

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2019

Department of the Treasury  
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

Open to Public Inspection

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2019 calendar year, or tax year beginning** 07/01, 2019, and ending 06/30, 2020

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> MUSEUM OF THE CITY OF NEW YORK  Doing Business As			<b>D Employer identification number</b> 13-1624098	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	<b>E Telephone number</b> (212) 534-1672	
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10029			<b>G Gross receipts \$</b> 27,167,735.	
	<b>F Name and address of principal officer:</b> OSMAN KURTULUS 1220 FIFTH AVENUE, NEW YORK, NY 10029			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
<b>J Website:</b> ▶ WWW.MCNY.ORG					
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				<b>L Year of formation:</b> 1923 <b>M State of legal domicile:</b> NY	

Part I Summary			Prior Year	Current Year
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>TO CELEBRATE AND INTERPRET THE CITY, EDUCATING THE PUBLIC ABOUT ITS DISTINCTIVE CHARACTER, ESPECIALLY ITS HERITAGE OF DIVERSITY, OPPORTUNITY, AND TRANSFORMATION.</u>			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	3	43.
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	4	42.
	<b>5</b>	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	186.
	<b>6</b>	Total number of volunteers (estimate if necessary)	6	70.
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	7a	133,620.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	7b	-259,073.	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	9,425,606.	9,980,093.
	<b>9</b>	Program service revenue (Part VIII, line 2g)	2,532,931.	1,845,428.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	400,373.	1,309,859.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	877,528.	635,114.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,236,438.	13,770,494.
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,760,194.	8,602,014.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0.	115,500.
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,161,688.		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,139,475.	4,518,921.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,899,669.	13,236,435.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	-2,663,231.	534,059.	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	56,702,000.	57,067,807.
	<b>21</b>	Total liabilities (Part X, line 26)	1,481,963.	2,480,211.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	55,220,037.	54,587,596.

<b>Part II Signature Block</b>					
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.					
<b>Sign Here</b>					Date
	Type or print name and title				4/26/21
<b>Paid Preparer Use Only</b>	Print/Type preparer's name		Preparer's signature		Date
	AARON SHAPIRO				
	Firm's name ▶ BKD, LLP		Firm's EIN ▶ 44-0160260		Check <input type="checkbox"/> if self-employed
Firm's address ▶ 1155 AVENUE OF THE AMERICAS #1200 NEW YORK, NY 10036		Phone no. 212.867.4000		PTIN P01333816	
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2019)

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 private foundations)

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OMB No. 1545-0047

# 2019

**Open to Public Inspection**

**A** For the **2019** calendar year, or tax year beginning **07/01, 2019**, and ending **06/30, 2020**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization MUSEUM OF THE CITY OF NEW YORK			<b>D</b> Employer identification number 13-1624098
	Doing Business As			<b>E</b> Telephone number (212) 534-1672
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	<b>G</b> Gross receipts \$ 27,167,735.
	1220 FIFTH AVENUE			
City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10029			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>F</b> Name and address of principal officer: OSMAN KURTULUS 1220 FIFTH AVENUE, NEW YORK, NY 10029			<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			If "No," attach a list. (see instructions)	
<b>J</b> Website: WWW.MCNY.ORG			<b>H(c)</b> Group exemption number ▶	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: 1923 <b>M</b> State of legal domicile: NY	

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: TO CELEBRATE AND INTERPRET THE CITY, EDUCATING THE PUBLIC ABOUT ITS DISTINCTIVE CHARACTER, ESPECIALLY ITS HERITAGE OF DIVERSITY, OPPORTUNITY, AND TRANSFORMATION.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	43.
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	42.
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	186.
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	70.
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	133,620.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	-259,073.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	9,425,606.	9,980,093.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,532,931.	1,845,428.
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	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	877,528.	635,114.
		13,236,438.	13,770,494.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,760,194.	8,602,014.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	115,500.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,161,688.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,139,475.	4,518,921.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,899,669.	13,236,435.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-2,663,231.	534,059.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	56,702,000.	57,067,807.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	1,481,963.	2,480,211.
	55,220,037.	54,587,596.	

## 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.

<b>Sign Here</b>	▶ Signature of officer	Date			
	▶ Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name AARON SHAPIRO	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01333816
	Firm's name ▶ BKD, LLP	Firm's EIN ▶ 44-0160260		Phone no. 212.867.4000	
	Firm's address ▶ 1155 AVENUE OF THE AMERICAS #1200 NEW YORK, NY 10036				

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2019)

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

THE MUSEUM OF THE CITY OF NEW YORK FOSTERS THE UNDERSTANDING OF  
DISTINCTIVE NATURE OF URBAN LIFE IN THE WORLD'S MOST INFLUENTIAL  
METROPOLIS. IT ENGAGES VISITORS BY CELEBRATING, DOCUMENTING, AND  
INTERPRETING THE CITY'S PAST, PRESENT, AND FUTURE.

**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 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 \$ 5,659,572. including grants of \$ ) (Revenue \$ 641,340. )  
ATTACHMENT 1

**4b** (Code: ) (Expenses \$ 2,526,375. including grants of \$ ) (Revenue \$ 342,786. )  
ATTACHMENT 2

**4c** (Code: ) (Expenses \$ 1,212,686. including grants of \$ ) (Revenue \$ 352,767. )  
ATTACHMENT 3

**4d** Other program services (Describe on Schedule O.) ATTACHMENT 4  
(Expenses \$ 399,362. including grants of \$ ) (Revenue \$ 722,761. )

**4e** Total program service expenses ▶ 9,797,995.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> . . . . .	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	X	
<b>3</b> 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> . . . . .		X
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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> . . . . .		X
<b>5</b> 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>		X
<b>6</b> 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> . . . . .		X
<b>7</b> 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> . . . . .		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> . . . . .	X	
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> . . . . .		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V.</i> . . . . .	X	
<b>11</b> 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.		
<b>a</b> 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> . . . . .	X	
<b>b</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> . . . . .	X	
<b>c</b> 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> . . . . .		X
<b>d</b> 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> . . . . .		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .	X	
<b>f</b> 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> . . . . .		X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i> . . . . .	X	
<b>b</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 and XII is optional.</i> . . . . .		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?. . . . .		X
<b>b</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, Parts I and IV.</i> . . . . .	X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i> . . . . .		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i> . . . . .		X
<b>17</b> 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> (see instructions). . . . .	X	
<b>18</b> 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> . . . . .	X	
<b>19</b> 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> . . . . .		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various IRS schedule requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <span style="float:right">2a 186</span>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O . . . . .	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	X	
b	If "Yes," enter the name of the foreign country <span style="float:right">▶ CAYMAN ISLANDS</span> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	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 as charitable contributions? . . . . .		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
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? . . . . .	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
d	If "Yes," indicate the number of Forms 8282 filed during the year <span style="float:right">7d</span>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . .		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . . <span style="float:right">10a</span>		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . <span style="float:right">10b</span>		
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders . . . . . <span style="float:right">11a</span>		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <span style="float:right">11b</span>		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . <span style="float:right">12b</span>		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <span style="float:right">13a</span> <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . . <span style="float:right">13b</span>		
c	Enter the amount of reserves on hand . . . . . <span style="float:right">13c</span>		
14a	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . . . . .		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . <span style="float:right">15</span> If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. <span style="float:right">16</span>		X

