		PUB	LIC DISCLOSURE COPY - STATE REGISTI Return of Organization Exempt F			90 OMB No. 1545-0047				
F .a	. Q	90	•			0000				
For	n J	30	ept private foundatio	ns) ZUZZ Open to Public						
Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.										
A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN 30, 2023										
Β	heck if	C Name o	f organization		D Employer identif	cation number				
	Addr	ess MIICE	UM OF THE CITY OF NEW YORK							
-	_chan	2	usiness as		13-16240	98				
	_chan Initial returr			Room/suite	E Telephone number					
F	Final Final	1220	FIFTH AVENUE	noonii, Suite	212-534-					
	termi	n	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	24,662,204.				
	Amer returr	nded NTETAT	YORK, NY 10029		H(a) Is this a group r					
	Appli tion	^{ca-} F Name a	nd address of principal officer: OSMAN KURTULUS		for subordinates					
	pend	ing SAME	AS C ABOVE		H(b) Are all subordinates i	ncluded? Yes No				
11	ax-e>	empt status: [r 🗌 527	If "No," attach a	list. See instructions				
	Vebs		MCNY.ORG		H(c) Group exemption					
			X Corporation Trust Association Other	L Year	of formation: 1923 I	M State of legal domicile: NY				
Pa	art I	Summary								
e	1	Briefly describ	be the organization's mission or most significant activities: \underline{SEE}	SCHEDU	LE O					
Governance										
ern	2	Check this bo		ed of more	I					
Š	3					42				
	- I		dependent voting members of the governing body (Part VI, line 1b)			174				
Activities &	5		of individuals employed in calendar year 2022 (Part V, line 2a)			91				
Ę	6		of volunteers (estimate if necessary)							
Act			d business revenue from Part VIII, column (C), line 12			12,848.				
		Net unrelated	business taxable income from Form 990-T, Part I, line 11		Prior Year	Current Year				
	8	Contributions	and grants (Part) (III, line 1b)		10,998,749.	11,484,472.				
Ine	9		and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g)		1,650,614.	1,717,752.				
Revenue	10	•	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)		1,887,558.	2,333,285.				
Be	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,392,321.	1,868,446.				
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		15,929,242.	17,403,955.				
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	14		to or for members (Part IX, column (A), line 4)		0.	0.				
	45		r compensation, employee benefits (Part IX, column (A), lines 5-10)		7,799,488.	9,174,789.				
see	16a		undraising fees (Part IX, column (A), line 11e)		0.	0.				
Expenses	b		ing expenses (Part IX, column (D), line 25)2,265,72	7.						
ы	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		4,756,197.	7,654,252.				
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		12,555,685.	16,829,041.				
	19		expenses. Subtract line 18 from line 12		3,373,557.	574,914.				
or				Be	ginning of Current Year	End of Year				
Net Assets or	20	Total assets (I	Part X, line 16)		62,355,927.	68,393,198.				
AS	21	Total liabilities	e (Part X, line 26)		780,524.	2,707,727.				
			fund balances. Subtract line 21 from line 20		61,575,403.	65,685,471.				
	art II									
			I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is				
true	corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of whi	ch preparer	has any knowledge.					
		Oleration	W							
Sig		Signature of o			Date					
Her	е		URTULUS, CFO							
		Type or print r	ame and title							

	Print/Type preparer's name	Preparer's signature	Date	Check PTIN							
Paid	JAIME RAPPS	JAIME RAPPS	04/23/	24 self-employed P01462990							
Preparer	Firm's name GRASSI & CO. CPA'	S, P.C.		Firm's EIN 11-3266576							
Use Only	Firm's address 750 THIRD AVENUE,	28TH FLOOR									
	NEW YORK, NY 1001	7		Phone no. 212-661-6166							
May the IRS discuss this return with the preparer shown above? See instructions											

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2022)

 Biely denotes the organization's mission. THE MUSEUM OF THE CITY OF NEW YORK POSTERS UNDERSTANDING OF THE DISTINCTIVE NATURE OF URBAN LIFE IN THE WORLD'S MOST INFLUENTIAL METROPOLIS. IT ENGAGES VISTORS BY CELEBRATING, DOCUMENTING, AND INTERPRETING THE CITY'S PAST, PRESENT, AND FUTURE. Did the organization underase any significant program services during the year which were not listed on the phor form 900 e00627 Yes, 'describe these new services on Schedule O. Yes, 'describe these new services compliation transport of the organization consecondult, or make significant changes in how it conducts, any program services? Yes, 'describe these changes on Schedule O. Describe the organization's program service acompliationents for each of its three largest program services, as measured by expenses. Section 5016(3) and 5016(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 economistion of the program services? (Newsue 5) (000 OBJECTS FROM OUR COLLECTIONS, NOW AVAILABLE AS PARTO FOUR ONG DIA DIG 1712/2010N PROJECTS AND CAM BE VIEWED ON OUR WEBSITE. THE MUSEUM CONTINUES TO DIGITIZE ITS COLLECTION, AND IN FY23 THE MUSEUM PRODUCED ANOUND 5, 000 DIGITIZE ITS COLLECTION, AND IN FY23, THE MUSEUM PRODUCED ANOUND 5, 000 DIGITIZE TO SCALLECTIONS MANAGEMENT DATABASE FROM MUSEUMPLUS TO THE WUSEUM SYSTEM. SEE SCHEDULES O FOR CONTINUATION. (were)(coverus 1, 1, 357, 867. mcdruguers s^) (wereas 235, 625 EDUCATIONAL PROGRAMS: EDUCATIONAL PROGRAMS: SYSTEM. SEE SCHEDULE O FOR CONTINUATION. (cover)(coverus 1, 1, 357, 867. mcdruguers s^) (wereas 879, 939 EXHIBITION NED PUELTATION FOR LARA DUR PARASING THE SCHARES IN EXAMINING THE ROLE IN SHAPING THE FUTURE. SEE SCHEDULE O FOR CONTINUATION. (coverus 1, 1, 357, 867. mcdruguers s^	1	Check if Schedule O contains a response or note to any line in this Part III
THE MUSEUM OF THE CITY OF NEW YORK FOSTERS UNDERSTANDING OF THE DISTINCTIVE NATURE OF URBAN LIFE IN THE WORLD'S MOST INFULENTIAL METROPOLIS. IT ENGAGES VISITORS BY CELEBERATING. DOCUMENTING, AND INTERRETING THE CITY'S PAST, PRESENT, AND FUTURE. Did the organization undertas any significant forgen newloss during they ser which were not listed on the prior form 900 or 900E27 Ives (X) I'ves (decide these charge on Schedule 0. Ives (X) Did the organization cases conducting, or make significant charges in how it conducts, any program services, as measured by expanses. Section 501(6) and 501(60) dogram service accompliatments for each of its three largest program services, as measured by expanses. Section 501(6) and 501(60) dogram service accompliatments for each of its three largest program services, as measured by expanses. THE MUSEUM HOLDS APPROXIMATELY 750,000 OBJECTS IN TIS COLLECTION, withe OVER 190,000 OBJECTS 70 M OUR COLLECTIONS, NOW AVAILABLE AS PART OF OUR ONG ONG OIR OLIGITIZATION PROJECT AND CAN BE VIEWED ON OUR WEBSITE. THE MUSEUM CONTINUES TO DIGITIZE TIS COLLECTIONS MANAGEMENT DATABASE FROM MUSEUM PRODUCED AROUND 8,000 DIGITIZATION, AND PORTAL USS. IN FY23, THE MUSEUM MERODUCE AROUND 8,000 DIGITIZATION, AND PORTAL USS. IN FY23, THE MUSEUM WESDED ACCOUND. Come (for the MUSEUM SYSTEM. SEE SCHEDULE O FOR CONTINUATION. 40 (come (for the MUSEUM SYSTEM.) SEE SCHEDULE O FOR CONTINUATION. 41 (come (for the MUSEUM SYSTEM.) SEE SCHEDULE O FOR CONTINUATION. 42 (come (for the	1	Greck II Schedule C contains a response or note to any line in this Part III
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 4 Describe the organization's program service accompliamments for each of its three largest program services, as measured by expenses. Section 501(c)(4) organizations are required to reported. 4a (core:) (treporters 2.2,953,827. metuding grants of all cations to others, the total expenses, and revenue, if any, for each program service reported. 4a (core:) (treporters 2.2,953,827. metuding grants of all cations to others, the total expenses, and provide it any, for each program service reported. 4b (core:) (treporters 2.2,953,827. metuding grants of all cations to others, the total expenses. The MUSEUM HOLDS APPROXIMATELY 750,000 OBJECTS IN ITS COLLECTION, WITH OVER 190,000 OBJECTS FROM OUR COLLECTIONS, NOW AVAILABLE AS PART OF OUR ONGOING DIGITIZATION PROJECT AND CAN BE VIEWED ON OUR WAILABLE AS PART OF OUR ONGOING DIGITIZATION PROJECT AND CAN BE VIEWED ON OUR WEESITE. THE MUSEUM COMPLETED TRANSITIONING ITS COLLECTIONS AND AGEMENT DATABASE FROM MUSEUMFLUS TO THE MUSEUM UNDERTAL USE. IN FY23, THE MUSEUM COMPLETED TRANSITIONING ITS COLLECTIONS MANAGEMENT DATABASE FROM MUSEUMPLUS TO THE MUSEUM SYSTEM. SEE SCHEDULS TO FOR CONTINUATION. 4b (code:) (truponters 1, 357,867. metuding grants of s in SISION. STUDENTS, EDUCATIONAL PROGRAMS: EDUCATION REMAINS AT THE CORE OF THE MUSEUM'S MISSION. STUDENTS, EDUCATIONAL PROGRAMS: EDUCATIONAL PROGRAMS: EDUCATIONAL PROGRAMS: EDUCATIONAL PROGRAMS: EDUCATIONAL PROGRAMS: EDUCATIONAL PROGRAMS: EDUCATIONAL PROGRAMS: EARDING AND ANDOND THE WORLD TAKE PART IN THE SCHWARZ CENTR'S EDUCATIONAL PROGRAMS: EARDING AND ANDOND THE VARE PART IN THE SCHWARZ CENTR'S EDUCATIONAL PROGRAMS: EARDING AND ANDOND THE VERFILENCES TO ENAGE LEARNERS IN EXAMINING THE CITY'S PAST SO THAT THEY MAY UNDERSTAND THE PRESENT AND ENVISION THEIR ROLE IN SHAPING THE FUTURE. SEE SCHEDULE O FOR CONTINUATION.<td>3</td><td>Did the organization cease conducting, or make significant changes in how it conducts, any program services?</td>	3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
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	4c 4d	LEARNING AND HANDS-ON EXPERIENCES TO ENGAGE LEARNERS IN EXAMINING THE CITY'S PAST SO THAT THEY MAY UNDERSTAND THE PRESENT AND ENVISION THEIR ROLE IN SHAPING THE FUTURE. SEE SCHEDULE O FOR CONTINUATION. (code:)(Expenses 8 8,720,439. including grants of 8) (Revenue 8 879,939. EXHIBITION AND PUBLICATIONS: IN FY23, THE MUSEUM SHOWCASED 11, INCLUDING OUR PERMANENT EXHIBITIONS, NEW YORK AS ITS CORE, AND TEMPORARY EXHIBITIONS BRINGING IN CLOSE TO 140,000 VISITORS FROM ALL OVER THE WORLD. THROUGH ITS EXHIBITIONS THE MUSEUM FOSTERS UNDERSTANDING OF THE DISTINCTIVE NATURE OF URBAN LIFE IN THE WORLD'S MOST INFLUENTIAL METROPOLIS. EXHIBITIONS THAT HAVE OPENED OR WILL OPEN IN FY24 INCLUDE FOUR SEASONS OF CENTRAL PARK: WATERCOLORS BY FREDRICK BROSEN; PEOPLE, PLACE, AND INFLUENCE: THE COLLECTION AT 100; BYZANTINE BEMB: NEW YORK BY MANNY VEGA; PRESERVATION IN PROGRESS: PICTURING IMMIGRATION; AND CHANGING THE FACE OF DEMOCRACY: SHIRLEY CHISHOLM AT 100. SEE SCHEDULE O FOR CONTINUATION. Other program services (Describe on Schedule O.) (Expenses 423,459. including grants of \$) (Revenue \$ 395,989.)
32002 12-13-22 SEE SCHEDULE O FOR CONTINUATION(S)	4d	LEARNING AND HANDS-ON EXPERIENCES TO ENGAGE LEARNERS IN EXAMINING THE CITY'S PAST SO THAT THEY MAY UNDERSTAND THE PRESENT AND ENVISION THEIR ROLE IN SHAPING THE FUTURE. SEE SCHEDULE O FOR CONTINUATION. (Code:)(Expenses 8
	4d	LEARNING AND HANDS-ON EXPERIENCES TO ENGAGE LEARNERS IN EXAMINING THE CITY'S PAST SO THAT THEY MAY UNDERSTAND THE PRESENT AND ENVISION THEIR ROLE IN SHAPING THE FUTURE. SEE SCHEDULE O FOR CONTINUATION. (code:)(Expenses
2	4d 4e	LEARNING AND HANDS-ON EXPERIENCES TO ENGAGE LEARNERS IN EXAMINING THE CITY'S PAST SO THAT THEY MAY UNDERSTAND THE PRESENT AND ENVISION THEIR ROLE IN SHAPING THE FUTURE. SEE SCHEDULE O FOR CONTINUATION. (code:)(Expenses
0423 792240 010010000 2022.05090 MUSEUM OF THE CITY OF NEW 010	d e 2002	LEARNING AND HANDS-ON EXPERIENCES TO ENGAGE LEARNERS IN EXAMINING THE CITY'S PAST SO THAT THEY MAY UNDERSTAND THE PRESENT AND ENVISION THEIR ROLE IN SHAPING THE FUTURE. SEE SCHEDULE O FOR CONTINUATION. (code:)(Expenses)(Expenses)(Revenue \$)(Revenue \$)(Revenue \$)(Revenue \$)(Revenue \$

Form 990 (2022)	MUSEUM			CITY	OF	NEW	YORK
Part IV Checklist of F	Required Sc	hedu	iles				

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		v	
~	Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
44	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,	10	<u></u>	
11	as applicable.			
~	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
d		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		
0	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	900	X (2022)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	210		
U		24c		
A	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
		<u>24u</u>		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			<u> </u>
02		32		x
22	Schedule N, Part II	32		- 23
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	20		x
~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
07	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 307			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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Form	990 (2022) MUSEUM OF THE CITY OF NEW YORK t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	13-1624	098	Pa	age 5		
				Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	2a 174					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х			
			3a	Х			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b	X			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	iccount)?	4a	Х			
b	If "Yes," enter the name of the foreign country CAYMAN ISLANDS						
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).	_		v		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X X		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b 5c				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		50				
Ua			6a		х		
h	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or aifts	Ua				
	were not tax deductible?		6b				
7	Organizations that may receive deductible contributions under section 170(c).						
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	х			
			7b	Х			
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was						
	to file Form 8282?		7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		Х		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		<u> </u>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	8				
•	sponsoring organization have excess business holdings at any time during the year?						
9 a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?		9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b				
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders	11a					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	11b					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		10-				
а	Is the organization licensed to issue qualified health plans in more than one state?		<u>13a</u>				
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the						
5	organization is licensed to issue qualified health plans	13b					
с	Enter the amount of reserves on hand	13c					
14a			14a		Х		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune						
	excess parachute payment(s) during the year?		15		X		
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16							
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17				
00000	If "Yes," complete Form 6069.		Form	990	(2022)		
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Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

13-1624098

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.

