSTUME AND SCENIC DESIGN FOR BROADWAY, BALLET, AND OPERA, AND TO PUT HIS OWN AESTHETIC STAMP ON EACH OF THESE ENDEAVORS THE EXHIBITION WAS CURATED BY DONALD ALBRECHT, CURATOR OF ARCHITECTURE AND DESIGN, IT WAS DESIGNED BY PURE + APPLIED, WHO ALSO DESIGNED THE COMPANION BOOK				

4b	(Code)	(Expenses \$ 2,458,640	including grants of \$	(Revenue \$ 324,999)
COLLECTIONS CARE THE CITY MUSEUM HAS TAKEN PERHAPS ITS BIGGEST STEP FORWARD IN THE AREA OF COLLECTIONS THE DEPARTMENT HAS GROWN IN THE LAST TWO FISCAL YEARS, ADDING THREE IN CURATORIAL SUPPORT FOR FURNITURE AND THE DECORATIVE ARTS, AND THE COSTUME COLLECTION VERY IMPORTANTLY, AS PART OF OUR COLLECTION ACCESS INITIATIVE, SEVERAL ARCHIVISTS AND TWO DIGITAL PHOTOGRAPHERS JOINED THE MUSEUM TO MOVE FORWARD WITH THE PAINSTAKING, LONG-TERM PROJECT OF ELECTRONIC CATALOGING AND DIGITIZING OF THE MUSEUMS COLLECTIONS IT IS NOT ONLY PAINSTAKING, IT IS ALSO EXPENSIVE, AND IN FY 2011 AND 2012, A TOTAL OF \$2.3 MILLION WAS RAISED FOR THIS PROJECT IN ADDITION TO THE HIRING OF NEW STAFF, A DIGITAL LAB/PHOTOGRAPHY STUDIO WAS INSTALLED IN NEWLY-CONSTRUCTED SPACE ON THE GROUND FLOOR-INCLUDING A STATE-OF-THE-ART DIGITAL CAMERA THAT MAKES HIGH RESOLUTION IMAGING POSSIBLE ACCORDINGLY, WITH THE GOAL OF MAKING THESE IMAGES AND INFORMATION ACCESSIBLE ON THE MUSEUM'S WEBSITE, THE COLLECTIONS PORTAL, HTTP://COLLECTIONS.MCNY.ORG, WAS LAUNCHED IN DECEMBER 2010 WITH AROUND 50,000 DIGITIZED ITEMS FROM THE PHOTOGRAPHY COLLECTION IT HAS SINCE GROWN TO MORE THAN 120,000 ITEMS, INCLUDING PRINTS, DRAWINGS, POSTCARDS, AND EPHEMERA BETWEEN ITS LAUNCH AND THE END OF FY2012, THE SITE DREW MORE THAN 238,000 VISITORS WHO VIEWED MORE THAN 3.3 MILLION PAGES THE COLLECTIONS STAFF ALSO LAUNCHED A BLOG, WWW.MCNYBLOG.ORG, IN MAY 2011 FEATURING WEEKLY POSTS ON INDIVIDUAL IMAGES AND OBJECTS AND TEXT ON HOW THEY RELATE TO THE HISTORY OF THE CITY, THE BLOG HAS HAD MORE THAN 130,000 VISITORS SO FAR PRIVATE AND GOVERNMENT GRANTS FOR COLLECTIONS ACCESS INCLUDE A GRANT FROM THE NEA FOR THE DIGITIZATION OF THE PHOTOGRAPHS TAKEN BY REGINALD MARSH THAT WERE PREPARATORY TO HIS ART WORKS, INCLUDING THE CREATION OF AN ONLINE EXHIBITION, FUNDING FROM VARIOUS SOURCES, INCLUDING THE DAVID BERG FOUNDATION, FOR CATALOGING, TRANSLATING, AND DIGITIZING THE YIDDISH THEATER COLLECTION, A GRANT FROM BLOOMBERG PHILANTHROPIES TO FUND THE DIGITAL TEAM, AND A SECOND GRANT FROM THE LEON LEVY FOUNDATION FOR THE DIGITIZATION AND CATALOGING OF THE WURTS BROS PHOTOGRAPHY COLLECTION, AND FROM THE KOBY FOUNDATION, FOR THE DIGITIZATION OF CERTAIN GOWNS FROM THE WORTH AND MAINBOCHER COLLECTIONS AS WELL AS THE CREATION OF AN ONLINE EXHIBITION CONSERVATION IS ANOTHER HIGH PRIORITY CONSERVATION SUPPORT CAME FROM THE PETER A ARON FOUNDATION, FOR THE CONSERVATION OF MARINE PAINTINGS, FROM THE NATIONAL ENDOWMENT FOR THE ARTS, FOR CONSERVATION OF SELECTED PORTRAITS, AND FROM THE NATIONAL ENDOWMENT FOR THE HUMANITIES, FOR THE CONSERVATION OF SELECTED WORKS FROM THE J CLARENCE DAVIES COLLECTION ADDITIONAL CONSERVATION WAS UNDERTAKEN THROUGH THE SALE OF OFF-MISSION PAINTINGS (AS A HISTORY MUSEUM, PROCEEDS FROM SUCH SALES CAN SUPPORT COLLECTIONS CARE AS WELL AS NEW ACQUISITIONS)COLLECTIONS CARE AT BROOKLYN COLLECTIONS STORAGE WAS ENHANCED WITH THE PURCHASE OF STORAGE CABINETS THAT ALLOW FOR BOTH PRESERVATION OF AND VISUAL ACCESS TO A RANGE OF ITEMS FROM THE DECORATIVE ARTS COLLECTION, INCLUDING CERAMICS AND GLASSWARE				