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (43), 1b (42), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
(1) WHITNEY DONHAUSER PRESIDENT AND DIRECTOR	40.00 0.	X		X				348,316.	0.	73,382.
(2) SARAH HENRY DEPUTY DIRECTOR/CHIEF CURATOR	40.00 0.			X				249,286.	0.	60,846.
(3) OSMAN KURTULUS CHIEF FINANCIAL OFFICER	40.00 0.			X				172,935.	0.	49,778.
(4) JERRY GALLAGHER CHIEF OPERATING OFFICER	40.00 0.			X				161,631.	0.	24,362.
(5) SHERYL VICTOR VICE PRESIDENT OF MARKETING	40.00 0.					X		141,304.	0.	43,652.
(6) KEITH BUTLER VP OF DEVELOPMENT	40.00 0.				X			151,217.	0.	28,036.
(7) POLLY RUA VP INSTITUTIONAL ADVANCEMENT	40.00 0.					X		145,920.	0.	18,736.
(8) STEVEN JAFFE CURATOR	40.00 0.					X		100,956.	0.	28,710.
(9) JULIUS QUITO IT DIRECTOR	40.00 0.					X		102,647.	0.	20,353.
(10) LINDSAY TURLEY VP MUSEUM COLLECTION	40.00 0.					X		103,359.	0.	10,989.
(11) JAMES G. DINAN CHAIR	1.00 0.	X		X				0.	0.	0.
(12) NEWTON P.S. MERRILL VICE CHAIR & CHAIRMAN EMERITUS	1.00 0.	X		X				0.	0.	0.
(13) RONAY MENSCHER VICE CHAIR	1.00 0.	X		X				0.	0.	0.
(14) WILLIAM C. VRATTOS VICE CHAIR	1.00 0.	X		X				0.	0.	0.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
( 15) JANE B. OCONNELL ----- TREASURER	1.00 ----- 0.	X		X				0.	0.	0.
( 16) LESLIE GODRIDGE ----- ASSISTANT TREASURER	1.00 ----- 0.	X		X				0.	0.	0.
( 17) DAVID GUIN ----- COUNSEL	1.00 ----- 0.	X		X				0.	0.	0.
( 18) TRACEY PONTARELLI ----- SECRETARY	1.00 ----- 0.	X		X				0.	0.	0.
( 19) TODD DEGARMO ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
( 20) BARBARA J. FIFE ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
( 21) THOMAS M. FLEXNER ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
( 22) ELBA R. GALVAN ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
( 23) ELIZABETH BELFER ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
( 24) ROBERT GOLDSTEIN ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
( 25) LORNA GOODMAN ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
<b>1b Sub-total</b> . . . . .								1,677,571.	0.	358,844.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> . . . . .								1,677,571.	0.	358,844.

**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 ► 10

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> 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> . . . . .	X	
<b>5</b> 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> . . . . .		X

**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
ATTACHMENT 5		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 3

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
( 26) ELIZABETH GRAZIOLO BOARD MEMBER	1.00 0.	X					0.	0.	0.	
( 27) JAMES HANLEY BOARD MEMBER	1.00 0.	X					0.	0.	0.	
( 28) STEPHANIE HESSLER BOARD MEMBER	1.00 0.	X					0.	0.	0.	
( 29) ROBERT A. JEFFE BOARD MEMBER	1.00 0.	X					0.	0.	0.	
( 30) STEPHEN A. KETCHUM BOARD MEMBER	1.00 0.	X					0.	0.	0.	
( 31) STANFORD G. LADNER BOARD MEMBER	1.00 0.	X					0.	0.	0.	
( 32) JEANNE MANISCHEWITZ BOARD MEMBER	1.00 0.	X					0.	0.	0.	
( 33) GURUDATTA NADKARNI BOARD MEMBER	1.00 0.	X					0.	0.	0.	
( 34) KATHRYN PROUNIS BOARD MEMBER	1.00 0.	X					0.	0.	0.	
( 35) NATHAN ROMANO BOARD MEMBER	1.00 0.	X					0.	0.	0.	
( 36) ARTHUR J. ROSNER BOARD MEMBER	1.00 0.	X					0.	0.	0.	
<b>1b Sub-total</b> . . . . .							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**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 **▶** 10

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> 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> . . . . .	X	
<b>5</b> 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> . . . . .		X

**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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
( 37) VALERIE ROWE ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
( 38) MICHAEL SILLERMAN ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
( 39) MITCHELL S. STEIR ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
( 40) DARYL BROWN UBER ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
( 41) SUZANNE KARR ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
( 42) BUDD GOLDMAN ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
( 43) DORIS MEISTER ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
( 44) JASON BERG ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
( 45) JOHN HELLER ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
( 46) JOSE PAGAN ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
( 47) KEVIN ROCHFORD ----- BOARD MEMBER (THROUGH 5/20)	1.00 ----- 0.	X					0.	0.	0.	
<b>1b Sub-total</b> . . . . .							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**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 ► 10

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> 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> . . . . .	X	
<b>5</b> 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> . . . . .		X

**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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
( 48 ) LEAH JOHNSON ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
( 49 ) NAML LEWIS ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
( 50 ) PETER VOLANDES ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
( 51 ) ROBERT FINGER ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
( 52 ) CYNTHIA FOSTER CURRY ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
( 53 ) LUCINDA BHAVSAR ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
<b>1b Sub-total</b> . . . . .								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**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 **▶** 10

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> 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> . . . . .	X	
<b>5</b> 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> . . . . .		X