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	42			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	41	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any othe	r			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct supervi	sion			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 was filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app	point one or				
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	-				
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the followin	g:			
а	The governing body?			8a	Х	<u> </u>
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
Э	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	venue Code.)				
					Yes	No
Da	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters, affiliate	s,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
la	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the	ne form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
?a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	es," describe				
	on Schedule O how this was done			12c	Х	
3	Did the organization have a written whistleblower policy?			13	Х	L
4	Did the organization have a written document retention and destruction policy?			14	Х	
5	Did the process for determining compensation of the following persons include a review and approval	by independe	nt			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
зa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent with a				
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its participati	ion			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation's				
	exempt status with respect to such arrangements?			16b		
ЭС	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed $_\mathrm{NY}$					
В	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990-T (sectio	on 501(c)(3):	s only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	on Schedule ()			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor		,	d financ	cial	
	statements available to the public during the tax year.		- 1			
0	State the name, address, and telephone number of the person who possesses the organization's boo	ks and records	3			
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_	1220 FIFTH AVENUE, NEW YORK, NY 10029					

Page 6

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than or		ane	Reportable	Reportable	Estimated		
	hours per	box	, unles	ess person is both an nd a director/trustee)			n an	compensation	compensation	amount of
	week					from	from related	other		
	(list any	ndividual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		/ee	mpen		1099-NEC)	1033-1120)	and related
	below	dual t	nstitutional trustee	<u> </u>	mplo	st co	Ŀ			organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			5
(1) WHITNEY DONHAUSER	40.00									
PRESIDENT & DIRECTOR		Х		Х				394,669.	0.	70,856.
(2) SARAH HENRY	40.00									
DEPUTY DIRECTOR / CHIEF CU		1		Х				298,480.	Ο.	54,288.
(3) OSMAN KURTULUS	40.00									
CHIEF FINANCIAL OFFICER		1		х				200,530.	Ο.	52,663.
(4) KEITH BUTLER	40.00									
VP OF DEVELOPMENT					х			192,637.	0.	27,270.
(5) GERARD GALLAGHER	40.00									
CHIEF OPERATING OFFICER				Х				175,844.	0.	42,426.
(6) SHERYL VICTOR	40.00									
VP OF MARKETING						X		160,154.	0.	49,418.
(7) HENRY GALINDO	40.00									
DIRECTOR OF FACILITIES						X		126,432.	0.	47,324.
(8) CHERISSE CLEARY	40.00									
DIRECTOR, EVENT SALES						X		146,838.	0.	0.
(9) JAMES HORTON	40.00									
VICE PRESIDENT, EDUCATION AND ENGAGE						X		116,260.	0.	28,928.
(10) JULIUS QUITO	40.00									
IT DIRECTOR						X		114,261.	0.	0.
(11) WILLIAM C. VRATTOS	1.00									
CHAIR		Х		Х				0.	0.	0.
(12) JAMES G. DINAN	1.00									
VICE CHAIR & CHAIRMAN EMERITUS		Х		Х				0.	0.	0.
(13) NEWTON P.S. MERRILL	1.00									
VICE CHAIR & CHAIRMAN EMERITUS		Х		Х				0.	0.	0.
(14) RONAY MENSCHEL	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(15) LESLIE V. GODRIDGE	1.00									
TREASURER		Х		Х				0.	0.	0.
(16) JANE B. O'CONNELL	1.00									
ASSISTANT TREASURER		Х		Х				0.	0.	0.
(17) TRACEY PONTARELLI	1.00									
SECRETARY		Х		Х				0.	0.	0.
232007 12-13-22										Form 990 (2022)

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Form 990 (2022)

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Form 990 (2022) MUSEUM OF	THE CI	TY	0	F	NE	W	YC	DRK	13-162	4098 Page 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	ploy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do			ition	ا than d	ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	id a d	Irecto	or/trus T	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	organizations	ustee	trust		96	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		vold	st con	_	1033-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	ƙey employee	Highest compensated employee	Former			organizationio
(18) DAVID GUIN	1.00									
COUNSEL		Х		Х				0.	0	. 0.
(19) ELIZABETH BELFER	1.00									
BOARD MEMBER		Х						0.	0	. 0.
(20) CYNTHIA FOSTER CURRY	1.00									
BOARD MEMBER		Х						0.	0	. 0.
(21) TODD DEGARMO	1.00									
BOARD MEMBER		Х						0.	0	. 0.
(22) MIGNON ESPY EDWARDS	1.00									
BOARD MEMBER		Х						0.	0	. 0.
(23) BARBARA J. FIFE	1.00									
BOARD MEMBER		Х						0.	0	. 0.
(24) ROBERT FINGER	1.00									
BOARD MEMBER		Х						0.	0	. 0.
(25) ELBA GALVAN	1.00									
BOARD MEMBER		Х						0.	0	. 0.
(26) ROBERT GOLDSTEIN	1.00									
BOARD MEMBER		Х						0.	0	
1b Subtotal								1,926,105.	0	
c Total from continuation sheets to Part VI	, Section A							0.	0	
d Total (add lines 1b and 1c)		<u></u>						1,926,105.	0	. 373,173.
2 Total number of individuals (including but ne	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	1.0
compensation from the organization										12
										Yes No
3 Did the organization list any former officer,										
line 1a? If "Yes," complete Schedule J for si										3 X
4 For any individual listed on line 1a, is the su										
and related organizations greater than \$150			•							4 X
5 Did any person listed on line 1a receive or a	•							•		37
rendered to the organization? If "Yes." com Section B. Independent Contractors	plete Schedule	e J fe	or sl	ıch ı	bers	on .				5 X
•									100.000	-11
1 Complete this table for your five highest con the experimentary Depart componential for t	-									ation from
the organization. Report compensation for t	ne calendar ye	eare	nair	ig w		or wi			ear.	(0)
(A) Name and business	address							(B) Description of s	ervices	(C) Compensation
RADICAL MEDIA								MULTIMEDIA		
435 HUDSON STREET, NEW YO	RK NV	10	01	Δ				PRODUCTIONS		401,255.
INTEGRATED SECURITY SERVI			01	-			-	INODUCTIOND		401,255.
305 MADISON AVENUE, NEW Y	-		01	65				SECURITY SER	VICES	272,531.
FINAL PUSH CONSTRUCTIION		-	<u> </u>				ſ			2/2/3310
1205 MANHATTAN AVENUE, BR		N	Y	11	22	2	h	DIGITAL MARK	ETTNG	247,515.
THE EXECUSEARCH GROUP LLC							_	RECRUITING /		
675 THIRD AVENUE, NEW YOR		00	17					PERSONNEL		113,371.
DOME COLLECTIVE LLC	, _· - -							MULTIMEDIA		-,
130 PROSPECT PLACE, #4, BROOKLYN, NY 11217 PRODUCTIONS 110,189.										
2 Total number of independent contractors (including but not limited to those listed above) who received more than										
\$100,000 of compensation from the organiz	-				6	-		·		
SEE PART VII, SECTION	A CONT	IN	UA	ΤI	ON	S	HE	ETS		Form 990 (2022)

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Part VII Section A. Officers, Directors, Tr	rustees, Key Er	nplo	yee	s, ai	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(C	heck	all	that	app	ly)	compensation	compensation	amount of
	per week					e		from the	from related organizations	other compensation
	(list any	tor				ploye		organization	(W-2/1099-MISC)	from the
	hours for	r direc				ed em		(W-2/1099-MISC)	()	organization
	related	tee or	ustee			ensat		· · · · ·		and related
	organizations	al trus	nal tr		lo yee	dwoo				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former			
	line)	Ind	lns	0ff	Key	Hig	For			
(27) LORNA GOODMAN	1.00							0	0	0
BOARD MEMBER	1.00	Х						0.	0.	0
(28) ELIZABETH GRAZIOLO BOARD MEMBER	1.00	x						0.	0.	0
(29) JOHN HELLER	1.00	^						0.	0.	0
BOARD MEMBER	1.00	x						0.	0.	0
(30) STEPHANIE HESSLER	1.00									0
BOARD MEMBER	1.00	х						0.	0.	0
(31) JAMES C. HORTON	1.00	<u> </u>							~ ~	
BOARD MEMBER		х						0.	0.	0
(32) ROBERT A. JEFFE	1.00									
BOARD MEMBER		х						0.	0.	0
(33) LEAH C. JOHNSON	1.00									
BOARD MEMBER		Х						0.	0.	0
(34) SUZANNE KARR	1.00									
BOARD MEMBER		Х						0.	0.	0
(35) STEPHEN J. KETCHUM	1.00									
BOARD MEMBER		х						0.	0.	0
(36) STANFORD G. LADNER	1.00								•	
BOARD MEMBER	1 0 0	Х						0.	0.	0
(37) NAML LEWIS	1.00								0	0
BOARD MEMBER	1 00	Х						0.	0.	0
(38) JENNIFER K. MARRUS BOARD MEMBER	1.00	x						0.	0.	0
(39) GURUDATTA NADKARNI	1.00	Δ						0.	0.	0
BOARD MEMBER	1.00	x						0.	0.	0
(40) JOSE PAGAN	1.00	^						0.	0.	0
BOARD MEMBER	1.00	x						0.	0.	0
(41) KATHRYN PROUNIS	1.00									•
BOARD MEMBER		x						0.	0.	0
(42) NATHAN ROMANO	1.00								.	
BOARD MEMBER		х						0.	0.	0
(43) ARTHUR J. ROSNER	1.00									
BOARD MEMBER		х						0.	0.	0
(44) VALERIE ROWE	1.00									
BOARD MEMBER		Х						0.	0.	0
(45) NEEL SHAH	1.00									
BOARD MEMBER		Х						0.	0.	0
(46) ANN SILVERMAN	1.00									
BOARD MEMBER		Х						0.	0.	0

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Form 990_ MUSEUM OF THE CITY OF NEW YORK 13-1624098										
Part VII Section A. Officers, Directors, Tru	istees, Key En	nplo	yee			lighe	est (Compensated Employ	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(CI	neck I	all 1	that	app I	ly)	compensation from	compensation from related	amount of other
	per week					ee		the	organizations	compensation
	(list any	ector				nploy		organization	(W-2/1099-MISC)	from the
	hours for	or dire				ted er		(W-2/1099-MISC)		organization
	related	istee (truste		e	pensa				and related
	organizations below	ual tru	ional		plo ye	tcom				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former			
(47) MITCHELL S. STEIR	1.00	-	-	0	-	-				
BOARD MEMBER		x						0.	0.	0.
(48) DARYL B. UBER	1.00									
BOARD MEMBER		x						0.	0.	0.
(49) PETER VOLANDES	1.00									
BOARD MEMBER		Х						0.	0.	0.
(50) NICOLE WASHINGTON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(51) JULEE WILSON	1.00							_		
BOARD MEMBER		X						0.	0.	0.
		1								
		1								
						-				
		1								
		1								
		L								
		1								
	1	I			I	I				
Total to Part VII, Section A, line 1c										
								1	1	L

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		(2022) MUSEUM OF	THE	CITY OF	NEW YORK		13-1624	098 Page 9
	rt VI							
		Check if Schedule O contains a resp	oonse o	r note to any lin	e in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
								Sections 512 - 514
nts	1 a	a Federated campaigns 1a	ч —					
iran our	k	Membership dues 1b						
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising events 1c	:	1,024,747.				
ifts ar A	c	d Related organizations 1d	1					
nila D	e	Government grants (contributions)		2,633,916.				
Sir	f	All other contributions, gifts, grants, and	1	, ,				
utio				7,825,809.				
ēŧ		similar amounts not included above 1f						
ont of	ç		\$	590,000.	44 494 459			
<u>n</u> Č	ľ	Total. Add lines 1a-1f			11,484,472.			
			Ļ	Business Code				
ø	2 a	ADMISSIONS		713990	879,939.	879,939.		
vic 🕯	k	LICENSING AND OTHER FEES		713990	312,826.	312,826.		
Ser		MEMBERSHIP DUES		713990	289,362.	289,362.		
Program Service Revenue				611710	235,625.	235,625.		
gra Re	-			/20	200,020.			
ŗo	e							l
Δ.	f	1 5	_					
	ç				1,717,752.			
	3	Investment income (including dividends	, interes	st, and				
		other similar amounts)			453,525.			453,525.
	4	Income from investment of tax-exempt b						
	5	Royalties						
	-	(i) Re	al	(ii) Personal				
	6 -			() + 61661161				
	6 a							
	k		,841.					
	c		,225.					
	c	(, , , , , , , , , , , , , , , , , , ,			449,225.			449,225.
	7 a	Gross amount from sales of (i) Secu	irities	(ii) Other				
		assets other than inventory 7a 5,660	,764.	1836007.				
	k	Less: cost or other basis						
ē		and sales expenses 7b 5,617	,011.	٥.				
evenue			,753.	1836007.				
eve			-		1,879,760.			1879760.
Other Ro		d Net gain or (loss)	····		1,075,700.			1075700.
the	8 8	a Gross income from fundraising events (not						
ō		including \$ 1,024,747. of						
		contributions reported on line 1c). See						
		Part IV, line 18	. 8a	1,589,596.				
	b	D Less: direct expenses	8b	580,212.				
	c				1,009,384.			1009384.
		a Gross income from gaming activities. Se			. ,			
		Part IV, line 19						
		D Less: direct expenses	-					
		Net income or (loss) from gaming activit						
	10 a	a Gross sales of inventory, less returns						
		and allowances	. 10a	867,022.				
	k	Less: cost of goods sold	10b	457,185.				
		Net income or (loss) from sales of invent			409,837.	395,989.	13,848.	
		· · · · · · · · · · · · · · · · · · ·		Business Code				
sn	11 a		ŀ					
leo Ue								
ellaneo evenue	k							
Sev Sev	c							
Miscellaneous Revenue		d All other revenue						
_	e	e Total. Add lines 11a-11d						
	12	Total revenue. See instructions			17,403,955.	2,113,741.	13,848.	3791894.
23200	9 12-1	3-22						Form 990 (2022

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2022.05090 MUSEUM OF THE CITY OF NEW 01001001

MUSEUM OF THE CITY OF NEW YORK 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 respon			(C)	
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors,				
trustees, and key employees	1,432,072.	832,096.	240,247.	359,729
6 Compensation not included above to disqualified				,
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,660,658.	4,508,476.	185,107.	967,075
B Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	386,383.	300,445.	21,992.	63,946
9 Other employee benefits	1,195,685.	859,999.	129,748.	205,938
0 Payroll taxes	499,991.	371,778.	36,902.	91,311
1 Fees for services (nonemployees):				
a Management				
b Legal	27,092.	18,732.	5,895.	2,465
c Accounting	63,391.	9,953.	53,346.	92
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	139,802.		139,802.	
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A), amount, list line 11g expenses on Sch O.)	1,390,937.	1,023,865.	102,587.	264,485
2 Advertising and promotion	279,669.	277,004.		2,665
3 Office expenses	576,673.	489,670.	28,775.	58,228
4 Information technology	275,373.	240,186.	14,469.	20,718
5 Royalties				
6 Occupancy	816,920.	774,744.	12,351.	29,825
7 Travel				
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials \dots				
9 Conferences, conventions, and meetings				
0 Interest				
1 Payments to affiliates	C1C 472	F04 001	FC 074	
2 Depreciation, depletion, and amortization	616,473.	<u>504,891</u> . 188,633.	56,874.	54,708
3 Insurance	213,607.	100,033.	11,298.	13,676
4 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 0.) a DESIGN, SHIPPING AND FA	2,760,615.	2,655,750.	18,268.	86,597
	493,682.	399,352.	50,061.	44,269
	493,004.	555,554.	50,001.	44,209
c				
d	18.	18.		
e All other expenses	16,829,041.	13,455,592.	1,107,722.	2,265,727
5 Total functional expenses. Add lines 1 through 24e	10,049,041•	±J, =JJ, JJ4•	±,±0/,/44•	4,403,141
6 Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720)				
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MUSEUM OF THE CITY OF NEW YORK	
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		Check if Schedule O contains a response or not	e to anv	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			5,599,686.	1	4,885,340.
	2	Savings and temporary cash investments			351,206.	2	933,148.
	3	Pledges and grants receivable, net			4,751,022.	3	6,695,715.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disquali	fied per				
		under section 4958(f)(1)), and persons described				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			218,607.	8	200,184.
As	9				34,387.	9	34,387.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	33,233,239.			
	b	Less: accumulated depreciation	10b	13,858,408.	19,862,429.	10c	19,374,831.
	11	Investments - publicly traded securities			25,910,765.	11	28,981,274.
	12	Investments - other securities. See Part IV, line 1			5,627,825.	12	5,756,309.
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			0.	15	1,532,010.
	16	Total assets. Add lines 1 through 15 (must equ			62,355,927.	16	68,393,198.
	17	Accounts payable and accrued expenses			409,424.	17	692,213.
	18	Grants payable		18			
	19	Deferred revenue		108,135.	19	231,299.	
	20	—				20	
	21	Escrow or custodial account liability. Complete	Part IV o	of Schedule D		21	
ŝ	22	Loans and other payables to any current or form	er offic	er, director,			
litie		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of thes	se perso	ons		22	
1	23	Secured mortgages and notes payable to unrela	ted thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa	yables t	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			
		of Schedule D			262,965.	25	1,784,215.
	26	Total liabilities. Add lines 17 through 25			780,524.	26	2,707,727.
		Organizations that follow FASB ASC 958, che	ck here	e X			
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions	33,550,599.	27	35,669,130.		
Ba	28	Net assets with donor restrictions			28,024,804.	28	30,016,341.
pur		Organizations that do not follow FASB ASC 9	58, che	ck here			
Ę		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ec		E E E E E E E E E E E E E E E E E E E		30	
t As	31	Retained earnings, endowment, accumulated in				31	
Net	32	Total net assets or fund balances			61,575,403.	32	65,685,471.
	33	Total liabilities and net assets/fund balances			62,355,927.	33	68,393,198.