4c	(Code)	(Expenses \$ 1,351,902	including grants of \$	(Revenue \$ 346,976)
EDUCATION EDUCATION IS AT THE CORE OF THE CITY MUSEUM'S MISSION DURING THE 2010-11 AND 2011-12 SCHOOL YEARS, THE MUSEUM'S FREDERICK A O SCHWARZ CHILDREN'S CENTER WELCOMED 63,440 SCHOOLCHILDREN AND TEACHERS AS PARTICIPANTS IN HANDS-ON, STANDARDS-BASED PROGRAMS THAT MADE NEW YORK CITY'S HISTORY COMPELLING AND ACCESSIBLE AND ENABLED YOUNGSTERS TO ENVISION THEIR OWN ROLES AS THE CITY'S FUTURE CITIZENS AND CIVIC LEADERS THE SCHWARZ CENTER'S SERVICE TO THE COMMUNITY WAS GREATLY ENHANCED WITH THE OPENING OF BRAND NEW CLASSROOMS, WHICH WERE CONSTRUCTED DURING PHASE II OF THE MUSEUM'S MODERNIZATION AND EXPANSION PROJECT THE CENTER - IN SORE NEED OF REFURBISHMENT AFTER MANY YEARS OF SERVICE - WAS TRANSFORMED WITH TECHNOLOGICALLY ENHANCED AND FLEXIBLE EDUCATIONAL SPACES, COMPLETE WITH AUDIOVISUAL EQUIPMENT, OVERHEAD PROJECTORS, AND INTERNET ACCESS WITH 1,800 SQUARE FEET OF SPACE THAT CAN BE SPLIT INTO TWO OR THREE CLASSROOMS VIA A RETRACTABLE PARTITION WALL, THE CENTER IS NOW ABLE TO ACCOMMODATE MULTIPLE GROUPS AT THE SAME TIME MUSEUM TRUSTEE WILLIAM C VRATTOS AND HIS WIFE HEATHER MADE A GENEROUS \$250,000 GIFT TO NAME ONE OF THE CLASSROOMS THE BROAD RANGE OF PROGRAMMING OFFERED BY THE SCHWARZ CENTER - INCLUDING ITS FLAGSHIP SCHOOL PROGRAMS FOR GROUPS VISITING ON FIELD TRIPS, THREE OUT-OF-SCHOOL TIME PROGRAMS (NEIGHBORHOOD EXPLORERS AN AFTER-SCHOOL PROGRAM FOR TEENS IN WHICH THEY LEARN TO SOLVE A DESIGN PROBLEM IN THE MUSEUM'S HOME NEIGHBORHOOD OF EAST HARLEM, NEW YORK CITY HISTORY DAY A YEAR-LONG INDEPENDENT RESEARCH CONTEST, AND SATURDAY ACADEMY FREE ACADEMIC ENRICHMENT PLUS SAT PREP CLASSES ON SATURDAY MORNINGS), AND PROFESSIONAL DEVELOPMENT WORKSHOPS FOR TEACHERS - WAS SUPPORTED BY MANY OTHER GENEROUS INDIVIDUAL AND INSTITUTIONAL DONORS DURING THE CITY MUSEUM'S 2011 AND 2012 FISCAL YEARS THESE INCLUDE THE LEONA M AND HARRY B HELMSLEY CHARITABLE TRUST, WHICH MADE A GRANT OF \$250,000, THE SECOND INSTALLMENT OF A TWO-YEAR \$500,000 AWARD SUPPORTING THE SCHWARZ CENTER'S PROGRAMMING, THE U S DEPARTMENT OF JUSTICE'S OFFICE OF JUVENILE JUSTICE AND DELINQUENCY PREVENTION, WITH \$350,000 IN FUNDING SECURED WITH THE SUPPORT OF REPRESENTATIVE CAROLYN B MALONEY FOR OUT-OF-SCHOOL TIME PROGRAMS TARGETING CHILDREN FROM AT-RISK COMMUNITIES, AND TARGET, WHICH AWARDED THE SCHWARZ CENTER \$35,000 EACH YEAR TO SUPPORT SCHOOL PROGRAMS AND MADE IT POSSIBLE FOR ALL SCHOOLS IN EAST HARLEM TO PARTICIPATE IN THEM AT NO COST				