**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

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

**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b>	Membership dues . . . . .	<b>1b</b>					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	1,517,476.				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>					
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>	1,446,520.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	7,016,097.				
	<b>g</b>	Noncash contributions included in lines 1a-1f. . . . .	<b>1g</b>	\$ 10,375.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .			9,980,093.			
	<b>Program Service Revenue</b>	<b>2a</b>	ADMISSIONS	Business Code	713990	641,340.	641,340.	
<b>b</b>		EDUCATIONAL PROGRAMS		611710	352,767.	352,767.		
<b>c</b>		MEMBERSHIP DUES		713990	342,786.	342,786.		
<b>d</b>		LICENSING AND OTHER FEES		713990	508,535.	508,535.		
<b>e</b>								
<b>f</b>		All other program service revenue . . . . .						
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .			1,845,428.			
<b>Other Revenue</b>		<b>3</b>	Investment income (including dividends, interest, and other similar amounts). . . . .			342,440.		342,440.
	<b>4</b>	Income from investment of tax-exempt bond proceeds .			0.			
	<b>5</b>	Royalties . . . . .			0.			
	<b>6a</b>	Gross rents . . . . .	(i) Real	535,861.				
			(ii) Personal					
			<b>6a</b>					
	<b>b</b>	Less: rental expenses	<b>6b</b>	404,706.				
	<b>c</b>	Rental income or (loss)	<b>6c</b>	131,155.				
	<b>d</b>	Net rental income or (loss) . . . . .			131,155.		131,155.	
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	13,387,031.				
			(ii) Other	21,002.				
			<b>7a</b>					
	<b>b</b>	Less: cost or other basis and sales expenses . .	<b>7b</b>	12,440,614.				
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>	946,417.	21,002.			
	<b>d</b>	Net gain or (loss) . . . . .			967,419.		967,419.	
<b>8a</b>	Gross income from fundraising events (not including \$ 1,517,476. of contributions reported on line 1c). See Part IV, line 18 . . . . .		90,800.					
		<b>8a</b>						
		<b>8b</b>	267,817.					
<b>c</b>	Net income or (loss) from fundraising events. . . . .			-177,017.		-177,017.		
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .		0.					
		<b>9a</b>						
		<b>9b</b>	0.					
<b>c</b>	Net income or (loss) from gaming activities. . . . .			0.				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .		631,950.					
		<b>10a</b>						
		<b>10b</b>	284,104.					
<b>c</b>	Net income or (loss) from sales of inventory. . . . .			347,846.	214,226.	133,620.		
<b>Miscellaneous Revenue</b>	<b>11a</b>	OTHER	Business Code	900099	333,130.		333,130.	
	<b>b</b>							
	<b>c</b>							
	<b>d</b>	All other revenue . . . . .						
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .			333,130.			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .			13,770,494.	2,059,654.	133,620.	1,597,127.	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	1,144,980.	783,215.	143,699.	218,066.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	5,180,448.	3,723,343.	420,435.	1,036,670.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	534,595.	382,118.	46,086.	106,391.
9 Other employee benefits . . . . .	1,303,335.	905,220.	146,079.	252,036.
10 Payroll taxes . . . . .	438,656.	313,504.	37,865.	87,287.
11 Fees for services (nonemployees):				
a Management . . . . .	0.			
b Legal . . . . .	13,567.	4,654.	8,845.	68.
c Accounting . . . . .	49,336.		49,336.	
d Lobbying . . . . .	0.			
e Professional fundraising services. See Part IV, line 17.	115,500.			115,500.
f Investment management fees . . . . .	128,348.		128,348.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	895,289.	807,244.		88,045.
12 Advertising and promotion . . . . .	130,850.	126,039.	1,643.	3,168.
13 Office expenses . . . . .	1,466,605.	1,246,462.	103,576.	116,567.
14 Information technology . . . . .	147,911.	128,227.	9,349.	10,335.
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	668,465.	610,331.	37,568.	20,566.
17 Travel . . . . .	14,031.	6,682.	6,094.	1,255.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	0.			
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	652,509.	504,508.	70,138.	77,863.
23 Insurance . . . . .	188,237.	167,159.	9,973.	11,105.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	163,773.	89,289.	57,718.	16,766.
b _____				
c _____				
d _____				
e All other expenses _____				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	13,236,435.	9,797,995.	1,276,752.	2,161,688.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	1,977,285.	<b>1</b>	4,370,777.
	<b>2</b> Savings and temporary cash investments . . . . .	1,754,597.	<b>2</b>	85,794.
	<b>3</b> Pledges and grants receivable, net . . . . .	487,274.	<b>3</b>	2,997,582.
	<b>4</b> Accounts receivable, net. . . . .	0.	<b>4</b>	0.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use . . . . .	194,617.	<b>8</b>	265,403.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	633,074.	<b>9</b>	63,248.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 32,995,490.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 11,991,950.	21,622,830.	<b>10c</b> 21,003,540.
	<b>11</b> Investments - publicly traded securities . . . . .	23,418,172.	<b>11</b>	21,764,931.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	6,614,151.	<b>12</b>	6,516,532.
	<b>13</b> Investments - program-related. See Part IV, line 11. . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	0.	<b>15</b>	0.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	56,702,000.	<b>16</b>	57,067,807.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	958,837.	<b>17</b>	362,266.
	<b>18</b> Grants payable . . . . .	0.	<b>18</b>	0.
	<b>19</b> Deferred revenue . . . . .	292,635.	<b>19</b>	128,450.
	<b>20</b> Tax-exempt bond liabilities . . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D. . . . .	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0.	<b>24</b>	1,737,755.
	<b>25</b> 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 . . . . .	230,491.	<b>25</b>	251,740.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	1,481,963.	<b>26</b>	2,480,211.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	30,228,069.	<b>27</b>	27,657,886.
	<b>28</b> Net assets with donor restrictions . . . . .	24,991,968.	<b>28</b>	26,929,710.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	55,220,037.	<b>32</b>	54,587,596.
<b>33</b> Total liabilities and net assets/fund balances . . . . .	56,702,000.	<b>33</b>	57,067,807.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	13,770,494.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	13,236,435.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	534,059.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . .	<b>4</b>	55,220,037.
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	-1,166,500.
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	0.
<b>7</b>	Investment expenses . . . . .	<b>7</b>	0.
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O). . . . .	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) . . . . .	<b>10</b>	54,587,596.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  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? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 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? . . . . .
- 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 on Schedule O and describe any steps taken to undergo such audits . . . . .

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.  
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . .

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	14,466,594.	19,068,949.	7,986,153.	9,425,606.	9,980,093.	60,927,395.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
<b>4 Total.</b> Add lines 1 through 3. . . . .	14,466,594.	19,068,949.	7,986,153.	9,425,606.	9,980,093.	60,927,395.
<b>5</b> 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). . . . .						9,844,086.
<b>6 Public support.</b> Subtract line 5 from line 4						51,083,309.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4. . . . .	14,466,594.	19,068,949.	7,986,153.	9,425,606.	9,980,093.	60,927,395.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	729,646.	805,059.	1,192,373.	2,754,085.	878,301.	6,359,464.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . <b>ATCH 1</b> . . . . .					333,130.	333,130.
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						67,619,989.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	12,312,032.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)). . . . .	<b>14</b>	75.54 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	71.61 %
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . . ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test - 2019.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test - 2018.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.  
 If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5. . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (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 section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f), divided by line 13, column (f)), . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** 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 - 2018.** 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 Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	<b>11 a</b>	
<b>b</b> A family member of a person described in (a) above?	<b>11 b</b>	
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	<b>11 c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	<b>1</b>	
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	<b>1</b>	
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	<b>2</b>	
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	<b>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		

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

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014 . . . . .			
b From 2015 . . . . .			
c From 2016 . . . . .			
d From 2017 . . . . .			
e From 2018 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:                     \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015 . . . .			
b Excess from 2016 . . . .			
c Excess from 2017 . . . .			
d Excess from 2018 . . . .			
e Excess from 2019 . . . .			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2015	2016	2017	2018	2019	TOTAL
OTHER					333,130.	333,130.
TOTALS					<u>333,130.</u>	<u>333,130.</u>



# Schedule of Contributors

# 2019

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization MUSEUM OF THE CITY OF NEW YORK	Employer identification number 13-1624098
--	--

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ  501(c)(3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF  501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **MUSEUM OF THE CITY OF NEW YORK**

Employer identification number  
13-1624098

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 1,286,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,030,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 370,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MUSEUM OF THE CITY OF NEW YORK

Employer identification number

13-1624098

**Part II** Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____

Name of organization MUSEUM OF THE CITY OF NEW YORK

Employer identification number  
13-1624098

**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

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" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes rows for purpose(s) of easements, total number, acreage, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, Amount. Includes rows for art collections, revenue, and assets.

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

Schedule D (Form 990) 2019

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

**3** Using the organization's acquisition, accession, and other records, check any of the following that make 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 program
- e**  Other \_\_\_\_\_

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

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
<b>c</b> Beginning balance . . . . .	<b>1c</b>
<b>d</b> Additions during the year . . . . .	<b>1d</b>
<b>e</b> Distributions during the year . . . . .	<b>1e</b>
<b>f</b> Ending balance . . . . .	<b>1f</b>

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	27,005,039.	25,911,430.	25,299,745.	13,806,325.	10,238,713.
<b>b</b> Contributions . . . . .	2,500,000.	800,000.		10,500,000.	4,664,076.
<b>c</b> Net investment earnings, gains, and losses . . . . .	1,825.	1,484,022.	1,827,473.	2,367,004.	-397,162.
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	2,295,427.	1,190,413.	1,215,788.	1,373,584.	699,302.
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	27,211,437.	27,005,039.	25,911,430.	25,299,745.	13,806,325.

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 11.2421 %
- b** Permanent endowment ▶ 87.5259 %
- c** Term endowment ▶ 1.2320 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
<b>(i)</b> Unrelated organizations . . . . .	<b>3a(i)</b>	X
<b>(ii)</b> Related organizations . . . . .	<b>3a(ii)</b>	X
<b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	<b>3b</b>	

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .		28,476,630.	7,586,166.	20,890,464.
<b>c</b> Leasehold improvements . . . . .		64,506.	64,506.	
<b>d</b> Equipment . . . . .		4,450,249.	4,341,278.	108,971.
<b>e</b> Other . . . . .		4,105.		4,105.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				21,003,540.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely held equity interests . . . . .		
(3) Other		
(A) EQUITY LONG/SHORT HEDGE FUNDS	5,021,386.	FMV
(B) MULTISTRATEGY HEDGE FUNDS	1,495,146.	FMV
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	6,516,532.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	251,740.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . ▶	251,740.