Form **990** (2022)

Form 990 (2022) Part X Balance Sheet

	1990 (2022) MUSEUM OF THE CITY OF NEW YORK	13-	<u>16240</u>	98	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,		<u> </u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,			
3	Revenue less expenses. Subtract line 2 from line 1	3				14.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				03.
5	Net unrealized gains (losses) on investments	5	3,	535	5,1	54.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	65,	685	5,4	<u>71.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis		_			
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis		_			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		L	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audi	t			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
					000	

Form **990** (2022)

SC	HED	OULE A								OMB No. 1545-0047
(Fo	orm 99	0)			rity Status an					2022
		-	Co	• •	ization is a section 501 47(a)(1) nonexempt cha			or a section		2022
		f the Treasury			ttach to Form 990 or Fo					Open to Public
		nue Service		Go to www.irs.gov/	Form990 for instructior	is and the	latest inf	ormation.		Inspection
Nan	ne of t	he organizati								identification number
De		Decen			CITY OF NEW Y					3-1624098
	nrt I				(All organizations must c			ee instructior	S.	
The	organ	ization is not a	private found	ation because it is: (I	For lines 1 through 12, cl	heck only o	one box.)			
1	Ц	A church, cor	nvention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	l)(A)(i).		
2	Ц	A school des	cribed in sect	ion 170(b)(1)(A)(ii).(Attach Schedule E (Form	1 990).)				
3	Ц	•	•		anization described in se					
4		A medical res	earch organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state	-							
5					llege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6			-	-	nental unit described in					
7	X	•			ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	public described in
		section 170(I	b)(1)(A)(vi). (C	omplete Part II.)						
8	Ц	-			(1)(A)(vi). (Complete Parl					
9		0		·	in section 170(b)(1)(A)(i				°.	•
		or university of	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or
		university:								
10					than 33 1/3% of its supp					
					t to certain exceptions; a	. ,				•
					(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	fter June 30, 1975.
				mplete Part III.)						
11		-	-	-	vely to test for public saf	•				
12		-	-	-	vely for the benefit of, to				•	
				-	d in section 509(a)(1) o					Check the box on
	_	7	•		f supporting organizatior	-			-	
а				-	upervised, or controlled	• • • •	-			
			-		gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	ipporting
_		7 [°]		complete Part IV, Se						
b					or controlled in connect			-		-
			-		anization vested in the sa	ame persoi	ns that coi	ntrol or mana	ge the supp	oorted
		7 Ŭ	.,	t complete Part IV,						
C		••	-	• •	g organization operated				ly integrate	d with,
	. —		•	. , .). You must complete F			-		
c		••	-	• •	orting organization oper				· ·	
				•	ation generally must sati	•		•	an attentiv	eness
		- ·		,	nplete Part IV, Sections					
e			0		written determination from			Type I, Type	II, Type III	
	F	-	-		nally integrated supportir		ation.			
t		er the number of the second	••	•						
g		i) Name of suppo		about the supporte	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount o	fmonetary	(vi) Amount of other
		organization			(described on lines 1-10	in your governi Yes	No	support (see in	nstructions)	support (see instructions)
					above (see instructions))					
_										

Total

Part II

MUSEUM OF THE CITY OF NEW YORK

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.)

260	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	9425606.	9980093.	10067972.	10998749.	<u>11484472.</u>	51956892.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	0405606	000000	10000000		11404480	51056000
	Total. Add lines 1 through 3	9425606.	9980093.	10067972.	10998749.	11484472.	51956892.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						2006602
•	column (f)						<u>3006602.</u> 48950290.
	Public support. Subtract line 5 from line 4. ction B. Total Support						40950290.
		(a) 2018	(b) 2019	(a) 2020	(4) 2021	(a) 2022	
	ndar year (or fiscal year beginning in) Amounts from line 4	(a) 2018 9425606.		(c) 2020	(d)2021 10998749.	(e) 2022	(f) Total 51956892
	Gross income from interest,	54250000	5500055.	100079721	105507451	111011/21	515500521
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2754085.	878,301.	1237723.	2156430.	1506591.	8533130.
٩	Net income from unrelated business	2754005.	070,5010	1237723.	2130430.	13003511	00001000
9	activities, whether or not the						
	business is regularly carried on				40,434.	13,848.	54,282.
10	Other income. Do not include gain				10/1010		01/2020
10	or loss from the sale of capital						
	assets (Explain in Part VI.)		333,130.	172,936.			506,066.
11	Total support. Add lines 7 through 10						61050370.
12	Gross receipts from related activities,	etc. (see instructio	ons)	•			,009,656.
	First 5 years. If the Form 990 is for th	-					<u> </u>
	organization, check this box and stop	-					
Sec	ction C. Computation of Publi						
	Public support percentage for 2022 (I			column (f))		14	80.18 %
	Public support percentage from 2021		•			15	79.43 %
	1 33 1/3% support test - 2022. If the o					ore, check this bo	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, che	ck this box and s t	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	n did not check a l	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s
						Schedule A	(Form 990) 2022

232022 12-09-22

Calendar year (or fiscal year beginning in)					
	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022
 Gifts, grants, contributions, and 					
membership fees received. (Do not					
include any "unusual grants.")					
2 Gross receipts from admissions,					
merchandise sold or services per-					
formed, or facilities furnished in					
any activity that is related to the organization's tax-exempt purpose					
3 Gross receipts from activities that					
are not an unrelated trade or bus-					
iness under section 513					
4 Tax revenues levied for the organ-					
ization's benefit and either paid to					
or expended on its behalf					
• • • • • • • • • • • • • • • • • • • •					
5 The value of services or facilities furnished by a governmental unit to					
, ,					
the organization without charge					
6 Total. Add lines 1 through 5					
7a Amounts included on lines 1, 2, and					
3 received from disqualified person b Amounts included on lines 2 and 3 received	s				
from other than disgualified persons that					
exceed the greater of \$5,000 or 1% of the					
amount on line 13 for the year					
c Add lines 7a and 7b					
c Add lines 7a and 7b					
8 Public support. (Subtract line 7c from line 6.)					
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support					
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest,	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022
 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on 	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest,	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022
 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022
 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022
 8 Public support. (Subtract line 7c from line 6.) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income 	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022
 8 Public support. (Subtract line 7c from line 6.) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesse acquired after June 30, 1975 	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022
 8 Public support. (Subtract line 7c from line 6.) 5 Section B. Total Support 5 Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesse acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business 	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022
 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesse acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, 	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022
 8 Public support. (Subtract line 7c from line 6.) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesse acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is 	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022
 8 Public support. (Subtract line 7c from line 6.) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesse acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business is regularly carried on 	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022
 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesse acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital 	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022
 8 Public support. (Subtract line 7c from line 6.) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesse acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain 	(a) 2018 	(b) 2019	(c) 2020	(d) 2021	(e) 2022

 Schedule A (Form 990) 2022
 MUSEUM OF THE CITY OF NEW YORK

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

13	Total support. (Add lines 9, 10c, 11, and 12.)			
14		01(c)(3) organizatio	n,
	check this box and stop here		-	
Se	ction C. Computation of Public Support Percentage			
15	Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15		%
16	Public support percentage from 2021 Schedule A, Part III, line 15	16		%
	ction D. Computation of Investment Income Percentage			
17	Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17		%
18	Investment income percentage from 2021 Schedule A, Part III, line 17	18		%
19a	a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 3	3 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	tion		
k	33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is mo	ore tha	an 33 1/3%, ai	nd
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly support	orted o	organization	
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see ins	tructi	ons	
2320	23 12-09-22		Schedule A	(Form 990) 2022

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Section A. Public Support	
qualify under the tests listed below, please complete Part II.)	
(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 failed to qualify under Part II.	ails to

MUSEUM OF THE CITY OF NEW YORK

(f) Total

(f) Total

18580423 792240 010010000

^{2022.05090} MUSEUM OF THE CITY OF NEW 01001001

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

Yes No

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

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6 7 7 8 9a 9a 9b 9b 9c 10a 10a 10a 10b Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022 MUSEUM OF THE CITY OF NEW YORK

1

2

No

Pa	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i>			

	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes, " explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated

rait vi now providing such benefit carried out the purposes of the supported organization(s) that operated,

Superviseu	. Or controlled	the supportin	y organization.
Section C. Ty	pe II Supp	orting Org	anizations

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

Section D.	All Typ	e III Sup	porting	Organizations	

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method t	hat the organization used to satisf	v the Integral Part Test durin	a the year (see instructions).
•		nal line organization used to satisi	, וווכ ווווכקומו ז מונ ז ככו טעוווי	

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** _____ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c		The organization supported a governmental entity	Describe in Part VI how you supported a governmental entit	y (see instruction <u>s</u>	s).
---	--	--	---	-----------------------------	-----

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

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

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

 Yes
 No

 2a
 ...

 2a
 ...

 2b
 ...

 2b
 ...

 3a
 ...

 3b
 ...

232025 12-09-22

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

MUSEUM OF THE CITY OF NEW YORK

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

instructions).

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

13-1624098 Page 6

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Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes

Part V	Type III Non-Fun	ctionally Integrat	ed 509(a)(3) Su	ppor	ting O	rganizatio	ons (continued)
	(Form 990) 2022	MUSEUM O						

1	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro		5		
6	Other distributions (<i>describe in Part VI</i>). See instructions.		6		
7	Total annual distributions. Add lines 1 through 6.		7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
с	Excess from 2020				
d	Excess from 2021				
e	Excess from 2022				

Schedule A (Form 990) 2022

Current Year

Schedule A (Form 990) 2022

	A (Form 990) 2022			CITY O			13-1624098	Page 8
Part VI	Part IV, Section A, line 1; Part IV, Sec	lines 1, 2, 3b, 3c, 4b, tion D, lines 2 and 3; F	4c, 5a, 6, 9a, Part IV, Sectic	9b, 9c, 11a, 1 on E, lines 1c, 2	1b, and 1 [.] 2a, 2b, 3a,	1c; Part IV, and 3b; Pa	Part II, line 17a or 17b; Part III, line 12; Section B, lines 1 and 2; Part IV, Section (art V, line 1; Part V, Section B, line 1e; Part art for any additional information.	C, t V,
	(See instructions.)			55 2, 0, and 0.				
SCHEDU	JLE A, PART	II, LINE 1	0, EXPI	LANATION	FOR	OTHER	INCOME:	
MISCEI	LLANEOUS							
<u>2019</u> A	AMOUNT: \$	333,130.						
2020 A	AMOUNT: \$	172,936.						
SCHEDU	JLE A, PART	II, LINE 1	0, EXPI	LANATION	FOR	OTHER	INCOME:	
OTHER		<u>.</u>						
	AMOUNT: \$ 3	33,130.						
	AMOUNT: \$17							
<u> </u>		275501						
232028 12-09-	-22						Schedule A (Form 99	90) 2022
				22				

223451 11-15-22

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

MUSEUM OF THE CITY OF NEW YORK Organization type (check one):

13-1624098

Filers of:	Section:
Form 990 or 990-EZ	X 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

X 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 for an *exclusively* set in the set of the parts unless totaling the year for an *exclusively* for the parts unless totaling \$5,000 or more during the year for an *exclusively* set in the set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless total set of the parts unless the set of the parts unless total set

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2022)

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	ation

13-1624098

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 1,836,161. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Total contributions Type of contribution No. Name, address, and ZIP + 4 2 X Person Payroll 700,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 650,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 4 X Person Payroll 625,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 608,946. Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution X 6 Person Payroll 560,963. Noncash X \$ (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

MUSEUM OF THE CITY OF NEW YORK

18580423 792240 010010000

IUSEU	M OF THE CITY OF NEW YORK	1	3-1624098
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt 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
6	DONATED SECURITIES		
		\$\$	05/25/23
(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
		\$	

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Schedule B (Form 990) (2022)

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2022.05090 MUSEUM OF THE CITY OF NEW 01001001

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

Schedule I	B (Form 990) (2022)		Page 4
Name of o	rganization		Employer identification number
MUSEU	M OF THE CITY OF NEW YO	RK	13-1624098
Part III	Exclusively religious, charitable, etc., contributi	ons to organizations described in sec	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or	charitable, etc., contributions of \$1,000 or le	S For organizations ss for the year. (Enter this info. once.)
(a) No.	Use duplicate copies of Part III if additional	space is needed.	1
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, a	nd ZIP + 4	Relationship of transferor to transferee
(-) N			-
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-		e) Transfer of gift	
		(c) francici of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-		e) Transfer of gift	
		(c) manerer er gint	
-	Transferee's name, address, a	nd 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
<u> </u>			
ŀ		e) Transfer of gift	I
ŀ	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
223454 11-15	j-22		Schedule B (Form 990) (2022)