	(Code)	(Expenses \$ 2,455,189	including grants of \$	1,427,806)	(Revenue \$ 535,912)
--	---------	------------------------	------------------------	-------------	-----------------------

4d	Other program services (Describe in Schedule O)	(Expenses \$ 2,455,189	including grants of \$	1,427,806)	(Revenue \$ 535,912)
-----------	--	------------------------	------------------------	-------------	-----------------------

4e	Total program service expenses	\$ 10,661,337			
-----------	---------------------------------------	---------------	--	--	--

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)? <i>If "Yes," complete Schedule A.</i> <input checked="" type="checkbox"/>	1	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	2	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3		No
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? <i>If "Yes," complete Schedule C, Part II.</i>	4		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> <input checked="" type="checkbox"/>	6		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> <input checked="" type="checkbox"/>	7		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> <input checked="" type="checkbox"/>	8	Yes	
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> <input checked="" type="checkbox"/>	9		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/>	10	Yes	
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			
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	11a	Yes	
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? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/>	11b	Yes	
c 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? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/>	11c		No
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? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/>	11d		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	11e	Yes	
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)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	11f	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> <input checked="" type="checkbox"/>	12a	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/>	12b		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13		No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? <i>If "Yes," complete Schedule F, Part I.</i> <input checked="" type="checkbox"/>	14b	Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II and IV.</i> <input checked="" type="checkbox"/>	15		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Part III and IV.</i> <input checked="" type="checkbox"/>	16		No
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? <i>If "Yes," complete Schedule G, Part I.</i> <input checked="" type="checkbox"/>	17	Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> <input checked="" type="checkbox"/>	18	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> <input checked="" type="checkbox"/>	19		No
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a		No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.	20b		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 143		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return. 178		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year. 7d		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.		
13b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the aggregate amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (45); 1b Enter the number of voting members included in line 1a, above, who are independent (45); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review the Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (No); 15b Other officers or key employees of the organization (No); If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b 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

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (NY); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website Another's website Upon request; 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table; 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization (NANCY BOSLER, 1220 FIFTH AVENUE, NEW YORK, NY 10029, (212) 534-1672).

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							1,436,883	0	217,981	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **9**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

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	(B) Description of services	(C) Compensation
ENNEAD ARCHITECTS 320 WEST 13TH ST NEW YORK, NY 10014	ARCHITECTS	1,737,331
C&L CONTRACTING 14-20 128TH ST COLLEGE POINT, NY 11356	CONTRACTOR	160,940
CAROLYN TOMKIEWICZ 15 FOURTH STREET BROOKLYN, NY 11231	PAINTING CONSERVATION	116,500