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	13,508,413.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b> -1,166,500.		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b> 628,061.		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b> 404,706.		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	-133,733.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	13,642,146.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b> 128,348.		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	128,348.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . <i>(This must equal Form 990, Part I, line 12.)</i> . . . . .		<b>5</b>	13,770,494.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	14,140,854.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b> 628,061.		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b> 404,706.		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	1,032,767.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	13,108,087.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b> 128,348.		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	128,348.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . <i>(This must equal Form 990, Part I, line 18.)</i> . . . . .		<b>5</b>	13,236,435.

**Part XIII Supplemental Information.**

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

SEE PAGE 5



**Part XIII** Supplemental Information (continued)

SCHEDULE D, 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.

SCHEDULE D, PART III, LINE 4

THE MUSEUM HAS VARIOUS COLLECTIONS WHICH IT USES FOR ITS DIFFERENT EXHIBITIONS AND PROGRAMS THROUGHOUT THE YEAR.

SCHEDULE D, PART V, LINE 4

THE MUSEUM HAS DONOR-RESTRICTED ENDOWMENT FUNDS ESTABLISHED TO HELP FUND VARIOUS PROJECTS AT THE MUSEUM.

SCHEDULE D, PART XI, LINE 2D

RENTAL EXPENSES: \$404,706

SCHEDULE D, PART XII, LINE 2D

RENTAL EXPENSES: \$404,706

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

MUSEUM OF THE CITY OF NEW YORK

Employer identification number

13-1624098

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		6,516,532.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Subtotal . . . . .					6,516,532.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					6,516,532.

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

Schedule F (Form 990) 2019

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**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, Return by a U.S. Transferor of Property to a Foreign Corporation (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 separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . .  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, Information 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* . . . . .  Yes  No

**Part V** **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2019

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

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" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations, b X Internet and email solicitations, c X Phone solicitations, d X In-person solicitations, e X Solicitation of non-government grants, f X Solicitation of government grants, g X Special fundraising events. 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

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. Total row shows 3,216,552, 115,500, and 3,101,052.

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		WINTER BALL (event type)	CHAMPIONS EVEN (event type)	2. (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	936,511.	552,290.	119,475.	1,608,276.
	<b>2</b> Less: Contributions . . . . .	852,311.	552,290.	112,875.	1,517,476.
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	84,200.		6,600.	90,800.
Direct Expenses	<b>4</b> Cash prizes . . . . .			10,000.	10,000.
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	68,007.		8,506.	76,513.
	<b>7</b> Food and beverages . . . . .	125,156.		55,235.	180,391.
	<b>8</b> Entertainment . . . . .			913.	913.
	<b>9</b> Other direct expenses . . . . .				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				267,817.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-177,017.	

**Part III Gaming.** Complete if the organization answered "Yes" on 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	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct 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 conduct 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 conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a 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 of the third party:
 

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:
  - 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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

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990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION
		YES	NO			
EVENT ASSOCIATED, INC. 162 WEST 56TH STREET, SUITE 405 NEW YORK NY 10019	FUNDRAISER		X	1,608,276.	45,500.	1,562,776.
CAMY CALVE EVENTS 152 W 57TH STREET SUITE 52 NEW YORK NY 10019	FUNDRAISER		X	1,608,276.	70,000.	1,538,276.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

MUSEUM OF THE CITY OF NEW YORK

Employer identification number

13-1624098

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
  - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
  - c** 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.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
  - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
  - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 WHITNEY DONHAUSER PRESIDENT AND DIRECTOR	(i)	347,460.	0.	856.	44,724.	28,658.	421,698.	
	(ii)	0.	0.	0.	0.	0.	0.	
2 SARAH HENRY DEPUTY DIRECTOR/CHIEF CURATOR	(i)	246,964.	0.	2,322.	32,008.	28,838.	310,132.	
	(ii)	0.	0.	0.	0.	0.	0.	
3 POLLY RUA VP INSTITUTIONAL ADVANCEMENT	(i)	144,642.	0.	1,278.	18,736.	0.	164,656.	
	(ii)	0.	0.	0.	0.	0.	0.	
4 OSMAN KURTULUS CHIEF FINANCIAL OFFICER	(i)	172,235.	0.	700.	22,205.	27,573.	222,713.	
	(ii)	0.	0.	0.	0.	0.	0.	
5 JERRY GALLAGHER CHIEF OPERATING OFFICER	(i)	160,876.	0.	755.	20,753.	3,609.	185,993.	
	(ii)	0.	0.	0.	0.	0.	0.	
6 SHERYL VICTOR VICE PRESIDENT OF MARKETING	(i)	141,117.	0.	187.	18,143.	25,509.	184,956.	
	(ii)	0.	0.	0.	0.	0.	0.	
7 KEITH BUTLER VP OF DEVELOPMENT	(i)	151,091.	0.	126.	19,416.	8,620.	179,253.	
	(ii)	0.	0.	0.				
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

MUSEUM OF THE CITY OF NEW YORK

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Employer identification number

13-1624098

FORM 990, PART III, LINE 3

DUE TO COVID 19 THE MUSEUM WAS CLOSED FROM MARCH 20, 2020 THROUGH AUGUST  
31, 2020. ALL IN PERSON PROGRAMS WERE SUSPENDED.

FORM 990, PART VI, SECTION A, LINE 2

MR. DINAN, MR. VRATTOS, MR. ROMANO AND MS. MANISCHEWITZ HAVE BUSINESS  
RELATIONSHIPS.

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

THE FORM 990 WAS EMAILED TO THE AUDIT AND FINANCE COMMITTEES FOR  
REVIEW AND APPROVAL. ANY QUESTIONS THAT AROSE WERE ADDRESSED BY  
MANAGEMENT PRIOR TO APPROVAL. ONCE APPROVED BY THE AUDIT AND FINANCE  
COMMITTEES, THE 990 WAS EMAILED TO THE REMAINDER OF THE BOARD FOR  
REVIEW 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

Name of the organization MUSEUM OF THE CITY OF NEW YORK	Employer identification number 13-1624098
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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.

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FORM 990, PART VI, SECTION C, LINE 19

THE MUSEUM OF THE CITY OF NEW YORK MAKES ITS GOVERNING DOCUMENTS,  
CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO  
THE GENERAL PUBLIC UPON REQUEST.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

EXHIBITIONS THAT CLOSED IN FY20 (JULY 1, 2019 TO JUNE, 30, 2020):

CITY OF WORKERS, CITY OF STRUGGLE: HOW LABOR MOVEMENTS CHANGED NEW  
YORK (MAY 1, 2019 TO JANUARY 5, 2020)

FOR SOME TWO CENTURIES, WORKING PEOPLE'S MOVEMENTS HAVE SHAPED NEW  
YORK-AND VICE VERSA. SOME OF THE FIRST LABOR ORGANIZATIONS IN THE  
COUNTRY WERE FORMED BY THE CITY'S ARTISANS IN THE EARLY 19TH  
CENTURY, AND SOME OF THE NATION'S FOREMOST LABOR LEADERS HAVE BEEN  
NEW YORKERS, FROM SAMUEL GOMPERS AND ELIZABETH GURLEY FLYNN TO A.  
PHILIP RANDOLPH, DAVID DUBINSKY, AND SIDNEY HILLMAN.

BUT WORKING NEW YORKERS HAVE ALSO STRUGGLED WITH EACH OTHER OVER  
PAY, POWER, AND INCLUSION. NEW WAVES OF WORKERS WOMEN, IMMIGRANTS,  
PEOPLE OF COLOR, AND THE UNSKILLED HAVE REPEATEDLY DEFINED THEIR  
OWN MOVEMENTS FOR A BETTER LIFE, AND IN THE PROCESS REMADE CITY  
LIFE IN WAYS THAT AFFECT ALL. CITY OF WORKERS, CITY OF STRUGGLE:  
HOW LABOR MOVEMENTS CHANGED NEW YORK TRACES THE SOCIAL, POLITICAL,  
AND ECONOMIC STORY OF THESE DIVERSE WORKERS AND THEIR MOVEMENTS IN  
NEW YORK THROUGH RARE DOCUMENTS, ARTIFACTS, AND FOOTAGE, AND  
CONSIDERS THE FUTURE OF LABOR IN THE CITY.