18580423 792240 010010000

SC	CHEDULE D Supplemental Financial Statements						
	m 990)	Complete if the organization answered "Yes" on Form 990, 2021					
Dener	tment of the Treasury		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ttach to Form 990.		Open to Public		
	al Revenue Service		0 for instructions and the latest information.	-	Inspection		
Nam	e of the organization			Emp	loyer identification number		
		MUSEUM OF THE CITY			13-1624098		
Ра		-	d Funds or Other Similar Funds or A	ccoun	ts. Complete if the		
	organizatio	n answered "Yes" on Form 990, Part IV, line		(1) =			
			(a) Donor advised funds	(b) Fund	ds and other accounts		
1		d of year					
2		contributions to (during year)					
3		grants from (during year)					
4		end of year					
5	-		writing that the assets held in donor advised fun				
	-		exclusive legal control?		Yes No		
6			dvisors in writing that grant funds can be used o				
	• •		r donor advisor, or for any other purpose confer	U U			
De	impermissible priva				Yes No		
Pa			ganization answered "Yes" on Form 990, Part IV	, line 7.			
1		ervation easements held by the organizatio					
		of land for public use (for example, recreat			•		
		f natural habitat	Preservation of a cert	ified his	toric structure		
-		of open space					
2	•	a b .	ied conservation contribution in the form of a co	nservat	Held at the End of the last		
	day of the tax year				neiu al lile ciiu of lile fax feat		
				2a			
b	•			2b			
С			ucture included in (a)	2c			
d		vation easements included in (c) acquired a					
				2d			
3	Number of conserv	vation easements modified, transferred, rele	eased, extinguished, or terminated by the organ	ization o	during the tax		
	year						
4	Number of states v	where property subject to conservation eas					
			iodic monitoring inspection handling of				
5	6	ion have a written policy regarding the peri					
5	violations, and enfo	prcement of the conservation easements it	holds?				
	violations, and enfo	prcement of the conservation easements it					
5 6	violations, and enfo Staff and voluntee	procement of the conservation easements it hours devoted to monitoring, inspecting, I	holds? handling of violations, and enforcing conservation	on easei	ments during the year		
5	violations, and enfo Staff and voluntee	procement of the conservation easements it hours devoted to monitoring, inspecting, I	holds?	on easei	ments during the year		
5 6 7	violations, and enfo Staff and voluntee Amount of expens	brocement of the conservation easements it hours devoted to monitoring, inspecting, l es incurred in monitoring, inspecting, hand	holds? handling of violations, and enforcing conservation ling of violations, and enforcing conservation ea	on easei Isement	ments during the year		
5 6	violations, and enfo Staff and voluntee Amount of expens	orcement of the conservation easements it hours devoted to monitoring, inspecting, l es incurred in monitoring, inspecting, hand vation easement reported on line 2(d) above	holds? handling of violations, and enforcing conservation	on easei Isement	ments during the year		

Yes		No
ne		
ets.		
rks		
6	Yes	ne ets.

service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of

art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$

	(ii) Assets included in Form 990, Part X	\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provid	le
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	\$
b	Assets included in Form 990, Part X	\$

LHA For Paperwork Reduction Act Notice, see the Instructions for Fo	rm 990.
232051 09-01-22	
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Sche		OF THE CITY					-	13-16	524098	Pag	e 2
Par	t III Organizations Maintaining C	ollections of Art	t, Histo	orical Tre	asures, oi	r Other	Similar	[.] Asset	S (contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check	any of the f	ollowing that	make sig	nificant u	ise of its			
	collection items (check all that apply):										
а	X Public exhibition	d	X I	Loan or excl	hange progra	am					
b	X Scholarly research	e		Other							
С	X Preservation for future generations										
4	Provide a description of the organization's co	ellections and explair	how the	ey further th	e organizatio	n's exem	ot purpos	se in Par	t XIII.		
5	During the year, did the organization solicit o					er similar a	ssets	_	_		
	to be sold to raise funds rather than to be ma								Yes	X	No
Par	t IV Escrow and Custodial Arrang		ete if the	organizatio	n answered "	'Yes" on F	orm 990	, Part IV	line 9, or		
	reported an amount on Form 990, Par										
а	Is the organization an agent, trustee, custodi							Г	Vee	— .	
L	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	iowing ta	able.					Amount		
•	Reginning balance						1c		7 anount		
	Beginning balance Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i	f the organization an	swered '	"Yes" on Fo	rm 990, Part	IV, line 10).				
		(a) Current year		rior year	(c) Two year		d) Three y	ears back	(e) Four	years ba	ck
1a	Beginning of year balance	30,100,491.	34,	836,452.	27,211	.,437.	27,00	05,039	. 25,	911,43	;0.
b	Contributions	300,000.	2	,899,251.	3,828	3,460.	2,5	00,000		800,00	0.
	Net investment earnings, gains, and losses	3,305,020.	-4,	099,094.	7,395	5,196.		1,825	. 1,	484,02	22.
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs	1,189,453.	3 ,	,536,118.	3,598	3,641.	2,2	95,427	. 1,	190,41	.3.
f	Administrative expenses					-					
g	End of year balance	32,516,058.		100,491.		5,452.	27,21	11,437	. 27,	005,03	9.
2	Provide the estimated percentage of the curr	,	. 0	i, column (a)) held as:						
	Board designated or quasi-endowment	20.7805	_%								
	Permanent endowment 77.6752	%									
с		%									
0-	The percentages on lines 2a, 2b, and 2c show		1:	have belet as	al a aluatio tata u						
38	Are there endowment funds not in the posses	ssion of the organiza	luon inai	are neio an	iu auminister	ed for the			Г	Yes	No
	organization by:										x
	(i) Unrelated organizations										x
b	If "Yes" on line 3a(ii), are the related organiza										
4	Describe in Part XIII the intended uses of the										
	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990	, Part IV	, line 11a. S	ee Form 990	, Part X, lii	ne 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	cumulate	d	(d) Book	value	
		basis (investr		• •	(other)	• •	reciation				
1a	Land										
	Buildings				2,405.		53,23		L9,239),173	3.
	Leasehold improvements				4,506.		64,50).
d	Equipment				2,223.	4,5	40,67	70.		.,553	
e	Other				4,105.					,105	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part J	X, colum	n (B), line 10	<u>)c.)</u>				L9,374		
							:	Schedul	e D (Form	990) 20)22

	HE CITY OF NEW	V YORK	13-1624098 Page 3
Part VII Investments - Other Securities.	on Form 000. Dort IV/ line 1	11h Cao Farm 000 Dart V	line 10
Complete if the organization answered "Yes" (a) Description of security or Category (including name of security)	(b) Book value		n: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) EQUITY LONG/SHORT HEDGE			
(B) FUNDS	4,087,214.	END-OF-YEAR	MARKET VALUE
(C) MULTISTRATEGY HEDGE FUNDS	1,669,095.	END-OF-YEAR	MARKET VALUE
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	5,756,309.		
Part VIII Investments - Program Related.	an Farma 000 Dart IV line 1		line 10
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value		n: Cost or end-of-year market value
(1)			
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X,	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)(7)			
(7)(9)			
(8) (9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.	(10.)		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11e or 11f. See Form 990, F	Part X, line 25.
Image: Construction of liability		,	(b) Book value
(1) Federal income taxes			
(2) OPERATING LEASE LIABILITIE	ES		1,784,215.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		1,784,215.
2. Liability for uncertain tax positions. In Part XIII, provide			statements that reports the
organization's liability for uncertain tax positions under	FASB ASC 740. Check he	re if the text of the footnote	has been provided in Part XIII 🚺

Schedule D (Form 990) 2022

232053 09-01-22

	edule D (Form 990) 2022 MUSEUM OF THE CITY OF NEW	-		-	1624098 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem		Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			22 215 270
1				1	22,215,378.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	2 525 154		
а	3 (, ,		3,535,154.		
b			745,137.		
С	Recoveries of prior year grants		680.004		
d		2d	670,934.		
е	•			2e	4,951,225.
3	Subtract line 2e from line 1			3	17,264,153.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а			139,802.		
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	139,802.
с					
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990 Part 1 line 12)			5	17,403,955.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Staten	nents With		5	17,403,955.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12	nents With a.	n Expenses per F	5	17,403,955. n.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Staten	nents With a.	n Expenses per F	5	17,403,955.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12	nents With a.	1 Expenses per F	5 Retur	17,403,955. n.
5 Pa 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents With	n Expenses per F	5 Retur	17,403,955. n.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	nents With a.	1 Expenses per F	5 Retur	17,403,955. n.
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	nents With a2a 2b	Expenses per F 745,137.	5 Retur	17,403,955. n.
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c	1 Expenses per F	5 Retur	17,403,955. n.
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	745,137. 670,934.	5 Retur	17,403,955. n. 18,105,310. 1,416,071.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	745,137. 670,934.	5 Retur	17,403,955. n. 18,105,310.
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	745,137. 670,934.	5 Retur	17,403,955. n. 18,105,310. 1,416,071.
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	745,137. 670,934.	5 Retur	17,403,955. n. 18,105,310. 1,416,071.
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	745,137. 670,934.	5 Retur	17,403,955. n. 18,105,310. 1,416,071. 16,689,239.
5 Pa 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d 4a 4b	Expenses per F 745,137. 670,934. 139,802.	5 Retur	17,403,955. n. 18,105,310. 1,416,071. 16,689,239. 139,802.
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	TEXPENSES PER F	5 Retur	17,403,955. n. 18,105,310. 1,416,071. 16,689,239.

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

PART III, 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.

30

PART III, LINE 4:

THE MUSEUM HAS VARIOUS COLLECTIONS WHICH IT USES FOR ITS DIFFERENT

232054 09-01-22

Schedule D (Form 990) 2022

18580423 792240 010010000

EXHIBITIONS AND PROGRAMS THROUGHOUT THE YEAR.

PART V, LINE 4:

THE MUSEUM HAS DONOR-RESTRICTED ENDOWMENT FUNDS ESTABLISHED TO HELP FUND

VARIOUS PROJECTS AT THE MUSEUM.

PART X, LINE 2:

THE MUSEUM HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX

POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL

STATEMENTS. THE MUSEUM IS SUBJECT TO ROUTINE AUDITS BY TAXING

JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS

IN PROGRESS. THE MUSEUM BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX

EXAMINATIONS FOR YEARS PRIOR TO 2020.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES 603,841.

LIQUOR SALES EXPENSES

TOTAL TO SCHEDULE D, PART XI, LINE 2D

PART XII, LINE 2D - OTHER ADJUSTMENTS:RENTAL EXPENSESLIQUOR SALES EXPENSESTOTAL TO SCHEDULE D, PART XII, LINE 2D670,934.

Schedule D (Form 990) 2022

67,093.

670,934.

232055 09-01-22

SCHEDULE F	EDULE F Statement of Activities Outside the United States		tes –	OMB No. 1545-0047			
(Form 990) Complete if the organization answered "Yes" on					2022		
Department of the Treasury			Attach to Form 990.		0	Open to Public	
Internal Revenue Service	Go to w	ww.irs.gov/Form	1990 for instructions and the latest in	formation.		ispection	
Name of the organization					Employer ide	ntification number	
MUSEUM OF THE					13-1624		
		ctivities Out	side the United States. Comple	te if the organ	ization answere	d "Yes" on	
Form 990, Part 1 For grantmakers. Doe		maintain raaar	ds to substantiate the amount of its grar	to and other	agistango		
•	•		the selection criteria used to award the g		· -	Yes No	
2 For grantmakers. Des United States.	scribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistance o	outside the	
3 Activities per Region. (The following Part	I, line 3 table ca	an be duplicated if additional space is ne	eded.)			
(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, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, specific type (s) in the region	(f) Total expenditures for and investments in the region	
CENTRAL AMERICA AND							
THE CARIBBEAN	0	0	INVESTMENTS			5,756,309.	
	_						
3 a Subtotal	0	0				5,756,309.	
b Total from continuation		0					
sheets to Part I c Totals (add lines 3a	0					0.	
and 3b)	0	o				5,756,309.	

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

Schedule F (Form 990) 2022

232071 10-17-22

Schedule F (Form 990) 2022

MUSEUM OF THE CITY OF NEW YORK

13-1624098

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)
	2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax							
			or counsel has provided a sect					
	<u> </u>					F	Sched	ule F (Form 990) 2022

13-1624098

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)

Schedule F (Form 990) 2022

			OF	THE	CITY	OF	NEW	YORK
Part IV	Foreign Form	IS						

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X 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	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	X 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? <i>If</i> "Yes," <i>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)</i>	X Yes	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "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	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022	MUSEUM	OF	THE	CITY	OF	NEW	YORK	
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Supplemental Information

Part V

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.

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiviti	ies d	DMB No. 1545-0047	
(Form 990)		e organization answered "Yes" on I organization entered more than \$15				r 19, or	[.] if the	2022	
Department of the Treasury	U	Attach to Form 990 o						Open to Public	
Internal Revenue Service		o www.irs.gov/Form990 for instruc	tions	and tl	ne latest information			Inspection	
Name of the organization				- T7			mployeride	ntification number	
Part I Fundrais	MUSEUM OF THE CITY OF NEW YORK 13 - Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form								
required to complete this part.									
 a Mail solicitat b Internet and c Phone solicit d In-person so 2 a Did the organization key employees list 	ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?	·	Yes		
(i) Name and address or entity (fund		(ii) Activity	(iii) fundr have cr or con contribu	ustody itrol of	(iv) Gross receipts from activity	to (or fu	mount paid retained by) ndraiser d in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No					
Total									
	ch the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is ex	empt from re	gistration	

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

Schedule G (Form 990) 2022

232081 10-27-22

MUSEUM OF THE CITY OF NEW YORK

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 gro	1			s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			WINTER BALL	SPRING LECTURE	3	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
				(event type)		
Revenue	1	Gross receipts	2,209,606.	156,760.	247,977.	2,614,343
	2	Less: Contributions	909,547.	57,010.	58,190.	1,024,747
	3	Gross income (line 1 minus line 2)	1,300,059.	99,750.	189,787.	1,589,596
	4	Cash prizes			10,325.	10,325
	5	Noncash prizes	580.	775.		1,355
Denses	6	Rent/facility costs	163,245.	22,347.	22,009.	207,601
Direct Expenses	7	Food and beverages	220,963.	40,085.	78,256.	339,304
	_		2 1 2 1	1 752		2 074
	8	Entertainment	2,121. 11,457.	1,753. 1,145.	5,151.	<u>3,874</u> 17,753
	9 10	Other direct expenses Direct expense summary. Add lines 4 through		· · · ·		580,212
		Net income summary. Subtract line 10 from li	()			
_	11					1,009,384
			answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
Par		II Gaming. Complete if the organization				1,009,384 (d) Total gaming (add col. (a) through col. (c
ai		II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	(d) Total gaming (add
aniavan	t I 1	II Gaming. Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	(d) Total gaming (add
Prevenue	t I 1	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	(d) Total gaming (add
Prevenue	1 2 3	II Gaming. Complete if the organization is \$15,000 on Form 990-EZ, line 6a. Gross revenue	answered "Yes" on Form	990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	(d) Total gaming (add
Panevenue	<u>t I</u> 2 3 4	II Gaming. Complete if the organization is \$15,000 on Form 990-EZ, line 6a. Gross revenue	answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	(d) Total gaming (add
Panevenue	1 2 3 4 5	II Gaming. Complete if the organization is \$15,000 on Form 990-EZ, line 6a. Gross revenue	answered "Yes" on Form	990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	(d) Total gaming (add
Panevenue	1 2 3 4 5 6	II Gaming. Complete if the organization is \$15,000 on Form 990-EZ, line 6a. Gross revenue Gross revenue Cash prizes Gross prizes Noncash prizes Gross prizes Other direct expenses Gther direct expenses	(a) Bingo	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	(d) Total gaming (add
t Expenses Revenue	1 2 3 4 5 7	Image: Gaming. Complete if the organization is \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	(a) Bingo (a) Bingo (b) Bingo (c) Bi	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo Yes% No	eported more than (c) Other gaming	(d) Total gaming (add

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes **b** If "Yes," explain:

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Schedule G (Form 990) 2022

No

Schedule G (Form 990) 2022	MUSEUM OF THE CITY OF NEW YORK	13-1624098 Page 3
11 Does the organization conduct g	aming activities with nonmembers?	Yes No
	neficiary 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 gamir		
14 Enter the name and address of the	he person who prepares the organization's gaming/special events books and record	rds:
Name		
Name		
Address		
15a Does the organization have a co	ntract with a third party from whom the organization receives gaming revenue? \dots	Yes No
b If "Yes," enter the amount of gar	ning revenue received by the organization \$ and the ar	mount
of gaming revenue retained by th		
c If "Yes," enter name and address	s of the third party:	
Name		
Address		
Address		
16 Gaming manager information:		
Name		
Gaming manager compensation	\$	
Description of services provided		
Director/officer	Employee Independent contractor	
	Employee Independent contractor	
17 Mandatory distributions:		
	er state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?		Yes No
•••	s required under state law to be distributed to other exempt organizations or spent	
organization's own exempt activ		
	rmation. Provide the explanations required by Part I, line 2b, columns (iii) and (v	/); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, a	is applicable. Also provide any additional information. See instructions.	
232083 10-27-22		Schedule G (Form 990) 2022
	39	- (,

Schedule G	a (Form 990)
	<u> </u>

Part IV	Supplemental Information	(continued)
		Schedule G (Form 990)
232084 04-01-2	22	

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SC	HEDULE J	Compensation Information	1	OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	99)
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	22	-
Dena	tment of the Treasury	Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organization		Employer i			nber
		MUSEUM OF THE CITY OF NEW YORK	13-1	62409	8	
Ра	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	°				
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation fee				
		spending account Personal services (such as maid, chauffer	Jr, chet)			
la la						
D	•	on line 1a are checked, did the organization follow a written policy regarding payment or		41.		
~		rovision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>		
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		2		
	trustees, and onice	rs, including the CEO/Executive Director, regarding the items checked on line 1a?				
3	Indicato which if a	ny, of the following the organization used to establish the compensation of the organization's				
5		ector. Check all that apply. Do not check any boxes for methods used by a related organization s				
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
	·	ompensation consultant Compensation survey or study				
	·	ther organizations I I Approval by the board or compensation of X	ommittee			
			ommittee			
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 re					
а	-	e payment or change-of-control payment?		4a		X
b		eive payment from a supplemental nonqualified retirement plan?				X
c	-	eive payment from an equity-based compensation arrangement?				x
	-	hes 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		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			
	contingent on the r					
а	-			5a		X
		ation?				X
		r 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatic	n			
	contingent on the r	et earnings of:				
а	The organization?			6a		X
		ation?				X
		or 6b, describe in Part III.				
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	;			
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?	<u></u>	9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	lule J (Forn	n 990)	2022

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

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

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

		(B) Breakdown of W	-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) WHITNEY DONHAUSER	(i)	394,669.	0.	0.	31,716.	39,140.	465,525.	0.
PRESIDENT & DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SARAH HENRY	(i)	298,480.	0.	0.	23,986.	30,302.	352,768.	0.
DEPUTY DIRECTOR / CHIEF CU	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) OSMAN KURTULUS	(i)	200,530.	0.	0.	16,115.	36,548.	253,193.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KEITH BUTLER	(i)	192,637.	0.	0.	15,480.	11,790.	219,907.	0.
VP OF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) GERARD GALLAGHER	(i)	175,844.	0.	0.	14,131.	28,295.	218,270.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SHERYL VICTOR	(i)	160,154.	0.	0.	12,870.	36,548.	209,572.	0.
VP OF MARKETING	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) HENRY GALINDO	(i)	126,432.	0.	0.	10,160.	37,164.	173,756.	0.
DIRECTOR OF FACILITIES	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

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.

Schedule J (Form 990) 2022

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

Z

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Employer identification number

13-1624098

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30
Attach to Form 990.

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

Name of the organization

MUSEUM OF THE CITY OF NEW YORK

Pa	tl	Types of Property							
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	;
1	Art - ۱	Norks of art							
2		Historical treasures							
3		Fractional interests							
4		s and publications							
5		ing and household goods							
6		and other vehicles							
7		and planes							
8		ectual property							
9	Secu	rities - Publicly traded	X	4	590,000.	FMV			
10		rities - Closely held stock							
11		rities - Partnership, LLC, or							
	trust	interests							
12	Secu	rities - Miscellaneous							
13	Quali	fied conservation contribution -							
	Histo	ric structures							
14	Quali	fied conservation contribution - Other \dots							
15	Real	estate - Residential							
16	Real	estate - Commercial							
17	Real	estate - Other							
18		ctibles							
19	Food	inventory							
20		s and medical supplies							
21	Taxid	ermy							
22	Histo	rical artifacts							
23	Scier	tific specimens							
24	Arche	eological artifacts							
25	Othe	- ()							
26	Othe	· ()							
27	Othe								
28	Othe	· ()							
29	Num	per of Forms 8283 received by the organi	zation during	g the tax year for c	ontributions				
	for w	nich the organization completed Form 82	83, Part V, D	onee Acknowledg	ement				
)	/es	No
30a		g the year, did the organization receive b							
		hold for at least 3 years from the date of		ntribution, and whi	ch isn't required to be used t	or			
		pt purposes for the entire holding period	?				30a	_	<u> </u>
		s," describe the arrangement in Part II.							
31		the organization have a gift acceptance				ions?	31	-+	X
32a		the organization hire or use third parties		-					v
L		ibutions? s " describe in Part II					32a		<u> </u>
n	IT "YO	s describe in Part II							

 describe in Part II.

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

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2022

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Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

Part II

THE MUSEUM IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED.

Schedule M (Form 990) 2022

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SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



MUSEUM OF THE CITY OF NEW YORK

Employer identification number 13-1624098

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

THE MUSEUM OF THE CITY OF NEW YORK FOSTERS UNDERSTANDING OF THE

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.

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

THE MUSEUM ACQUIRED OVER 800 WORKS IN FY23, PREDOMINANTLY IN

PHOTOGRAPHY BUT INCLUDING NOTEWORTHY SCULPTURE HIGHLIGHTS, FACILITATED

15 OUTGOING LOANS, COORDINATED LOANS FOR AND INSTALLED FOUR EXHIBITIONS

INCLUDING ONE OF OUR MOST AMBITIOUS SPANNING THE ENTIRETY OF THE THIRD

FLOOR IN HONOR OF THE MUSEUM'S CENTENNIAL.

OVER THE COURSE OF FY23 WE HIRED AN ASSISTANT REGISTRAR, COSTUME COLLECTIONS MANAGER, TWO COLLECTIONS MANAGERS, A NEW INSTITUTIONAL ARCHIVIST AND A MANAGER OF EXHIBITION INSTALLATION. HIRING AND TRAINING THIS NUMBER OF NEW TEAM MEMBERS TOOK A SIGNIFICANT AMOUNT OF TIME.

THE TRAVELING EXHIBITIONS COORDINATOR POSITION WAS ELIMINATED AT THE END OF FY22, THE ASSISTANT REGISTRAR AND THE RIGHTS AND REPRODUCTION COORDINATOR LEFT THE MUSEUM. THIS WORK WAS ABSORBED BY THE REGISTRAR AND DIRECTOR OF COLLECTIONS. MCNY'S TRAVELING EXHIBITION THROUGH A DIFFERENT LENS: STANLEY KUBRICK PHOTOGRAPHS WAS PAUSED AND SHIPPED BACK TO THE US UNTIL ANOTHER VENUE IS DETERMINE.

 CITY GRANT WORK TO DIGITIZE PORTIONS OF OUR COLLECTION THROUGH BOTH THE

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

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Employer identification number 13 - 1624098

IMLS AND GARDINER FOUNDATION CONTINUED AND WERE MADE AVAILABLE ONLINE

UNTIL THE IMLS GRANT EXPIRED. DIGITIZATION AND DOCUMENTATION OF NEW

ACQUISITIONS CONTINUES.

ONE OF THE INTENSIVE PROJECTS WHICH BEGAN IN FY22 WAS THE TRANSITION FROM OUR FORMER DATABASE (MUSEUMPLUS) TO THE MUSEUM SYSTEM. (THAT WAS COMPLETED IN FY23.)

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: WITH GREAT EXCITEMENT, THE CENTER OPENED ITS DOORS IN FULL IN JANUARY AND OFFERED ONSITE PROGRAMS, AS WELL AS VIRTUAL OFFERINGS, FROM JANUARY THROUGH JUNE. IN FY2023, THE FREDERICK A.O. SCHWARZ EDUCATION CENTER SERVED 18,460 STUDENTS, TEACHERS, AND FAMILIES THROUGH VIRTUAL AND ONSITE PROGRAMMING AND CONNECTED WITH OVER 60,000 VIEWERS ONLINE THROUGH SCHWARZ CENTER-GENERATED EDUCATIONAL CONTENT. EDUCATION REMAINS AT THE CORE OF THE MUSEUM'S MISSION. STUDENTS, EDUCATORS, FAMILIES, AND COMMUNITY MEMBERS FROM ACROSS THE FIVE BOROUGHS AND AROUND THE WORLD TAKE PART IN THE SCHWARZ CENTER'S EDUCATIONAL PROGRAMMING EACH YEAR. OUR PROGRAMS FOCUS ON INQUIRY-BASED LEARNING AND HANDS-ON EXPERIENCES TO ENGAGE LEARNERS IN EXAMINING THE CITY'S PAST SO THAT THEY MAY UNDERSTAND THE PRESENT AND ENVISION THEIR ROLE IN SHAPING THE FUTURE. EDUCATIONAL OFFERINGS AT THE CENTER INCLUDE VIRTUAL AND ONSITE FIELD TRIPS, OUT-OF-SCHOOL-TIME PROGRAMS, PROFESSIONAL DEVELOPMENT WORKSHOPS AND COURSES FOR TEACHERS, CURRICULUM AND EDUCATIONAL RESOURCE DEVELOPMENT, AND FAMILY AND COMMUNITY PROGRAMS. FIELD TRIPS MAKE UP THE BULK OF THE SCHWARZ CENTER'S ATTENDANCE, LINKING HISTORICAL AND CONTEMPORARY TOPICS PERTAINING TO NEW YORK CITY TO THE NEW YORK CITY Schedule O (Form 990) 2022 232212 10-28-22

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Schedule O (Form 990) 2022 Name of the organization MUSEUM OF THE CITY OF NEW YORK	Page Employer identification number 13-1624098
DEPARTMENT OF EDUCATION SCOPE AND SEQUENCE FOR SOCIAL STU	DIES, COMMON
CORE LEARNING STANDARDS FOR ENGLISH LANGUAGE ARTS IN HISTO	ORY, AND THE
NEW YORK STATE NEXT GENERATION LEARNING STANDARDS FOR LITH	ERACY IN
HISTORY/SOCIAL STUDIES.	
THE SCHWARZ CENTER OFFERS ONSITE AND VIRTUAL TRIPS THAT U	TILIZE
MUSEUM-DEVELOPED CONTENT AND HANDS-ON LEARNING TO EXPLORE	TOPICS THAT
ARE DISTINCTLY NEW YORK. LED BY MUSEUM EDUCATORS, THESE PH	ROGRAMS ARE 60
OR 90 MINUTES AND ARE DESIGNED FOR INDIVIDUAL SCHOOL GROUP	PS OF UP TO 35
STUDENTS EACH. ALL PROGRAMS FEATURE IMAGES, TEXT, AND CONT	TENT FROM
CURRENT AND ARCHIVAL EXHIBITIONS, AND IN FY2023 THE CENTER	R PRIORITIZED
CREATING NEW ART-MAKING WORKSHOPS AND OTHER ENGAGEMENTS TO	O ENSURE EACH
FIELD TRIP EXPERIENCE INCLUDES A HANDS-ON ACTIVITY IN-GALI	LERY FIELD
TRIPS HAVE BEEN A CORNERSTONE OF THE MUSEUM'S EDUCATION PH	ROGRAM FOR
MANY YEARS, AND THE CHALLENGES OF THE PANDEMIC CREATED AN	OPPORTUNITY
TO DIGITIZE OUR FIELD TRIP PROGRAMMING VIA ZOOM. FOR THE P	RETURN TO
ONSITE FIELD TRIPS, THE CENTER OFFERED FIELD TRIPS ON A PI	ILOT BASIS
OVER THE SUMMER AND IN DECEMBER 2022, WHILE THE SCHWARZ CI	ENTER
CONTINUED TO ENGAGE WITH K-12 STUDENTS THROUGH VIRTUAL FIL	ELD TRIP
FORMATS. IN JANUARY 2023, THE SCHWARZ CENTER OFFICIALLY RE	ELAUNCHED
IN-PERSON FIELD TRIPS WITH MANY NEW AND ROBUST OFFERINGS A	AND
IMMEDIATELY RECEIVED AN OVERWHELMING INFLUX OF REQUESTS FI	ROM SCHOOL
GROUPS.	
VIRTUAL STUDENT WORKSHOPS ARE FREE, LARGE-SCALE PROGRAMS H	HELD VIA ZOOM
WEBINAR THAT SERVE MULTIPLE CLASSROOMS AND GRADE LEVELS AT	F ONCE.
PARTICIPANTS SEE AND DISCUSS VISUALS FROM THE MUSEUM'S EXH	HIBITIONS AND
COLLECTIONS ON SUCH THEMES AS THE CIVIL RIGHTS MOVEMENT, W	NOMEN'S
SUFFRAGE, AND GRAFFITI ART IN NEW YORK CITY TO CONNECT THE	E PAST TO OUR
PRESENT. OFFERING LARGE-SCALE VIRTUAL WORKSHOPS FOR FREE I	ENABLES
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Schedule O (Form 990) 2022 Name of the organization MUSEUM OF THE CITY OF NEW YORK	Page 2 Employer identification number 13-1624098
SCHOOLS WHO ARE OTHERWISE UNABLE TO VISIT THE MUSEUM, EITH	
LACK OF FUNDING OR TO GEOGRAPHY, TO ACCESS OUR EDUCATIONAL	RESOURCES
AND COLLECTIONS.	
TO COMPLEMENT THE MUSEUM'S INDIVIDUAL GROUP OFFERINGS, THE	SCHWARZ
CENTER CONTINUED TO OFFER LARGE-SCALE VIRTUAL STUDENT WORK	SHOPS FOR
MULTIPLE SCHOOL GROUPS OR CLASSROOMS FROM ACROSS THE CITY	TO JOIN FOR
FREE. VIRTUAL WEBINARS WERE INITIALLY LAUNCHED IN RESPONS	E TO THE
SHIFT TO VIRTUAL LEARNING IN FY2021, WITH PREVIOUS TOPICS	INCLUDING
CITY AS CANVAS: ART AND GRAFFITI IN NYC, "FOR THE PEOPLE'S	HEALTH: THE
YOUNG LORDS AND HEALTH ACTIVISM AND RAISE YOUR VOICE: AAPI	CREATIVITY
IN RESISTANCE. WEBINARS FEATURE A VARIETY OF TOPICS AND AR	E SEGMENTED
BY GRADE-BAND TO MORE CLOSELY CONNECT TO IN-CLASSROOM LEAR	NING.
IN FY2023, THE MUSEUM LAUNCHED A NEW SERIES OF VIRTUAL STU	DENT
WORKSHOPS TO COMPLEMENT THE SCHWARZ CENTER'S WORK ON THE H	IDDEN VOICES:
UNTOLD STORIES OF NEW YORK CITY HISTORY CURRICULUM GUIDE D	EVELOPED IN
PARTNERSHIP WITH THE NEW YORK CITY DEPARTMENT OF EDUCATION	(NYC DOE).
IN JANUARY 2023, THE SCHWARZ CENTER LAUNCHED THE HIDDEN VO	ICES OF NEW
YORK CITY SERIES THAT REACHED NEARLY 4,000 VIRTUAL PARTICI	PANTS ACROSS
A TOTAL OF 12 ONLINE SESSIONS. THE SERIES WAS OFFERED ENTI	RELY FOR FREE
AND WAS DESIGNED FOR TEACHERS AND STUDENTS IN GRADES 3-5.	THE WORKSHOP
SERIES HIGHLIGHTS AND HONORS THE INDIVIDUAL AND COLLECTIVE	EXPERIENCES
OF A DIVERSE SWATH OF NEW YORKERS AND FEATURED THE STORIES	OF SIX
HISTORICAL FIGURES FROM NYC WHO ADVOCATED FOR THE RIGHTS O	F BLACK,
INDIGENOUS, AND OTHER COMMUNITIES OF COLOR, WORKING COMMUN	ITIES, AND
GENDER AND SEXUALLY DIVERSE COMMUNITIES: ANTONIA PANTOJA,	BAYARD
RUSTIN, ELSIE RICHARDSON, DAVID RUGGLES, WONG CHIN FOO, AN	D SILVIA
RIVERA.	
THE STUDENT PROGRAM WAS COMPLEMENTED BY PROFESSIONAL LEARN	ING EVENTS