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 **3**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c	2,312,436				
	d	Related organizations 1d					
	e	Government grants (contributions) 1e	2,515,588				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	4,269,434				
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f	9,097,458				
Program Service Revenue			Business Code				
	2a	ADMISSIONS	900099	712,864	712,864		
	b	EDUCATIONAL PROGRAMS	611710	346,976	346,976		
	c	LICENSING AND OTHER FE	900099	324,999	324,999		
	d	MEMBERSHIP DUES	900099	302,996	302,996		
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		1,687,835				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		290,589		290,589	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	(i) Real		(ii) Personal			
			Gross rents	264,388			
		b	Less rental expenses	49,935			
		c	Rental income or (loss)	214,453			
	d	Net rental income or (loss)		214,453		214,453	
	7a	(i) Securities		(ii) Other			
			Gross amount from sales of assets other than inventory	2,339,075	88,338		
		b	Less cost or other basis and sales expenses	2,031,378	14,820		
		c	Gain or (loss)	307,697	73,518		
	d	Net gain or (loss)		381,215		381,215	
	8a	Gross income from fundraising events (not including \$ 2,312,436 of contributions reported on line 1c) See Part IV, line 18					
a			304,895				
b	Less direct expenses b		674,815				
c	Net income or (loss) from fundraising events		-369,920		-369,920		
9a	Gross income from gaming activities See Part IV, line 19						
a							
b	Less direct expenses b						
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
	a		513,918				
	b	Less cost of goods sold b	281,002				
c	Net income or (loss) from sales of inventory		232,916	232,916			
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions		11,534,546	1,920,751	0	516,337	

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) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,427,806	1,427,806		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,005,057	635,571	99,540	269,946
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	4,408,033	3,587,915	166,366	653,752
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	293,120	244,597	9,559	38,964
9	Other employee benefits	535,169	436,571	18,547	80,051
10	Payroll taxes	464,170	372,934	20,067	71,169
11	Fees for services (non-employees)				
a	Management				
b	Legal	90,999	2,830	74,747	13,422
c	Accounting	28,800		28,800	
d	Lobbying				
e	Professional fundraising See Part IV, line 17	48,000			48,000
f	Investment management fees	93,334		93,334	
g	Other	597,489	525,875	62,781	8,833
12	Advertising and promotion				
13	Office expenses	1,392,753	1,136,372	147,142	109,239
14	Information technology	155,049	74,349	70,046	10,654
15	Royalties				
16	Occupancy	614,363	539,039	37,662	37,662
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	11,002		11,002	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,069,388	641,634	374,285	53,469
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	EXHIBITION DESIGN AND F	1,007,603	1,007,603		
b	BAD DEBT	150,000		150,000	
c					
d					
e					
f	All other expenses	29,159	28,241		918
25	Total functional expenses. Add lines 1 through 24f	13,421,294	10,661,337	1,363,878	1,396,079
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	2,726,439	1	1,508,538
	2 Savings and temporary cash investments	2,657,542	2	1,696,903
	3 Pledges and grants receivable, net	5,443,381	3	3,892,208
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	87,174	8	67,026
	9 Prepaid expenses and deferred charges	199,804	9	70,926
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	26,098,936		
	b Less accumulated depreciation	5,318,151	10c	20,780,785
	11 Investments—publicly traded securities	13,934,426	11	11,580,798
	12 Investments—other securities See Part IV, line 11	3,269,317	12	5,748,549
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	47,549,532	16	45,345,733	
Liabilities	17 Accounts payable and accrued expenses	533,276	17	424,374
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	154,208	25	251,492
	26 Total liabilities. Add lines 17 through 25	687,484	26	675,866
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	22,594,416	27	22,963,759
	28 Temporarily restricted net assets	15,719,190	28	13,749,313
	29 Permanently restricted net assets	8,548,442	29	7,956,795
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	46,862,048	33	44,669,867	
34 Total liabilities and net assets/fund balances	47,549,532	34	45,345,733	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,534,546
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,421,294
3	Revenue less expenses Subtract line 2 from line 1	3	-1,886,748
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	46,862,048
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-305,433
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	44,669,867

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

Open to Public Inspection

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. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
MUSEUM OF THE CITY OF NEW YORK

Employer identification number

13-1624098

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 11, check only one box)

- 1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 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 the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 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)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	14,440,158	16,509,012	10,439,230	11,869,257	9,097,458	62,355,115
2 Tax revenues levied for the organization'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	14,440,158	16,509,012	10,439,230	11,869,257	9,097,458	62,355,115
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)						8,673,668
6 Public Support. Subtract line 5 from line 4						53,681,447