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ATTACHMENT 1 (CONT'D)

CULTIVATING CULTURE: 34 INSTITUTIONS THAT CHANGED NEW YORK

(OCTOBER 18, 2019 TO FEBRUARY 9, 2020)

NEW YORK CITY'S CULTURAL INSTITUTIONS GROUP IS AN UNPARALLELED PUBLIC-PRIVATE INITIATIVE DATING BACK TO THE 19TH CENTURY. TODAY, IT PROVIDES CITY SUPPORT TO 34 INSTITUTIONS ACROSS THE FIVE BOROUGHES THAT HELP CEMENT NEW YORK'S STATUS AS THE CULTURAL CAPITAL OF THE WORLD. THIS ROBUST PUBLIC INVESTMENT IN DIVERSE PRIVATE NON-PROFIT ORGANIZATIONS - RANGING FROM THE MUSEUM OF THE CITY OF NEW YORK AND THE PUBLIC THEATER TO THE BROOKLYN MUSEUM, THE QUEENS BOTANICAL GARDEN, THE STATEN ISLAND MUSEUM, AND THE WILDLIFE CONSERVATION SOCIETY - PROVIDES THE CITY WITH A BOUNTY OF CULTURAL AND EDUCATIONAL OPTIONS. CULTIVATING CULTURE WILL TELL THESE INSTITUTIONS' STORIES THROUGH ORIGINAL IMAGERY AND OBJECTS, INCLUDING FOUNDING CHARTERS, TICKETS AND EPHEMERA RELATED TO OPENING NIGHT PERFORMANCES, AND OTHER ORIGINAL ARTIFACTS THAT BRING THE HISTORY OF THE CITY'S CULTURAL RICHES TO LIFE.

URBAN INDIAN: NATIVE NEW YORK NOW

(SEPTEMBER 27, 2019 TO MARCH 8, 2020)

TODAY, MORE THAN SEVENTY PERCENT OF THE NATIVE AMERICAN POPULATION IN THE UNITED STATES LIVES IN URBAN AREAS. THERE IS A FLOURISHING NATIVE PRESENCE IN NEW YORK CITY, AS INDIGENOUS AMERICAN PEOPLE ARE SHAPING THE CITY'S CULTURAL AND POLITICAL INSTITUTIONS, AND COLLECTIVELY RECLAIMING HERITAGE AND URBAN SPACE. HIGHLIGHTING A

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ATTACHMENT 1 (CONT'D)

MIX OF CONTEMPORARY ARTWORKS, PERFORMING ARTS, AND COMMUNITY MEMORABILIA, URBAN INDIAN: NATIVE NEW YORK NOW EXAMINES THE SHARED MEANING OF BEING A NATIVE PERSON LIVING IN NEW YORK TODAY, AS INDIVIDUALS REFLECT ON TRIBAL AFFILIATIONS, COMMUNITY WELL-BEING, PERSONAL GROWTH, AND INTERSECTIONAL EXPERIENCES.

IN CELEBRATION OF THE 50TH ANNIVERSARY OF THE AMERICAN INDIAN COMMUNITY HOUSE (AICH), A NON-PROFIT COMMUNITY ORGANIZATION THAT IMPROVES AND PROMOTES THE WELL-BEING OF NATIVE AMERICANS RESIDING IN NEW YORK, URBAN INDIAN AND RELATED PROGRAMMING ARE PRESENTED IN COLLABORATION WITH AICH AND AMERINDA, A NEW YORK CITY-BASED NATIVE AMERICAN MULTI-ARTS ORGANIZATION.

WHO WE ARE: VISUALIZING NYC BY THE NUMBERS

(NOVEMBER 22, 2019 TO OCTOBER 18, 2020)

NEW YORK CITY IS A DENSE, CHAOTIC MOSAIC OF SOME EIGHT AND A HALF MILLION PEOPLE, EACH WITH THEIR OWN INDIVIDUAL STORIES. HOW CAN WE POSSIBLY UNDERSTAND AND DESCRIBE THIS ENDLESSLY COMPLEX COLLECTIVITY - WHAT WE SHARE AND WHAT DISTINGUISHES US? CENSUS DATA HAS LONG BEEN A RESOURCE USED TO DRAW OUT UNEXPECTED AND PROVOCATIVE PATTERNS, CONNECTIONS, AND INSIGHTS ABOUT WHO NEW YORKERS ARE SINCE OUR NATION'S FIRST COUNT IN 1790.

IN ANTICIPATION OF THE 2020 CENSUS, WHO WE ARE: VISUALIZING NYC BY THE NUMBERS SHOWCASES WORK NOT JUST BY DATA ANALYSTS AND

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ATTACHMENT 1 (CONT'D)

DEMOGRAPHERS, BUT ALSO BY CUTTING-EDGE CONTEMPORARY ARTISTS AND DESIGNERS WHO USE THESE TOOLS TO ENLIVEN AND HUMANIZE STATISTICS AND TO SHED NEW LIGHT ON HOW WE UNDERSTAND OUR URBAN ENVIRONMENT AND OURSELVES. TOGETHER, THESE INTRIGUING AND VARIED WORKS DEMONSTRATE THE POWER AND IMPORTANCE OF NUMBERS IN HELPING US UNDERSTAND WHO WE ARE.

BLUE MAN GROUP: READY...GO!

(JULY 19, 2019 TO SEPTEMBER 19, 2019)

IN 1991, A TRIO OF BALD, BLUE, AND SILENT FIGURES TOOK UP RESIDENCE DOWNTOWN IN THE ASTOR PLACE THEATRE, AND EVER SINCE, THE GROUP HAS BEEN CAPTIVATING AUDIENCES YOUNG AND OLD WITH THEIR CURIOSITY, STRANGENESS, AND INCLINATION TO TURN EVEN THE MOST MUNDANE OF OBJECTS INTO A MUSICAL INSTRUMENT. ONE OF THE CENTERPIECES OF THE SHOW IS A THREE-PART PERCUSSIVE PIECE MADE OUT OF PVC TUBING. AFTER 27 YEARS, THE ORIGINAL INSTRUMENT WAS RETIRED FROM STAGE LIFE. BEFORE TRAVELING TO ITS FINAL RESTING PLACE, THE PIPES WILL STOP OVER FOR SIX WEEKS AT THE MUSEUM OF THE CITY OF NEW YORK. WITH BLUE MAN GROUP: READY...GO! VISITORS LEARN ABOUT THE GROUP'S NEW YORK CITY ORIGINS, AND HAVE THE OPPORTUNITY TO BANG ON A TUBE WHILE TAKING A LOOK AT THE WORLD THROUGH THE EYES OF THE BLUE MAN.

IN THE DUGOUT WITH JACKIE ROBINSON: AN INTIMATE PORTRAIT OF A BASEBALL LEGEND (JANUARY 31, 2019 TO SEPTEMBER 22, 2019)

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ATTACHMENT 1 (CONT'D)

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IN 1947 JACKIE ROBINSON MADE HISTORY WHEN HE JOINED THE BROOKLYN DODGERS AND BECAME THE FIRST AFRICAN AMERICAN IN MAJOR LEAGUE BASEBALL. IN HONOR OF THE CENTENNIAL OF ROBINSON'S BIRTH, IN THE DUGOUT WITH JACKIE ROBINSON FEATURES SOME 30 IMAGES OF ROBINSON AND THE DODGERS TAKEN FOR LOOK MAGAZINE. ALONG WITH THESE STUNNING BLACK-AND-WHITE IMAGES FROM THE MUSEUM'S COLLECTION, MANY NEVER BEFORE SEEN, THE EXHIBITION FEATURES MEMORABILIA AND RARE FOOTAGE OF THE ROBINSON FAMILY, AS WELL AS THE PUBLISHED MAGAZINES, WHICH PROVIDE A WINDOW INTO THE MEDIA'S PORTRAYAL OF THIS GROUNDBREAKING FIGURE THROUGH THE LENS OF THE DAY'S POPULAR PICTURE PRESS.