THE STUDENT PROGRAM WAS COMPLEMENTED BY PROFESSIONAL LEARNING EVENTS 232212 10-28-22 Schedule O (Form 990) 2022 49 2022.05090 MUSEUM OF THE CITY OF NEW 01001001

Schedule O (Form 990) 2022 Name of the organization	Employer identification number
MUSEUM OF THE CITY OF NEW YORK	13-1624098
WHICH WERE DESIGNED TO SUPPORT EDUCATORS WITH THE BEST TEA	ACHING
STRATEGIES TO BRING THESE STORIES INTO THE CLASSROOM, INCL	JUDING
ACTIVITIES AND DISCUSSION STRATEGIES FOR GRADES 3 TO 5. GU	JEST SPEAKERS
PROVIDED ADDITIONAL BACKGROUND ON THE FEATURED INDIVIDUALS	S, AND ONLINE
RESOURCES WERE SHARED TO HELP EDUCATORS PREPARE AND IMPLEN	IENT
CULTURALLY RESPONSIVE PEDAGOGY THAT VALUES THE FAMILIES, F	NOWLEDGE, AND
EXPERIENCES OF DIVERSE STUDENTS IN NEW YORK. THESE FIVE VI	RTUAL
PROFESSIONAL LEARNING SESSIONS WELCOMED A TOTAL OF 176 ATT	ENDEES.
THE SCHWARZ CENTER EVALUATES ALL IN PERSON AND VIRTUAL STU	JDENT
PROGRAMMING USING DIGITAL EVALUATION TOOLS TO ALLOW EDUCAT	ORS TO SHARE
FEEDBACK ABOUT THEIR EXPERIENCE ENGAGING THE MUSEUM'S STUI	ENT PROGRAMS.
BASED UPON THEIR EXPERIENCES, NEARLY 100% OF SURVEY RESPON	IDENTS HAVE
INDICATED AN INTEREST IN RETURNING TO THE MUSEUM FOR FUTUR	E PROGRAMS.
THIS YEAR, THE MUSEUM CONTINUED TO DEVELOP AND REFINE OUR	IN-DEPTH,
LONG-TERM SCHOOL PARTNERSHIPS PROGRAM MODEL. THE MUSEUM PA	ARTNERED WITH
THE SOUTH BRONX COMMUNITY CHARTER HIGH SCHOOL (10TH GRADE)	AGAIN THIS
YEAR, AND ALSO ADDED A SECOND LOCAL SCHOOL, P.S. 108 SCHOO	L OF AUTHORS
(2ND GRADE).	
THROUGH ITS PROFESSIONAL LEARNING OFFERINGS, THE SCHWARZ (CENTER SERVES
PK-12 EDUCATORS AND ADMINISTRATORS THROUGH LECTURES, WORKS	Shops,
WEEK-LONG COURSES, CURRICULUM SUPPLEMENTAL MATERIALS, AND	
COLLABORATIONS WITH THE NYC DOE, THE MAJORITY OF WHICH ARE	E FREE TO
PARTICIPANTS. IN FY2023, THE MUSEUM SERVED OVER 2,300 EDUC	CATORS THROUGH
PROFESSIONAL LEARNING PROGRAMS, WHICH INCLUDED BOTH SINGLE	-DAY EVENTS
AND MULTI-SESSION PROGRAMS. THE MUSEUM IS AN ACCREDITED PF	ROVIDER OF
PROFESSIONAL LEARNING WITH BOTH THE NYCDOE AND THE NEW YOF	RK STATE
EDUCATION DEPARTMENT, AND ELIGIBLE PROGRAM PARTICIPANTS RE	
CONTINUING EDUCATION CREDITS. THE MUSEUM HAS LONG SERVED A	
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Name of the organization MUSEUM OF THE CITY OF NEW YORK	Employer identification number $13 - 1624098$
RESOURCE FOR OUR CITY'S TEACHERS AND CONTINUED TO OFFER OP	PORTUNITIES
FOR ENGAGEMENT WITH THE MUSEUM'S CONTENT, SCHOLARSHIP, AND	LEADERSHIP
THROUGHOUT THE PAST YEAR.	
AT THE ONSET OF FY2023, THE MUSEUM LAUNCHED NEW PROGRAMMIN	G DESIGNED
BY, FOR, AND WITH NEW YORK'S K-12 STUDENTS AND EDUCATORS,	LOCAL FAMILY
AND COMMUNITY MEMBERS, AND NATIONAL AND INTERNATIONAL VISI	TORS ALIKE.
THE CORE TENANT OF THESE PROGRAMMATIC OBJECTIVES IS TO SUP	PORT NEW YORK
CITY YOUTH, FAMILIES, AND COMMUNITY MEMBERS THROUGH SPECIF	IC CHANNELS
DESIGNED TO CONNECT WITH OUR AUDIENCES IN WAYS THAT ARE EF	FECTIVE,
EQUITABLE, CREATIVE, AND ENGAGING. THE KICK-OFF PROGRAMMIN	G FOR THIS
INITIATIVE WAS THE REACH YOUTH AMBASSADORS PROGRAM PILOTED	IN SUMMER
2022. SUPPORTED BY A STARTING COHORT OF 85 YOUTH PARTICIPA	NTS
REGISTERED THROUGH THE NEW YORK CITY SUMMER YOUTH EMPLOYME	NT PROGRAM
(SYEP), THE PROGRAM WAS HELD ONSITE AT THE MUSEUM FOUR DAY	S PER WEEK.
PARTICIPANTS CHOSE AN ARTS DISCIPLINE TO EXPLORE LED BY TW	O TEACHING
ARTISTS AND PRESENTED A FINAL SHOWCASE OF THEIR WORK AT TH	E END OF THE
SUMMER.	
AT THE START OF THE 2022-2023 SCHOOL YEAR, THE MUSEUM LAUN	CHED TWO
PROGRAMS TO SERVE FAMILIES WITH CHILDREN FROM AGES 12 MONT	HS TO 12
YEARS: MOVIES FOR MINIS A MONTHLY, SATURDAY MOVIE SCREENI	NG AND ART
ACTIVITY WORKSHOP FOR INTERGENERATIONAL AUDIENCES; AND STO	RYTIME @ MCNY
A WEEKLY, FRIDAY MORNING STORYTELLING PROGRAM FACILITATED	BY A MUSEUM
EDUCATOR FEATURING ART ACTIVITIES AND ENGAGING INTERACTIVE	S. THESE
PROGRAMS SERVED NEARLY 900 PARTICIPANTS IN THIS PILOT YEAR	•
ADDITIONALLY, FROM SEPTEMBER 2022 TO APRIL 2023, THE MUSEU	M HOSTED OVER
10 COMMUNITY PARTNERS AND 500 ATTENDEES AT COMMUNITY EVENT	S

FORM 990	PART	ттт	LINE	4C	PROGRAM	SERVICE	ACCOMPLISHMENTS:
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Schedule O (Form 990) 2022

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CELEBRATING THE CITY: RECENT PHOTOGRAPHY ACQUISITIONS FROM THE JOY OF

GIVING SOMETHING

FEBRUARY 18, 2022 - JANUARY 9, 2023

CELEBRATING THE CITY: RECENT PHOTOGRAPHY ACQUISITIONS FROM THE JOY OF GIVING SOMETHING HIGHLIGHTS A GIFT THAT HAS DRAMATICALLY ADVANCED THE MUSEUM'S ALREADY EXCEPTIONAL PHOTOGRAPHY COLLECTION. JUXTAPOSING STRIKING RECENT IMAGES WITH WORK BY SOME OF THE 20TH CENTURY'S MOST IMPORTANT PHOTOGRAPHERS, INCLUDING THE MUSEUM'S FIRST IMAGES BY ROBERT FRANK AND WILLIAM KLEIN, THE EXHIBITION IS A MOVING CELEBRATION OF THE POWER OF PHOTOGRAPHY TO CAPTURE NEW YORK AND NEW YORKERS.

ANALOG CITY: NYC B.C. (BEFORE COMPUTERS)

MAY 20, 2022 - JANUARY 8, 2023

ANALOG CITY: NYC B.C. (BEFORE COMPUTERS) UNCOVERS THE ARRAY OF TOOLS, TECHNOLOGIES, AND LOST PROFESSIONS THAT SUPPORTED NEW YORK CITY AS IT EXPLODED INTO A GLOBAL METROPOLIS IN THE PRE-DIGITAL ERA. FOCUSING ON THE PERIOD BETWEEN THE1870S AND THE 1970S, ANALOG CITY EXAMINES THE TECHNOLOGIES THAT ENABLED THE CITY TO REACH ITS POSITION AS THE "CAPITAL OF THE WORLD" IN AN AGE BEFORE THE SPEED AND CAPACITY OF TODAY'S DIGITAL TECHNOLOGIES. SET AGAINST A CONTEMPORARY BACKDROP OF 24-HOUR NEWS CYCLES AND HIGH-SPEED TRADINGIN WHICH QUESTIONS ABOUT PRIVACY, TRUTH, AND THE IMPACT OF SOCIAL MEDIA ARE INCREASINGLY PRESSINGTHE EXHIBITION UNCOVERS THIS BYGONE ERA OF PAPER FILES AND PNEUMATIC TUBES, OF NOTE CARDS AND TELEPHONE DIRECTORIES, AND EXAMINES HOW NEW YORK THRIVED AS A CENTER OF FINANCE, NEWS, RESEARCH, AND REAL ESTATE IN AN ERA BEFORE PERSONAL COMPUTERS AND THE INTERNET.

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Name of the organization MUSEUM OF THE CITY OF NEW YORK	Employer identification number 13-1624098
THE STETTHEIMER DOLLHOUSE: UP CLOSE	
NOVEMBER 20, 2020 - OCTOBER 3, 2022	
ON DECEMBER 18, 1945, THE MUSEUM OF THE CITY OF NEW YORK H	IELD AN
UNUSUAL EVENT: A HOUSE-WARMING FOR A DOLL'S HOUSE. AMONG	THE INVITED
GUESTS WERE GEORGIA O'KEEFFE AND OTHER ARTISTIC LUMINARIES	G OF THE DAY.
THEY GATHERED TO CELEBRATE THE UNVEILING OF A ONE-OF-A-KIN	1D
THREE-DIMENSIONAL PIECE OF ART MADE BY CARRIE W. STETTHEIN	IER, WHO HAD
PASSED AWAY THE YEAR BEFORE.	
TODAY, THE STETTHEIMER "DOLL'S HOUSE" AN ARTISTIC MODEL N	IADE OVER THE
COURSE OF NEARLY TWO DECADES BETWEEN 1916 AND 1935 IS ONE	OF THE GREAT
TREASURES OF THE MUSEUM OF THE CITY OF NEW YORK. CARRIE, A	LONG WITH HER
SISTERS ETTIE AND FLORINE, HOSTED A FAMOUS ARTISTIC SALON	IN THE EARLY
20TH CENTURY, WHICH INFLUENTIAL ART HISTORIAN AND CRITIC A	ARTHUR DANTO
LATER CALLED THE "AMERICAN BLOOMSBURY." ETTIE WAS A PHILOS	SOPHER AND
NOVELIST; FLORINE WAS A PAINTER; CARRIE WAS AN ASPIRING TH	IEATRICAL
DESIGNER WHOSE ARTISTIC GOALS WERE DERAILED BY HER OBLIGAT	TIONS TO RUN
THE HOUSEHOLD. HER CREATIVE ENERGIES WERE CHANNELED INSTEA	AD INTO THE
CRAFTING OF A MINIATURE WORLD WHOSE INTERIOR REFLECTED THE	2
STETTHEIMERS' LIFE IN THEIR FASHIONABLE APARTMENT AND REFI	ECTED THE
AVANT-GARDE ARTISTIC CIRCLES OF NEW YORK IN THE 1920S	
FOR 19 YEARS, CARRIE STETTHEIMER WORKED ON THIS THREE-DIM	ENSIONAL WORK
OF ART, REFLECTING AND REINTERPRETING THE ARTISTIC, AESTH	TIC, AND
CULTURAL MILIEU IN WHICH SHE AND HER SISTERS MOVED. AMONG	ITS MOST
OUTSTANDING FEATURES IS THE BALLROOM, WHICH FEATURES MINIA	ATURE WORKS
GIFTED TO CARRIE BY SOME OF THE LEADING NAMES OF MODERN AN	RT IN NEW YORK
IN THE 1910S AND 1920S, INCLUDING LOUIS BOUCH, GASTON LACE	HAISE,
MARGUERITE AND WILLIAM ZORACH, AND MANY OTHERS. A PARTICUI	AR HIGHLIGHT
IS MARCEL DUCHAMP'S MINIATURE VERSION OF HIS FAMOUS NUDE I	DESCENDING A

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Name of the organization MUSEUM OF THE CITY OF NEW YORK	Employer identification number 13-1624098
STAIRCASE, WHICH HAD CREATED A SENSATION AT THE 1913 ARMON	RY SHOW IN NEW
YORK CITY.	
SEVENTY-FIVE YEARS LATER, THE MUSEUM CELEBRATES THE ANNIVI	ERSARY OF THIS
EXTRAORDINARY GIFT WITH A REINSTALLATION OF THE FAMOUS STI	ETTHEIMER
DOLLHOUSE. A NEW, DEDICATED GALLERY WILL PROVIDE GREATER A	ACCESS TO THIS
EXTRAORDINARY OBJECT DURING THIS TIME OF SOCIAL DISTANCING	G, AS WELL AS
BIOGRAPHICAL INFORMATION ABOUT THE STETTHEIMER SISTERS ANI	D THE MEMBERS
OF THEIR CIRCLE, INCLUDING INFLUENTIAL ARTISTS WHO MADE M	INIATURE
ARTWORKS FOR THE HOUSE. VISITORS WILL BE ABLE TO VIEW THE	HOUSE, LEARN
ABOUT ITS FEATURES, VIEW ENLARGED IMAGES OF THE TINY DETA	ILS, AND
DISCOVER RARELY SEEN ADDITIONAL MINIATURE WORKS BY SOME OF	F THE LEADING
LIGHTS OF EARLY 20TH-CENTURY MODERNISM, AMONG THEM A MINIA	ATURE GEORGE
BELLOWS.	
AS CARRIE'S SISTER ETTIE WROTE ABOUT THE GIFT OF THE DOLLI	HOUSE TO THE
MUSEUM OF THE CITY OF NEW YORK, "I FEEL CERTAIN THAT NO RE	EPOSITORY
WOULD HAVE BEEN MORE SATISFACTORY TO HER THAN THE MUSEUM (OF HER OWN
CITY."	
NEW YORK, NEW MUSIC 1980-1986	
JUNE 11, 2021 - SEPTEMBER 18, 2022	
DURING THE EARLY 1980S, NEW YORK EXPERIENCED A COMMUNITY-I	DRIVEN MUSICAL
RENAISSANCE. THE RESULT WAS AN ERA OF CREATIVITY AND GENRI	E-DEFYING
PERFORMANCE THAT STANDS AS ONE OF THE MOST INFLUENTIAL IN	MUSICAL AND
CULTURAL HISTORY. A WIDE RANGE OF MUSIC, FROM PUNK TO POP	TO HIP-HOP TO
SALSA TO JAZZ, MIXED IN A DYNAMIC ARTS SCENE THAT STRETCH	ED ACROSS
CLUBS AND BARS, THEATERS, PARKS, AND ART SPACES. TOGETHER	, THEY
PROVIDED FERTILE GROUND FOR A MUSICAL REVOLUTIONONE THAT (CONTINUES TO
INFLUENCE POP CULTURE TO THIS DAY. COINCIDING WITH THE 40	TH ANNIVERSARY
232212 10-28-22 54	Schedule 0 (Form 990) 2022
80423 792240 010010000 2022.05090 MUSEUM OF TH	E CITY OF NEW 010010

18

Name of the organization	Employer identification number
MUSEUM OF THE CITY OF NEW YORK	13-1624098
OF MTV, NEW YORK, NEW MUSIC: 1980-1986 HIGHLIGHTS DIVERSE	MUSICAL
ARTISTSFROM RUN DMC TO THE TALKING HEADS, FROM MADONNA TO	JOHN ZORNAS A
LENS TO EXPLORE THE BROADER MUSIC AND CULTURAL SCENE, INCL	UDING THE
INNOVATIVE MEDIA OUTLETS, VENUES, RECORD LABELS, FASHION A	ND VISUAL

ARTS CENTERED IN NEW YORK CITY IN THESE YEARS.