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	14,440,158	16,509,012	10,439,230	11,869,257	9,097,458	62,355,115
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	529,815	455,732	418,438	546,995	554,977	2,505,957
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets		476,986				476,986
11 Total support (Add lines 7 through 10)						65,338,058
12 Gross receipts from related activities, etc (See instructions)					12	10,369,685

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	82.160 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	83.210 %

16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services 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 organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME EXPENSE RECOVERIES

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization MUSEUM OF THE CITY OF NEW YORK

Employer identification number 13-1624098

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in 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 similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

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's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	8,548,542	8,102,697	5,873,733	3,987,326	
b Contributions		746,409	1,915,853	1,886,407	
c Investment earnings or losses	158,723		313,111		
d Grants or scholarships					
e Other expenditures for facilities and programs	750,370	50,000			
f Administrative expenses		250,564			
g End of year balance	7,956,895	8,548,542	8,102,697	5,873,733	

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment
- b** Permanent endowment 100 000 %
- c** Term endowment

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. 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	(d) Book value
1a Land				
b Buildings		21,365,066	3,587,290	17,777,776
c Leasehold improvements		64,506	19,993	44,513
d Equipment		674,839	381,625	293,214
e Other		3,994,525	1,329,243	2,665,282
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				20,780,785

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	11,534,546
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	13,421,294
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,886,748
4	Net unrealized gains (losses) on investments	4	-305,433
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-305,433
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-2,192,181

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	11,631,424
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-305,433
b	Donated services and use of facilities	2b	445,710
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	49,935
e	Add lines 2a through 2d	2e	190,212
3	Subtract line 2e from line 1	3	11,441,212
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	93,334
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	93,334
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	11,534,546

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	13,823,605
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	445,710
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	49,935
e	Add lines 2a through 2d	2e	495,645
3	Subtract line 2e from line 1	3	13,327,960
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	93,334
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	93,334
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	13,421,294

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
	PART III, LINE 1A	THE MUSEUM'S COLLECTION, WHICH WAS ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS SINCE ITS INCEPTION, IS NOT RECOGNIZED AS AN ASSET ON THE ACCOMPANYING BALANCE SHEET. COLLECTION ITEMS ARE EXPENSED WHEN ACQUIRED. CONTRIBUTED COLLECTION ITEMS ARE NOT REFLECTED IN THE ACCOMPANYING FINANCIAL STATEMENTS. DETAILED INVENTORY RECORDS, HOWEVER, ARE MAINTAINED FOR COLLECTIONS. THE VALUE OF THE COLLECTION IS NOT READILY DETERMINABLE AND THE MUSEUM DOES NOT INSURE THE COLLECTION FOR THE COST OF ITS REPLACEMENT.
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE MUSEUM HAS DONOR-RESTRICTED ENDOWMENT FUNDS ESTABLISHED TO HELP FUND VARIOUS PROJECTS AT THE MUSEUM.
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	UNCERTAINTY IN INCOME TAXES - THE MUSEUM HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS PERIODS ENDING JUNE 30, 2009 AND SUBSEQUENT REMAIN SUBJECT TO EXAMINATION BY APPLICABLE TAXING AUTHORITIES.
PART XI, LINE 8 - OTHER ADJUSTMENTS		RENTAL EXPENSES
PART XII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES 49,935
PART XIII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES 49,935

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).* Yes No

Additional Data

Software ID:

Software Version:

EIN: 13-1624098

Name: MUSEUM OF THE CITY OF NEW YORK

Part V **Supplemental Information**

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization MUSEUM OF THE CITY OF NEW YORK

Employer identification number 13-1624098

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
b Internet and e-mail solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

Table with 6 columns: (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, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes entry for MARK GILBERTSON.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

NY

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 CHAIRMAN'S LEADERSHIP AWARD DINNER (event type)	(b) Event #2 WINTER BALL (event type)	(c) Other Events 4 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	1,193,110	550,825	873,396	2,617,331
	2 Less Charitable contributions	1,102,510	436,225	773,701	2,312,436
	3 Gross income (line 1 minus line 2)	90,600	114,600	99,695	304,895
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	41,376	44,999	15,939	102,314
	7 Food and beverages	100,190	64,000	55,167	219,357
	8 Entertainment	38,950	1,250	9,569	49,769
	9 Other direct expenses	26,175	10,000	267,200	303,375
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(674,815)
11 Net income summary Combine lines 3 and 10 in column (d) ▶				-369,920	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
7 Direct expense summary Add lines 2 through 5 in column (d) ▶				()	
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶					