THE VOICE OF THE VILLAGE: FRED W. MCDARRAH PHOTOGRAPHS

(JUNE 6, 2019 TO DECEMBER 1, 2019)

THE VOICE OF THE VILLAGE: FRED W. MCDARRAH PHOTOGRAPHS EXAMINES NEW YORK CITY FROM THE TUMULTUOUS 1960S TO THE DAWN OF THE 1970S THROUGH THE LENS OF PHOTOGRAPHER FRED W. MCDARRAH. A CURIOUS, KNOWLEDGEABLE, AND INDEFATIGABLE VISUAL CHRONICLER, MCDARRAH CREATED AN ENCYCLOPEDIA ARCHIVE OF CULTURE AND POLITICS FOR THE ALTERNATIVE NEWSWEEKLY THE VILLAGE VOICE; FROM THE BEATS OF THE 1950S TO THE COUNTERCULTURE OF THE '60S TO THE STONEWALL UPRISING AND MAJOR POLITICAL EVENTS OF THE EARLY 1970S. THE EXHIBITION FEATURES IMAGES OF CULTURAL ICONS SUCH AS ALLEN GINSBERG AND BOB DYLAN, WITH A PARTICULAR FOCUS ON THE AGITATION FOR CIVIL RIGHTS AND ANTI-VIETNAM WAR DEMONSTRATIONS.

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ATTACHMENT 1 (CONT'D)

PRIDE: PHOTOGRAPHS OF STONEWALL AND BEYOND BY FRED W. MCDARRAH

(JUNE 6, 2019 TO DECEMBER 31, 2019)

IN THE EARLY HOURS OF JUNE 28, 1969, AN UPRISING BEGAN AGAINST A POLICE RAID OF A GREENWICH VILLAGE BAR-THE STONEWALL INN-KNOWN TO SERVE LESBIAN WOMEN, GAY MEN, AND BISEXUAL AND TRANSGENDER PEOPLE. THE EVENT, WHICH TURNED INTO SIX DAYS OF DEMONSTRATIONS AND CONFLICTS WITH LAW ENFORCEMENT, MARKED A PIVOTAL MOMENT IN THE LGBTQ RIGHTS MOVEMENT. TODAY PRIDE PARADES INSPIRED BY THE STONEWALL UPRISING ARE HELD IN JUNE IN CITIES THROUGHOUT THE WORLD.

AS PART OF THE NATIONAL CELEBRATION OF THE 50TH ANNIVERSARY OF THE STONEWALL UPRISING, THE MUSEUM OF THE CITY OF NEW YORK PRESENTS PRIDE: PHOTOGRAPHS OF STONEWALL AND BEYOND BY FRED W. MCDARRAH, FEATURING FRED W. MCDARRAH'S IMAGES OF THE INITIAL STONEWALL UPRISING, PORTRAITS OF SIGNIFICANT FIGURES IN THE LGBTQ RIGHTS MOVEMENT, AND PHOTOGRAPHS OF PRIDE MARCHES, PROTESTS, AND PUBLIC EVENTS FOR THE LGBTQ COMMUNITY. PRIDE IS A COMPANION EXHIBITION TO THE VOICE OF THE VILLAGE: FRED W. MCDARRAH PHOTOGRAPHS AND A CRITICAL COMPONENT OF THE MUSEUM'S STONEWALL50 SERIES OF EXHIBITIONS AND PROGRAMMING PRIDE = POWER!

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

DURING FY2020, THE MUSEUM OF THE CITY OF NEW YORK HAD TO MODIFY

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ATTACHMENT 2 (CONT'D)

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ITS APPROACH TO COLLECTIONS MANAGEMENT IN RESPONSE TO GOVERNMENT HEALTH GUIDELINES AND CLOSURES. AS STAFF WAS UNABLE TO COME ONSITE FOR SEVERAL MONTH OF THE PANDEMIC, AND MUCH COLLECTIONS WORK IS HANDS ON, THE MUSEUM DID SEE A REDUCTION IN PARTICULAR ACTIVITIES OVER THE YEAR. COLLECTION ASSESSMENTS WERE UNDERWAY IN SEVERAL DEPARTMENTS - INCLUDING COSTUMES AND TEXTILES, PAINTINGS, AND THEATER MATERIALS - BUT WERE THEN PAUSED AS OF MID-MARCH. WE ARE CONTINUING TO INVENTORY AND CATALOG OBJECTS FROM MANY COLLECTIONS, INCLUDING FURNITURE AND DECORATIVE ARTS, MANUSCRIPTS AND EPHEMERA, AND PHOTOGRAPHY, IN ADDITION TO THE DEPARTMENTS PREVIOUSLY MENTIONED WITH ACTIVE ASSESSMENTS UNDERWAY - WORKING TOWARD THE GOAL OF ENSURING THAT EVERY OBJECT HAS AN ACCURATE RECORD IN THE MUSEUM DATABASE. WITH AN ESTIMATED THREE-QUARTER MILLION COLLECTION OBJECTS IN TOTAL - FROM DANCE CARDS AND MENUS TO A POLICE WAGON AND MODEL OF THE EMPIRE STATE BUILDING - THE MUSEUM NOW HAS RECORDS FOR OVER HALF A MILLION, AND DURING THIS PERIOD 21,604 OBJECTS WERE CATALOGUED OR SIGNIFICANTLY RECORDS SIGNIFICANTLY UPDATES. AS PART OF THIS ONGOING WORK, WE DIGITIZED 8,132 OBJECTS WITH A SUPPORTING 17,146 DIGITAL IMAGES. OVER 1,368 NEW CATALOG RECORDS ARE AVAILABLE, SUPPORTED BY 19,228 NEW IMAGES, EXPANDING PUBLIC AND SCHOLARLY ACCESS TO OUR HOLDINGS. NEW PROJECTS THAT BEGAN IN FY2019 INCLUDED TWO NEW GRANTS FROM THE INSTITUTE OF MUSEUM AND LIBRARY SERVICES (IMLS), INCLUDING OVER \$185,000 TO SUPPORT DIGITIZATION OF SELECT WORK CAPTURED BY PHOTOGRAPHER JOHN VACHON IN THE LOOK MAGAZINE COLLECTION; AND NEARLY \$160,000 AND PROCESSING, REHOUSING, CATALOGING, AND

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ATTACHMENT 2 (CONT'D)