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

MUSEUM SHOP

EXPENSES \$ 423,459. INCLUDING GRANTS OF \$ 0. REVENUE \$ 395,989.

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:

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EACH MEMBER, TRUSTEE, PRINCIPAL OFFICER, AND MEMBER OF A COMMITTEE WITH

GOVERNING BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A CONFLICT OF INTEREST

FORM. IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN

INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND

BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE TRUSTEES AND

MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE

PROPOSED TRANSACTION OR ARRANGEMENT. AFTER DISCLOSURE OF THE FINANCIAL

INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE

INTERESTED PERSON, HE/SHE SHALL LEAVE THE GOVERNING BOARD OR COMMITTEE

MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND

VOTED UPON.

22212 10-28-22

Schedule Q (Form 990) 2022
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Schedule O (Form 990) 2022	Page 2
Name of the organization MUSEUM OF THE CITY OF NEW YORK	Employer identification number 13-1624098
THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A	CONFLICT OF
INTEREST EXISTS. AN INTERESTED PERSON MAY MAKE A PRESENTAT	ION AT THE
GOVERNING BOARD OR COMMITTEE MEETING, BUT, AFTER THE PRESE	NTATION, 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 APP	ROPRIATE, APPOINT
A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNA	TIVES 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 ARRA	NGEMENT FROM A
PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF	INTEREST. IF A
MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASON	ABLY POSSIBLE
UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST,	THE GOVERNING
BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF T	HE 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 A	S TO WHETHER TO
ENTER INTO THE TRANSACTION OR ARRANGEMENT. ANY DECISION BY	A COMMITTEE
SHALL BE SUBJECT TO REVIEW AND DETERMINATION BY THE GOVERN	ING BOARD SHOULD
IT ELECT TO DO SO.	

FORM 990, PART VI, SECTION C, LINE 19:

THE MUSEUM OF THE CITY OF NEW YORK MAKES ITS GOVERNING DOCUMENTS, CONFLICT

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OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE GENERAL

PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM PRIOR YEARS.

232212 10-28-22

Schedule O (Form 990) 2022

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

18580423 792240 010010000

. 8	879-TE		IRS	e-file S	ignatur ax Exer	e Auth	orizatio	on	F	OMB	No. 1545-0047
Form $lacksquare$		For calendar yea	ar 2022 or fisca	al year beginning		-	-	N 30	20 2 3	•	000
		i ui calendai yea		Do not send t				, <u>, , , , , , , , , , , , , , , , , , </u>	20 23	Z	022
	ent of the Treasury evenue Service			www.irs.gov/				on.			
Name o	f filer								EIN or SSN		
	MUSEUM	OF THE	CITY	OF NEW	YORK				13-16	2409	8
Name a	nd title of officer or pe	rson subject to ta		IAN KURI	ULUS						
		<u> </u>	CFC								
Part		Return and									
Form 5 or 10a whiche	the box for the retu 330 filers may ente below, and the amo ver is applicable, bl ne line in Part I.	r dollars and ce ount on that line ank (do not ent	ents. For all e for the re ter -0-). But	l other forms, e turn being fileo , if you entereo	enter whole do d with this forr d -0- on the ret	ollars only. If n was blank urn, then er	f you check t k, then leave l nter -0- on the	he box on li line 1b, 2b , e applicable	ine 1a, 2a, 3 , 3b, 4b, 5b, e line below.	3a, 4a, 5 6b, 7b, 3 Do not	a, 6a, 7a, 8a, 9a, 8b, 9b, or 10b, complete more
1a	Form 990 check h			otal revenue,							
2a	Form 990-EZ che			otal revenue,							
3a	Form 1120-POL	-		otal tax (Form							
4a -	Form 990-PF che			ax based on i							
5a	Form 8868 check	-		Balance due (F						5b	2,698.
6a 7-	Form 990-T check	-		otal tax (Form						6D	2,090.
7a	Form 4720 check	-		otal tax (Form							
8a 9a	Form 5227 check Form 5330 check	-		MV of assets		-	1 5227, Item I	D)			
9a 10a	Form 8038-CP ch	-		Tax due (Form Amount of cre		-	Eorm 8038 (ino 22)	9b 10b	
Part		ion and Sig								100	
financia later th payme person PIN: cl	b the financial institu al institution to debi an 2 business days nt of taxes to receiv al identification nun neck one box only	t the entry to th prior to the pa e confidential i nber (PIN) as m	his account ayment (set information ay signature	t. To revoke a tlement) date. necessary to a for the electro	payment, I mu I also authoriz answer inquiri onic return and	st contact t e the financ es and reso	the U.S. Trea cial institution live issues rel	sury Financ is involved i lated to the ent to elect	ial Agent at n the proces payment. I h ronic funds v	1-888-35 sing of t nave sele withdraw	3-4537 no he electronic ected a /al.
2	I authorize GR	ASSI & (CO. CP	•				to	enter my Pl	· · ·	10010
				ER0 1	irm name						ive numbers, but t enter all zeros
	as my signature with a state age on the return's c As an officer or return. If I have i IRS Fed/State p	ncy(ies) regulat lisclosure cons person subject ndicated withir	ting charitie ent screen to tax with n this returr	es as part of th I respect to the In that a copy o	e IRS Fed/Sta e entity, I will e f the return is	te program, enter my PIN being filed	, I also autho N as my signa with a state a	rize the afor ature on the	tax year 202	ERO to 22 electr	enter my PIN onically filed
Signature	of officer or person subject	0	,						Date		
Part		tion and Au	uthentica	ation							
	EFIN/PIN. Enter yo r (EFIN) followed by	0		•				210010 ter all zeros			
submit	r that the above nur ting this return in ac ss Returns.										
ERO's s	ignature GRA	SSI & CO	D. CPA	'S, P.C	•		Date	_04/	23/24		
		Do Νο		Must Retai t This Form					So		
LHA F	or Privacy Act and									Form 8	879-TE (2022)
202521	2-16-22				58						
					50						

Form	990-T	OMB No. 1545-0047			
			(and proxy tax under section 6033(e))		2022
		For ca	endar year 2022 or other tax year beginning JUL 1, 2022 , and ending JUN 30, 20	23	2022
Depai Intern	rtment of the Treasury al Revenue Service		Go to www.irs.gov/Form990T for instructions and the latest information. 20 not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3))_	Open to Public Inspection for 501(c)(3) Organizations Only
Α	Check box if address changed.		Name of organization (Check box if name changed and see instructions.)	DEmpl	loyer identification number
ΒE	xempt under section	Print	MUSEUM OF THE CITY OF NEW YORK	1	3-1624098
X	501(c)(3) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 1220 FIFTH AVENUE	E Grou (see	p exemption number instructions)
	408A 530(a) 529(a) 529A		City or town, state or province, country, and ZIP or foreign postal code NEW YORK , NY 10029	F	Check box if
		С Во	ok value of all assets at end of year		an amended return.
G	Check organization	type	X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	college/university
Н	Check if filing only to	C	Claim credit from Form 8941 Claim a refund shown on Form 2439		
1	Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation		
J	Enter the number of	attach	ed Schedules A (Form 990-T)		1
			e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? d identifying number of the parent corporation.		Yes X No
L	The books are in car	re of	OSMAN KURTULUS Telephone number	2125	341672
Pa	rt I Total Unr	elate	d Business Taxable Income		
1	Total of unrelated	busine	ss taxable income computed from all unrelated trades or businesses (see		
	instructions)			1	13,848.
2	Reserved			2	
3	Add lines 1 and 2			3	13,848.
4	Charitable contrib	utions (see instructions for limitation rules)	. 4	0.
5	Total unrelated bu	siness	taxable income before net operating losses. Subtract line 4 from line 3	. 5	13,848.
6	Deduction for net	operati	ng loss. See instructions	6	
7	Total of unrelated	busine	ss taxable income before specific deduction and section 199A deduction.		
	Subtract line 6 from	m line 5	5	7	13,848.
8	Specific deductior	n (gene	rally \$1,000, but see instructions for exceptions)		1,000.
9			duction. See instructions	-	
10	Total deductions.	. Add li	nes 8 and 9	10	1,000.
11	Unrelated busine	ss taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
	enter zero			11	12,848.
Pa	rt II Tax Com	putat	on		-
1	Organizations tax	able a	s corporations. Multiply Part I, line 11 by 21% (0.21)	. 1	2,698.
2	Trusts taxable at	trust ra	ates. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11 from	n: 🗌	Tax rate schedule or Schedule D (Form 1041)	. 2	
3	Proxy tax. See ins	structio	ns	3	
4	Other tax amounts	s. See i	nstructions	4	
5	Alternative minimu	um tax (trusts only)	5	
6	Tax on noncompl	liant fa	cility income. See instructions	. 6	
7	Total. Add lines 3	throug	h 6 to line 1 or 2, whichever applies	. 7	2,698.
1 1 1 4	Fau Dan amuada F		ion Act Nation, and instructions		Form 990-T (2022)

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2022)