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," Explain _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a
b An outside facility	13b

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

2011

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization MUSEUM OF THE CITY OF NEW YORK

Employer identification number 13-1624098

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1: SEAPORT MUSEUM, 13-2596500, 501(C)(3), 1,427,806, FMV OF CONTRIBUTED EXPENSES, SALARIES AND RELATED BENEFITS, LEGAL AND OTHER EXPENSES, TO SUPPORT THE OPERATIONS OF SEAPORT MUSEUM OF NEW YORK.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1
3 Enter total number of other organizations listed in the line 1 table 0

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 ALL EXPENSES PAID ON BEHALF OF THE SEAPORT MUSEUM WERE PROCESSED THROUGH MCNY, AND WERE ONLY PROCESSED AFTER PROPER SUPPORT WAS PRESENTED

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
MUSEUM OF THE CITY OF NEW YORK

Employer identification number

13-1624098

Part I Questions Regarding Compensation

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SUSAN HENSHAW JONES	(i) (ii)	352,632 0	0 0	1,485 0	14,235 0	5,883 0	374,235 0	0 0
(2) CARL DREYER	(i) (ii)	140,098 0	0 0	285 0	11,104 0	28,804 0	180,291 0	0 0
(3) SARAH HENRY	(i) (ii)	197,632 0	0 0	206 0	14,235 0	26,641 0	238,714 0	0 0
(4) SUSAN MADDEN	(i) (ii)	193,054 0	0 0	185 0	14,235 0	10,549 0	218,023 0	0 0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	PART I, LINE 7	DONALD ALBRECHT RECEIVED A DISCRETIONARY BONUS OF \$15,000

SCHEDULE O
(Form 990 or 990-EZ)

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 to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
MUSEUM OF THE CITY OF NEW YORK

Employer identification number

13-1624098

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	MR QUINSON AND MS GOODMAN HAVE A FAMILY RELATIONSHIP MR DINAN, MR JAIN AND MR VRATTOS HAVE A BUSINESS RELATIONSHIP
	FORM 990, PART VI, SECTION B, LINE 11	A COPY OF THE AMMENDED 990 WILL BE REVIEWED BY THE BOARD PRIOR TO BEING FILED
	FORM 990, PART VI, SECTION B, LINE 12C	EACH MEMBER, TRUSTEE, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD-DELEGATED POWERS SHALL ANNUALLY SIGN A CONFLICT OF INTEREST FORM IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE TRUSTEES AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE GOVERNING BOARD OR COMMITTEE MEETING, BUT AFTER THE PRESENTATION, HE/SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST THE CHAIRMAN OR THE GOVERNING BOARD OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT AFTER EXERCISING DUE DILIGENCE, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE WHETHER MCNY CAN OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED TRUSTEES WHETHER THE TRANSACTION OR ARRANGEMENT IS IN MCNY'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE IN CONFORMITY WITH THE ABOVE DETERMINATION IT SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT ANY DECISION BY A COMMITTEE SHALL BE SUBJECT TO REVIEW AND DETERMINATION BY THE GOVERNING BOARD SHOULD IT ELECT TO DO SO
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -305,433 RENTAL EXPENSES TOTAL TO FORM 990, PART XI, LINE 5 -305,433
	FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR
EXPLANATION OF AMENDMENT		THE FORM 990 IS BEING AMENDED TO SUBMIT INFORMATION RELATING TO PASSIVE FOREIGN INVESTMENT COMPANIES (SEE FORM 8621'S)

Additional Data

Software ID:
Software Version:
EIN: 13-1624098
Name: MUSEUM OF THE CITY OF NEW YORK