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DIGITIZATION OF APPROXIMATELY 8,000 THEATRICAL DESIGN DRAWINGS. ADDITIONALLY, THE MUSEUM WAS ABLE TO GREATLY EXPAND TWO NEW AREAS WITHIN THE COLLECTIONS DEPARTMENT WITH OUTSIDE FINDING: A GENEROUS GRANT FROM THE LEON LEVY FOUNDATION OF NEARLY \$500,000 OVER SIX YEARS IS SUPPORTING FOUNDING THE INSTITUTIONAL ARCHIVES, AND FUNDING FROM THE UPPER MANHATTAN EMPOWERMENT ZONE ACROSS SEVERAL PROGRAM AREAS IN THE MUSEUM IS SUPPORTING A POSITION TO EXPAND THE MUSEUM'S TRAVELING EXHIBITIONS PROGRAM. BOTH POSITIONS WERE HIRED IN MARCH, THEN WORK WAS CURTAILED AS A RESULT OF THE PANDEMIC, SO THE MUSEUM LOOKS FORWARD TO REPORTING ON PROGRESS NEXT FISCAL YEAR. WORK CONTINUED ON THE CONSERVATION, REHOUSING, CATALOGING, AND DIGITIZATION OF APPROXIMATELY 700 THEATRICAL BROADSIDES, WITH OVER \$145,000 TO SUPPORT FROM THE NEH. MAJOR PROJECTS THAT CONCLUDED IN FY2020 INCLUDE THE PROCESSING OF THE LOOK MAGAZINE COLLECTION, RESULTING IN CATALOG RECORDS AND SCANNING REFERENCE IMAGES FOR OVER 2,400 ASSIGNMENTS SUPPORTED BY NEARLY \$97,000 IN SUPPORT FROM THE NATIONAL ENDOWMENT FOR THE HUMANITIES (NEH); CATALOGING AND DIGITIZE THE SCRIPTS, SCORES, AND PUBLISHED SHEET MUSIC IN THE GEORGE M. COHAN COLLECTION ON COMPLETED A PROJECT FUNDED BY AN \$129,467 GRANT FROM THE NATIONAL ENDOWMENT FOR THE HUMANITIES.

WE CONTINUED OUR ONLINE ACCESS BY SHARING 11 COLLECTIONS SPECIFIC FEATURES TO THE STORIES PAGE OF THE MUSEUM'S MAIN WEBSITE TO IMPROVE VISIBILITY, ATTRACTING 8,332 VISITS DURING THE PERIOD. IN ADDITION, WE CONTINUE TO SHARE NEW COLLECTIONS VIA ONLINE FINDING

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ATTACHMENT 2 (CONT'D)

AIDS FOR RESEARCH AND SCHOLARLY ACCESS TO PREVIOUSLY INACCESSIBLE ARCHIVAL COLLECTIONS, WHICH DREW 5,830 VISITS. OVER THE PAST YEAR, THE MUSEUM CONTINUED A MAJOR, MULTI-YEAR INITIATIVE TO CATALOG AND DIGITIZE OUR RICH COLLECTIONS AND MAKE THEM ACCESSIBLE ON A USER-FRIENDLY COLLECTIONS PORTAL AT COLLECTIONS.MCNY.ORG WHERE THEY MAY BE STUDIED AND ENJOYED BY ANYONE, ANYWHERE IN THE WORLD WITH AN INTERNET CONNECTION. SINCE THE PORTAL LAUNCHED IN 2010, NEARLY 1.6 MILLION UNIQUE VISITORS FROM EVERY COUNTRY IN THE WORLD HAD VISITED THE SITE BY END OF FY2020. THE NUMBER OF OBJECT RECORDS ACCESSIBLE ONLINE CURRENTLY NUMBERS OVER 210,000, TRACKING OVER 2.2 MILLION-PAGE VIEWS DURING THE PERIOD, ALONE.

THE MUSEUM SIGNIFICANTLY UPDATED AND REVISED ITS COLLECTIONS MANAGEMENT PLAN DURING THIS PERIOD, AND ACQUIRED 648 OBJECTS FOR THE COLLECTION, INCLUDING: TWENTY-ONE PHOTOGRAPHS BY AARON SISKIND, SEVENTY-FIVE PHOTOGRAPHIC WORKS FROM COLLECTOR PETER COHEN, AND EIGHT POSTERS BY MILTON GLASER.

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

FREDERICK A.O. SCHWARZ EDUCATION CENTER

IN FY2020 (JULY 1, 2019 - JUNE 30, 2020), THE MUSEUM'S FREDERICK A.O. SCHWARZ CENTER SERVED 40,381 STUDENTS, TEACHERS, AND FAMILY MEMBERS THROUGH ITS PROGRAMS AND EDUCATIONAL RESOURCES. THIS



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 ATTACHMENT 3 (CONT'D)
 

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INCLUDED 33,156 STUDENTS, TEACHERS, AND FAMILY MEMBERS WHO PARTICIPATED IN ONSITE PROGRAMS FROM JULY 1, 2019 THROUGH MARCH 12, 2020. IN ACCORDANCE WITH STATE AND CITY GUIDELINES, THE MUSEUM CLOSED ITS DOORS TO THE PUBLIC ON MARCH 13, 2020 IN RESPONSE TO THE COVID-19 PANDEMIC, AND, AS A RESULT, ALL ONSITE PROGRAMMING WAS CANCELLED. THE SCHWARZ EDUCATION CENTER UNDERWENT AN IMMEDIATE AND MASSIVE TRANSFORMATION AS IT SHIFTED TO OFFERING VIRTUAL PROGRAMMING AND ENGAGED 7,225 PARTICIPANTS AND VIEWERS VIRTUALLY FOR THE REMAINDER OF THE FISCAL YEAR. EDUCATIONAL OFFERINGS AT THE CENTER INCLUDE FIELD TRIPS, OUT-OF-SCHOOL-TIME PROGRAMS, PROFESSIONAL DEVELOPMENT, CURRICULUM AND RESOURCE DEVELOPMENT, AND FAMILY AND COMMUNITY PROGRAMS. FIELD TRIPS MAKE UP THE BULK OF THE SCHWARZ CENTERS ATTENDANCE, LINKING HISTORICAL AND CONTEMPORARY TOPICS PERTAINING TO NEW YORK CITY TO THE NEW YORK CITY DEPARTMENT OF EDUCATION SCOPE AND SEQUENCE FOR SOCIAL STUDIES AND COMMON CORE LEARNING STANDARDS FOR ENGLISH LANGUAGE ARTS IN HISTORY. THE THREE FORMATS CURRENTLY UTILIZED TO DELIVER THESE PROGRAMS ARE: GALLERY PROGRAMS, WHICH PROVIDE 60-MINUTE INTERACTIVE TOURS OF THE MUSEUM'S EXHIBITIONS, INCLUDING SPECIAL EXHIBITIONS AND THE MUSEUM'S LONG-TERM EXHIBITIONS ACTIVIST NEW YORK AND NEW YORK AT ITS CORE; 75-MINUTE HISTORY LABS, WHICH MEET IN THE CLASSROOMS TO OFFER A CONTENT-RICH EXPERIENCE UTILIZING THE MUSEUM'S COLLECTIONS WHILE FOCUSING ON CORE THEMES IN NEW YORK CITY HISTORY; AND VIRTUAL FIELD TRIPS AND STUDENT WORKSHOPS, WHICH ENGAGE STUDENTS DIRECTLY THROUGH A DIGITAL PLATFORM IN 45-60 MINUTE INTERACTIVE EXPERIENCES. EDUCATION PROGRAMS ARE INQUIRY-BASED, LED BY

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 ATTACHMENT 3 (CONT'D)
 

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FULL-TIME AND PER DIEM MUSEUM EDUCATORS WHO ENCOURAGE CHILDREN TO REFLECT ON WHAT THEY HAVE LEARNED ABOUT THE CITY'S PAST, PRESENT, AND FUTURE AND TO CONNECT THIS NEW KNOWLEDGE TO CLASSROOM LEARNING. DURING THE SUMMER MONTHS, THE CENTER OFFERS FIELD TRIP PROGRAMS FOR GROUPS FROM SUMMER CAMPS, HOMELESS SHELTERS, AND COMMUNITY CENTERS THROUGHOUT THE TRI-STATE AREA. IN THE 2019-20 (FY20) SCHOOL YEAR, THE SCHWARZ CENTER SERVED 823 GROUPS COMPRISED OF 22,090 STUDENTS AND ADULT CHAPERONES THROUGH FIELD TRIPS. APPROXIMATELY 57.8% OF FIELD TRIP GROUPS CAME FROM NEW YORK CITY'S LARGELY UNDERSERVED PUBLIC SCHOOLS, AND ABOUT 10.1% OF PARTICIPANTS VISITED FROM NEW YORK CITY'S CHARTER SCHOOLS. STUDENTS ROUGHLY MATCH THE DEMOGRAPHICS OF THE PUBLIC SCHOOL SYSTEM: 41% HISPANIC, 26% AFRICAN-AMERICAN, 16% ASIAN, AND 15% WHITE, WITH NEARLY 73% QUALIFYING AS ECONOMICALLY DISADVANTAGED, ACCORDING TO THE NYC DEPARTMENT OF EDUCATION. WITH THE SUPPORT OF A NUMBER OF FOUNDATIONS AND GENEROUS INDIVIDUALS, AND OUR ONGOING COMMITMENT TO THE EAST HARLEM COMMUNITY, THE SCHWARZ CENTER WAS ABLE TO OFFER 58 FEE WAIVERS TO UNDERSERVED SCHOOL GROUPS FROM THE 5 BOROUGHS - AMOUNTING TO 7% OF ALL FIELD TRIPS ATTENDANCE FOR THE 2019-20 SCHOOL YEAR. THE CENTER ALSO OFFERS SATURDAY ACADEMY, A FREE SAT PREP AND AMERICAN HISTORY COURSE FOR APPROXIMATELY 350 STUDENTS GRADES 8-12, THAT SERVES ALL FIVE BOROUGHS WITH PRIORITY SEATING FOR STUDENTS FROM EAST HARLEM. FREE SAT MATERIALS HELPED STUDENTS ACHIEVE HIGHER SCORES ON THEIR EXAMS. ACROSS THIS YEAR, 64% PERCENT OF THE STUDENTS WHO TOOK THE SAT PRACTICE TEST AT THE END OF SATURDAY ACADEMY (AND HAD SCORES FOR COMPARISON) IMPROVED

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 ATTACHMENT 3 (CONT'D)
 

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THEIR SCORES AND 33% PERCENT OF THE STUDENTS WHO IMPROVED THEIR SCORES INCREASED BY OVER 100 POINTS. IN MARCH 2020, THE MUSEUM HOSTED THE 30TH ANNUAL NEW YORK CITY HISTORY DAY, A MULTI-MONTH CITYWIDE RESEARCH PROGRAM FOR MIDDLE AND HIGH SCHOOL STUDENTS THAT CULMINATES IN A STUDENT COMPETITION DAY FEATURING THEIR FINAL CREATIVE RESEARCH PROJECTS. NEW YORK CITY HISTORY DAY IS THE REGIONAL DIVISION OF NATIONAL HISTORY DAY. FOCUSED ON THE THEME "BREAKING BARRIERS IN HISTORY," THE FULL-DAY EVENT DREW 898 ATTENDEES INCLUDING 402 REGISTERED STUDENTS WHO CREATED PROJECTS TO COMPETE IN FIVE DIVISIONS: EXHIBITION BOARDS, PERFORMANCES, PAPERS, WEBSITES, AND DOCUMENTARIES. THIS YEAR, 35 DIFFERENT SCHOOLS FROM ALL FIVE BOROUGHES PARTICIPATED. THE SCHWARZ CENTER ALSO SERVES PK-12 EDUCATORS AND ADMINISTRATORS THROUGH LECTURES, WORKSHOPS, WEEK-LONG COURSES, AND COLLABORATIONS WITH THE NEW YORK CITY DEPARTMENT OF EDUCATION, THE MAJORITY OF WHICH ARE FREE TO PARTICIPANTS. THE POPULATION SERVED CONTINUES TO REFLECT A BROAD AND DIVERSE SPECTRUM OF EDUCATORS, WHO REGULARLY SHARE THAT THEY WOULD NOT OTHERWISE HAVE ACCESS TO THE CURRENT SCHOLARSHIP PROVIDED VIA THE WRITTEN MATERIALS, GUEST LECTURES, AND EXHIBITION CONTENT DEVELOPED BY THE MUSEUM. IN FY2020, 1,800 EDUCATORS WERE SERVED VIA ONSITE PROGRAMMING PRIOR TO CLOSURE IN MARCH, AND AN ADDITIONAL 796 PARTICIPANTS WERE SERVED VIA NEW AND REFORMATTED VIRTUAL EDUCATOR PROGRAMS. IN FY2020, THE SCHWARZ CENTER ALSO SERVED 3,562 PARTICIPANTS THROUGH IN-PERSON PROGRAMS FOR FAMILIES AND THE COMMUNITY, INCLUDING 390 PARTICIPANTS JOINING US FROM THE CITY'S SHELTERS THROUGH A PARTNERSHIP WITH THE DEPARTMENT OF

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ATTACHMENT 3 (CONT'D)

HOMELESS SERVICES. FAMILY AND COMMUNITY ENGAGEMENT PROGRAMS CONNECT CONTENT ON THE MUSEUM'S WALLS WITH HANDS-ON ACTIVITIES INTENDED FOR CHILDREN AND THEIR FAMILIES TO PARTICIPATE IN TOGETHER. ALL TOLD, THE SCHWARZ CENTER OFFERED 48 IN-PERSON FAMILY AND COMMUNITY ENGAGEMENT PROGRAMS, INCLUDING NINE MULTI-EVENT, FESTIVAL-STYLE CULTURAL CELEBRATIONS, 32 DROP-IN AND TODDLER PROGRAMS, AND SEVEN OFF-SITE PROGRAMS IN NEIGHBORHOOD PARKS AND PLAYGROUNDS. THE CENTER ALSO SUPPORTED THE PROFESSIONAL DEVELOPMENT OF YOUTH THROUGH ITS FELLOWSHIP IN MUSEUM CAREERS, WHICH OFFERED YEAR-LONG PLACEMENT AND JOB TRAINING FOR FIVE INDIVIDUALS WHO HAD PREVIOUSLY PARTICIPATED IN THE MUSEUM'S SUMMER INTERNSHIP PROGRAM IN MUSEUM EDUCATION, WHICH INTRODUCED DISCONNECTED AND DISADVANTAGED YOUNG ADULTS AGES 18-23 TO THE STUDY AND PRACTICE OF MUSEUM EDUCATION WHILE PROVIDING THEM WITH BOTH THE VALUABLE PROFESSIONAL EXPERIENCE OF WORKING IN A NON-PROFIT INSTITUTION AS WELL AS A DEEPER ENGAGEMENT WITH THEIR CITY'S HISTORY. IN THE SPRING AND SUMMER OF 2019, THESE FELLOWS COMPLETED TRAINING AND TAUGHT THE SCHWARZ CENTER'S SUMMER PROGRAMS. THEN IN THE FALL OF 2019 THEY WERE PLACED IN DEPARTMENTS WITHIN THE MUSEUM (MARKETING, IT, DESIGN, AND COLLECTIONS). FELLOWS HAD THE OPPORTUNITY TO LEARN ABOUT MUSEUM CAREERS AND DEVELOP THE PROFESSIONAL SKILLS NEEDED FOR LONG-TERM SUCCESS.

ATTACHMENT 4

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ATTACHMENT 4 (CONT'D)

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

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
MUSEUM SHOP		379,943.	214,226.
RENOVATION AND EXPANSION		19,419.	508,535.
TOTALS		<u>399,362.</u>	<u>722,761.</u>

ATTACHMENT 5

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
ELECTRIC SYMPHONY MEDIA P.O. BOX 1394 NEW YORK, NY 10159	DIGITAL MARKETING	181,650.
NORTHEAST DOCUMENT CONSERVATION CENTER 100 BRICKSTONE SQUARE ANDOVER, MA 01810	ART CONSERVATION	101,973.
SOUTH SIDE DESIGN & BUILDING 1205 MANHATTAN AVE BROOKLYN, NY 11222	EXHIBIT DESIGN	177,192.