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services					
(Code) (Expenses \$	2,455,189	including grants of \$	1,427,806) (Revenue \$ 535,912)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES G DINAN CHAIR	1 00	X		X				0	0	0
NEWTON PS MERRILL VICE CHAIR & CHAIRMAN EMERITUS	1 00	X		X				0	0	0
THOMAS M FLEXNER VICE CHAIR	1 00	X		X				0	0	0
RONAY MENSCHER VICE CHAIR	1 00	X		X				0	0	0
JAMES E QUINN VICE CHAIR	1 00	X		X				0	0	0
BRUNO A QUINSON VICE CHAIR	1 00	X		X				0	0	0
LAWRENCE J SIMON VICE CHAIR	1 00	X		X				0	0	0
JANE B O'CONNELL TREASURER	1 00	X		X				0	0	0
MITCHELL S STEIR ASSISTANT TREASURER	1 00	X		X				0	0	0
MARTIN J MCLAUGHLIN SECRETARY	1 00	X		X				0	0	0
ELIZABETH FARRAN TOZER ASSISTANT SECRETARY	1 00	X		X				0	0	0
JEREMY H BIGGS BOARD MEMBER	1 00	X						0	0	0
MICHAEL BRUNO BOARD MEMBER	1 00	X						0	0	0
JAMES E BUCKMAN BOARD MEMBER	1 00	X						0	0	0
JAMES CACIOPPO BOARD MEMBER	1 00	X						0	0	0
JILL CHALSTY BOARD MEMBER	1 00	X						0	0	0
PAMELA CLOUD BOARD MEMBER	1 00	X						0	0	0
MARVIN H DAVIDSON BOARD MEMBER	1 00	X						0	0	0
TODD DEGARMO BOARD MEMBER	1 00	X						0	0	0
JAMES P DRUCKMAN BOARD MEMBER	1 00	X						0	0	0
VERNON EVENSON BOARD MEMBER	1 00	X						0	0	0
BARBARA J FIFE BOARD MEMBER	1 00	X						0	0	0
LAURA LOFARO FREEMAN BOARD MEMBER	1 00	X						0	0	0
LESLIE GODRIDGE BOARD MEMBER	1 00	X						0	0	0
LORNA GOODMAN BOARD MEMBER	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID GUIN BOARD MEMBER	1 00	X						0	0	0
JAMES HANLEY BOARD MEMBER	1 00	X						0	0	0
SYLVIA HEMINGWAY BOARD MEMBER	1 00	X						0	0	0
JANE HOFFMAN BOARD MEMBER	1 00	X						0	0	0
ROBERT A JEFFE BOARD MEMBER	1 00	X						0	0	0
JOAN KHOURY BOARD MEMBER	1 00	X						0	0	0
STANFORD G LADNER BOARD MEMBER	1 00	X						0	0	0
STEPHEN S LASH BOARD MEMBER	1 00	X						0	0	0
JAMES A LEBENTHAL BOARD MEMBER	1 00	X						0	0	0
NANCY MAHON BOARD MEMBER	1 00	X						0	0	0
HEBE DOWLING MURPHY BOARD MEMBER	1 00	X						0	0	0
GURUDATTA NADKARNI BOARD MEMBER	1 00	X						0	0	0
DANIEL J OSHEYACK BOARD MEMBER	1 00	X						0	0	0
TRACEY PONTARELLI BOARD MEMBER	1 00	X						0	0	0
VALERIE ROWE BOARD MEMBER	1 00	X						0	0	0
MARY BURWELL SCHORR BOARD MEMBER	1 00	X						0	0	0
JEFFREY S TABAK BOARD MEMBER	1 00	X						0	0	0
DARYL BROWN UBER BOARD MEMBER	1 00	X						0	0	0
WILLIAM C VRATTOS BOARD MEMBER	1 00	X						0	0	0
PAULA ZAKARIA BOARD MEMBER	1 00	X						0	0	0
SUSAN HENSHAW JONES PRESIDENT & DIRECTOR	40 00			X				354,117	0	20,118
CARL DREYER CFO AND VP ADMINISTRATION	40 00			X				140,383	0	39,908
SARAH HENRY DEPUTY DIRECTOR AND CHIEF CURATOR	40 00				X			197,838	0	40,876
SUSAN MADDEN SVP OF EXTERNAL AFFAIRS	40 00				X			193,239	0	24,784
GERARD GALLAGHER DIRECTOR OF BUILDING SERVICES	40 00					X		109,172	0	13,275

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DONALD ALBRECHT ADJUNCT CURATOR	40 00					X		114,889	0	15,977
BARBARA LIVENSTEIN VP OF COMMUNICATIONS	40 00					X		108,819	0	21,315
JAMES TOTTIS DIRECTOR OF COLLECTIONS	40 00					X		113,809	0	16,844
PREL GJELAJ DIRECTOR OF FACILITIES	40 00					X		104,617	0	24,884