223701 01-16-23

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a 1a b Other credits (see instructions) 1b 1c c General business credit. Attach Form 3800 (see instructions) 1b 1c d Credit for prior year minimum tax (attach Form 8801 or 8827) 1d 1e e Total credits. Add lines 1a through 1d 1e 2 2,698. 3 Other amounts due. Check if from:] Form 825 Form 8611 Form 8697 Form 8866 4 Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under section 1294. Enter tax amount here 4 2,698. 5 Current net 965 tax liability paid from Form 965A, Part II, column (k) 6a 6b 0. 6 D222 estimated tax payments. Check if section 643(g) election applies 6c 1,510. 6d 6 Gereign organizations: Tax paid or withheld at source (see instructions) 6e 6e 148. 7 Total payments. Add lines 6a through 6g 7 1,510. 6d 148. 9 Other credits, adjustments, and payments: Form 2239 Total 6g 1,236. 1	Form 9	90-T (2022)						Pa	ge 2
b Other credits (see instructions) c General business credit. Attach Form 3800 (see instructions) d Credit for pior year minimum tas (attach Form 8801 or 8827) e Total credits. Add lines 1a through 1d 2 Subtract line 1e from Part II, line 7 3 Other amounts due. Check if from: Other (attach statement) 4 Total tax. Add lines 2 and 3 (see instructions). Check if from: Current net 965 tax liability paid from Form 965-A, Part II, column (k) 6 6 9 2 2 2 2 2 2 2 2 2 2 3 4 Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under section 1294. Enter tax amount here 5 5 Current net 965 tax liability paid from Form 965-A, Part II, column (k) 6 6 9 2 2 2 2 2 2 3 4 7 10 9 10 10 11 12 13 14 14 15 16 16 16 17 18 19 10 11 <	Part	III Tax and Payments							
c General business credit. Attach Form 3800 (see instructions) 1c 1d d Credit for prior year minimum tax (attach Form 8801 or 8827) 1d 1e 2 Subtract line 1e from Part II, line 7 2 2, 698. 3 Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 3 Other (attach statement) 2 2, 698. 4 Total tax. Add lines 2 and 3 (see instructions) Check if includes tax previously deferred under section 1294. Enter tax amount here 4 2, 698. 5 Current net 965 tax liability paid from Form 965A, Part II, column (k) 6a 0. 5 0. 6 Backup withholding (see instructions) Ge 6c 1, 510. 6d 0. 6 Gredit for small employer health insurance premiums (attach Form 8941) 6f 6g 7 1, 510. 7 Total payments. Add lines 6a through 6g 7 1, 510. 8 148. 8 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount overpaid 10 11 7 Total payments. Add lines 6a through 6g 7 1, 316. 1 1 </th <th>1a</th> <th>Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)</th> <th> 1</th> <th>a</th> <th></th> <th></th> <th></th> <th></th> <th></th>	1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1	a					
d Credit for prior year minimum tax (attach Form 8801 or 8827) 1d e Total credits. Add lines 1a through 1d 1e 2 Subtract line 1e form Part II, line 7 2 2,698. 3 Other amounts due. Check if from: Form 4255 Form 8611 Form 8667 Form 8866 4 Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under section 1294. Enter tax amount here 4 2,698. 5 Current net 965 tax liability paid from Form 965.A, Part II, column (k) 5 0. 6a b2022 estimated tax payments. Check if section 643(g) election applies 6b 6c 1,510. 6 Foreign organizations: Tax paid or withheld at source (see instructions) 6e 6e 7 1,510. 8 Estimated tax payments. Add lines 6a through 6g 7 1,510. 8 148. 9 Total againemts. Add lines 6a through 6g 7 1,310. 8 148. 9 Total againemts. Add lines 6a through 6g 7 1,310. 8 148. 9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount overpaid 10 11 1	b	Other credits (see instructions)	. 1	b					
e Total credits. Add lines 1a through 1d te 2 Subtract line 1e from Part II, line 7 Form 4255 Form 8611 Form 8697 Form 8696 3 Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8666 4 Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under section 1294. Enter tax amount here 4 2, 698. 5 Current net 965 tax liability paid from Form 966A, Part II, column (k) 5 0. 6a Ba Ba 6d 7 Check if form 868 6d 6d 6 Ge 1,510. 6d 6d 7 Credit for small employer health insurance premiums (attach Form 8941) 6f 6d 9 Other credits, adjustments, and payments: Form 220 is attached 8 148. 9 Tax due, If line 7 is smaller than the total of lines 4, 5, and 8, enter amount overpaid 10 11 10 Itent the amount of line 10 you wait: Credited to 2022 estimated tax Refunded 11 11 Externents Regarding Certain Activities and Other Information (see instructions) 1, 336. 10	с	General business credit. Attach Form 3800 (see instructions)	1	с					
2 Subtract line 1e from Part II, line 7 2 2, 698. 3 Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 4 Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under section 1294. Enter tax amount here 4 2, 698. 5 Current net 965 tax liability paid from Form 965.A, Part II, column (k) 5 0. 6 Payments: A 2021 overpayment credited to 2022 6a b 2022 estimated tax payments. Check if section 643(g) election applies 6b c Tax deposited with Form 8868 6c 1,510. 6 Foreign organizations: Tax paid or withheld at source (see instructions) 6d 6 6e 6f 7 Total payments. Add lines 6a through 6g 7 8 Estimated tax penalty (see instructions) 6d 9 1,336. 10 Overpayment film 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 11 Far due, If line 7 is smaller than the total of lines 4, 5, and 8, enter amount overpaid 10 Istimated tax (add the organization reactive, id and 8, enter amount overpaid 11 Far due, If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 11 Far duing the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If Yes, " enter analytic non any have to file 12 At any time during the 2022 calendar year, did the organization from, or wasi the grant	d			d					
2 Subtract line 1e from Part II, line 7 2 2, 698. 3 Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 4 Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under section 1294. Enter tax amount here 4 2, 698. 5 Current net 965 tax liability paid from Form 965.A, Part II, column (k) 5 0. 6 Payments: A 2021 overpayment credited to 2022 6a b 2022 estimated tax payments. Check if section 643(g) election applies 6b c Tax deposited with Form 8868 6c 1 Credit for small employer health insurance premiums (attach Form 8941) 6f 9 Other credits, adjustments, and payments: Form 2439 9 Gg 7 1, 510. 8 Estimated tax penalty (see instructions) 6d 9 I, 336. 10 0 Overpayment. Film 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 11 Enter the amount for 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 10 Overpayment. Film 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 11 Part IV Statements Regarding Cerlain Activities and Other Information (see instructions) X 1 At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "yes," the organization may have to file 1 At	е	Total credits. Add lines 1a through 1d				1e			
Other (attach statement) 3 4 Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under section 1294. Enter tax amount here 5 Current net 965 tax liability paid from Form 965A, Part II, column (k). 6a 4 2022 estimated tax payments. Check if section 643(g) election applies 6a 6b c 1,510. 6d 6e 7 1,510. 8 Estimated tax penalty (see instructions). Cher (attach statement) 6g 7 1,510. 8 Estimated tax penalty (see instructions). Check if Form 2220 is attached 9 1,336. 10 0verpayment. Hine 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 11 Enter the amount of line 10 you want: Credited to 2023 estimated tax 9 1,336. 10 0verpayment. Hine 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 11 Enter the amount of line 10 you want: Credited to 2023 estimated tax 8	2					2	2,	69	8.
4 Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under section 1294. Enter tax amount here 4 2,698. 5 Current net 965 tax liability paid from Form 965.A, Part II, column (k). 5 0. 6a apayments: A 2021 overpayment credited to 2022 6a 6c 1,510. 6 b 2022 estimated tax payments. Check if section 643(g) election applies 6c 1,510. 6 Ge 6g 6d 6e 6d 7 Tax deposited with Form 8868 6c 1,510. 6d 6e 6 Gotino organizations: Tax paid or withheld at source (see instructions) 6d 6e 7 1,510. 7 Total payments. Add lines 6a through 6g 7 1,510. 8 148. 9 Obstranted tax panalty (see instructions). Check if Form 2220 is attached 8 1448. 9 1,336. 10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 11 12 Part IV Statements Regarding Certain Activities and Other Information (see instructions) 10 11 11 Enter the amount of line 10 you want: Credit	3	Other amounts due. Check if from: Form 4255 Form 8611 Form	1 8697		Form 8866				
4 Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under section 1294. Enter tax amount here 4 2,698. 5 Current net 965 tax liability paid from Form 965.A, Part II, column (k). 5 0. 6a apayments: A 2021 overpayment credited to 2022 6a 5 0. b 2022 estimated tax payments: Check if section 643(g) election applies 6c 1,510. d Foreign organizations: Tax paid or withheld at source (see instructions) 6d 6e d Foreign organizations: Tax paid or withheld at source (see instructions) 6d 7 g Other credits, adjustments, and payments: Form 2220 is attached 7 1,510. g Estimated tax panalty (see instructions). Check if Form 2220 is attached 9 1,336. 10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 11 Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded 11 Part IV Statements Regarding Certain Activities and Other Information (see instructions) 10 11 Part IV Statements Regarding certain Activities and Other Information (see instructions) X 10		Other (attach statement)				3			
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5 Current net 965 tax liability paid from Form 965-A, Part II, column (k) 5 0. 6a Payments: A 2021 overpayment credited to 2022 6a		section 1294. Enter tax amount here				4	2,	69	8.
b 2022 estimated tax payments. Check if section 643(g) election applies	5					5			
b 2022 estimated tax payments. Check if section 643(g) election applies	6a	Payments: A 2021 overpayment credited to 2022	6	a					
c Tax deposited with Form 8868 6c 1,510. d Foreign organizations: Tax paid or withheld at source (see instructions) 6d 6e e Backup withholding (see instructions) 6d 6e 6e g Other credits, adjustments, and payments: Form 2439 6f 6g 7 1,510. g Other credits, adjustments, and payments: Form 2439 6g 7 1,510. 8 Estimated tax penalty (see instructions). Check if Form 2220 is attached g 148. 9 1,336. 9 Tax due, If line 7 is smaller than the total of lines 4, 5, and 8, enter amount overpaid 10 10 11 11 Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded 11 10 11 Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded 11 11 Part IV Statements Regarding Certain Activities and Other Information (see instructions) 1 At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file X 2 No </th <th>b</th> <th>2022 estimated tax payments. Check if section 643(g) election applies</th> <th>6 🗌</th> <th>b</th> <th></th> <th></th> <th></th> <th></th> <th></th>	b	2022 estimated tax payments. Check if section 643(g) election applies	6 🗌	b					
d Foreign organizations: Tax paid or withheld at source (see instructions) 6d e Backup withholding (see instructions) 6d f Credit for small employer health insurance premiums (attach Form 8941) 6d g Other credits, adjustments, and payments: Form 2439	с			c	1,510.				
e Backup withholding (see instructions) 6e 6f f Credit for small employer health insurance premiums (attach Form 8941) 6f 6f g Other credits, adjustments, and payments: Form 2439 6g 6g g Other credits, adjustments, and payments: Form 2439 6g 6g 6g g Total payments. Add lines 6a through 6g 7 1,510. 8 148. g Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 9 1,336. g Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 10 11 Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded 11 11 Part IV Statements Regarding Certain Activities and Other Information (see instructions) 1 1 1 1 At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file 1 1 FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here X 2 2 1	d			d					
f Credit for small employer health insurance premiums (attach Form 8941) 6f g Other credits, adjustments, and payments: Form 2439 6g g Form 4136 0ther Total 6g 7 7 Total payments. Add lines 6a through 6g 7 1,510. 8 148. 9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 9 1,336. 10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 11 Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded 11 Part IV Statements Regarding Certain Activities and Other Information (see instructions) 10 11 11 Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded 11 Part IV Statements Regarding Certain Activities and Other Information (see instructions) 1 1 4 1 At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file X 2 During the tax year, did the organization receive a distribution from, or was it the	е			e					
g Other credits, adjustments, and payments: Form 2439	f			6f					
Form 4136 Other Total 6g 7 7 1,510. 8 Estimated tax penalty (see instructions). Check if Form 2220 is attached 8 148. 9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 9 1,336. 10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 11 Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded 11 Part IV Statements Regarding Certain Activities and Other Information (see instructions) 11 I At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file Yes No FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here X X 2 During the tax year, did the organization may have to file. X X X 3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ X 4 Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryove	g								
7 Total payments. Add lines 6a through 6g 7 1,510. 8 Estimated tax penalty (see instructions). Check if Form 2220 is attached 8 148. 9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 9 1,336. 10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 10 11 Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded 11 11 Part IV Statements Regarding Certain Activities and Other Information (see instructions) 11 11 11 Part IV Statements Regarding Certain Activities and Other Information (see instructions) 11 11 1 At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file 11 11 FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here CAYMAN ISLANDS X 2 During the tax year, did the organization may have to file. X X 3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ X		Form 4136 Other Tota		g					
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 9 1, 336. 10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 11 Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded 11 Part IV Statements Regarding Certain Activities and Other Information (see instructions) 11 11 1 At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file Yes No FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here CAYMAN ISLANDS X 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X If "Yes," see instructions for other forms the organization may have to file. S X 3 Enter the amount of tax-exempt interest received or accrued during the tax year \$	7					7	1,	51	0.
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 11 Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded 11 Part IV Statements Regarding Certain Activities and Other Information (see instructions) 11 11 1 At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file Yes No FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here CAYMAN ISLANDS X 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X If "Yes," see instructions for other forms the organization may have to file. X 3 Enter the amount of tax-exempt interest received or accrued during the tax year \$	8	Estimated tax penalty (see instructions). Check if Form 2220 is attached				8		14	8.
11 Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded 11 Part IV Statements Regarding Certain Activities and Other Information (see instructions) Yes No 1 At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here CAYMAN ISLANDS Ya 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X X If "Yes," see instructions for other forms the organization may have to file. S X X 3 Enter the amount of tax-exempt interest received or accrued during the tax year \$	9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed				9	1,	33	6.
11 Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded 11 Part IV Statements Regarding Certain Activities and Other Information (see instructions) Yes No 1 At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here CAYMAN ISLANDS Yes No 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X X 1 "Yes," see instructions for other forms the organization may have to file. X X 3 Enter the amount of tax-exempt interest received or accrued during the tax year \$	10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount over	paid .			10			
1 At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here <u>CAYMAN ISLANDS</u> Yes No 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X If "Yes," see instructions for other forms the organization may have to file. X 3 Enter the amount of tax-exempt interest received or accrued during the tax year\$	11					11			
over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file Image: FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here CAYMAN ISLANDS X 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X If "Yes," see instructions for other forms the organization may have to file. X 3 Enter the amount of tax-exempt interest received or accrued during the tax year \$	Part	V Statements Regarding Certain Activities and Other Informat	tion	(see i	nstructions)				
FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country X here CAYMAN ISLANDS X 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X If "Yes," see instructions for other forms the organization may have to file. X 3 Enter the amount of tax-exempt interest received or accrued during the tax year \$	1	At any time during the 2022 calendar year, did the organization have an interest in or	r a sigi	nature	or other authority		Ye	es I	No
here CAYMAN ISLANDS X 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X If "Yes," see instructions for other forms the organization may have to file. X 3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		over a financial account (bank, securities, or other) in a foreign country? If "Yes," the	organ	izatio	n may have to file				
 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. 3 Enter the amount of tax-exempt interest received or accrued during the tax year\$		FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter th	ne nam	e of th	ne foreign country				
foreign trust? X If "Yes," see instructions for other forms the organization may have to file. X 3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		here CAYMAN ISLANDS					X	۲	
If "Yes," see instructions for other forms the organization may have to file. 3 Enter the amount of tax-exempt interest received or accrued during the tax year 4 Enter available pre-2018 NOL carryovers here \$ shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.	2	During the tax year, did the organization receive a distribution from, or was it the gra	intor of	f, or tr	ansferor to, a				
If "Yes," see instructions for other forms the organization may have to file. 3 Enter the amount of tax-exempt interest received or accrued during the tax year\$		foreign trust?							Х
Enter available pre-2018 NOL carryovers here Source and the second se									
shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.	3	Enter the amount of tax-exempt interest received or accrued during the tax year			\$				
	4	Enter available pre-2018 NOL carryovers here \$ Do not	includ	le any	post-2017 NOL car	ryover			
		shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by	any de	educti	on reported on Parl	I, line 6.			
5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce	5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017	7 NOL	carry	overs. Don't reduce				
the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 fo	or the t	ax yea	ar. See instructions.				
Business Activity Code Available post-2017 NOL carryover									
\$									
\$			\$						
6a Did the organization change its method of accounting? (see instructions)	6a	Did the organization change its method of accounting? (see instructions)							Х
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"	b		PF, or	Form	1128? If "No,"				
explain in Part V			, ,		, 				

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perju correct, and complete. I Signature of officer								May the p	e and belief, it is true, the IRS discuss this return with reparer shown below (see uctions)? X Yes No
Paid	Print/Type prepa			Preparer's signature			Date 04/23/24	Check self- employ	if ed	PTIN P01462990
Prepare Use Only	y Firm's name	750 THIRD			AVENUE, 28TH FI				21	<u>11-3266576</u> 2-661-6166
223711 01-16	-23	NEW	YORK,	<u>NY 1001</u>	, 60	1		Phone no.	21	Form 990-T (2022)

SCHEDULE A (Form 990-T)

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11 12

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LHA

Unrelated Business Taxable Income

(1 0111 000 1)	From an Unrelate	ed Tr	ade or Busin	2022		
	Go to www.irs.gov/Form990T for	[,] instruc	tions and the latest info	rmation.		
Department of the Treasury Internal Revenue Service	Do not enter SSN numbers on this form as it	may be m	ade public if your organiza	tion is a 501(c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only	
A Name of the organiz MUSEUM	eation OF THE CITY OF NEW YORK			B Employer ident		
C Unrelated busines	ss activity code (see instructions) 72244	0		D Sequence:	1 of 1	
E Describe the unre	elated trade or business LIQUOR SALES					
Part I Unrelate	ed Trade or Business Income		(A) Income	(B) Expenses	(C) Net	
1a Gross receipts	or sales147,777					
b Less returns and	allowances c Balance	1c	147,777.			
2 Cost of goods s	sold (Part III, line 8)	2	66,835.			
3 Gross profit. Su	ubtract line 2 from line 1c	3	80,942.		80,942.	
4a Capital gain net	t income (attach Schedule D (Form 1041 or Form					
1120)). See inst	tructions	4a				
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b				
c Capital loss dec	duction for trusts	4c				
5 Income (loss) fr	om a partnership or an S corporation (attach					
statement)		5				
	art IV)	6				
7 Unrelated debt-	financed income (Part V)	7				
8 Interest, annuit	ies, royalties, and rents from a controlled					
organization (Pa	art VI)	8				
	ome of section 501(c)(7), (9), or (17)					
	Part VII)	9				
	pt activity income (Part VIII)	10				
	ome (Part IX)	11				
	see instructions; attach statement)	12	00.040		00.040	
13 Total. Combine	e lines 3 through 12	13	80,942.		80,942.	
	ons Not Taken Elsewhere See instructic connected with the unrelated business in the unrelated bu		r limitations on dedu	ctions. Deduction	ons must be	
1 Compensation	of officers, directors, and trustees (Part X)			1		
	ages				56,893.	
	intenance					
	statement). See instructions					
	ises					

2	
3	
4	
5	
6	
8b	
9	
10	
11	
12	
13	
14	
15	
16	
17	
	3 4 5 6 8b 9 10 11 12 13 14 15 16

18 Unrelated business taxable income. Subtract line 17 from line 16 For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

10,201.

67,094.

13,848.

13,848.

0.

223741 01-16-23

_					1
Sched Part	ule A (Form 990-T) 2022 III Cost of Goods Sold Enter meti	nod of inventory val	uation N/A		Page 2
1	Inventory at beginning of year		•	1	0.
2	Purchases				66,835.
3	Cost of labor				0.
4	Additional section 263A costs (attach statement)				0.
5	Other costs (attach statement)				0.
6	Total. Add lines 1 through 5				66,835.
7	Inventory at end of year				0.
8	Cost of goods sold. Subtract line 7 from line 6. Enter I	nere and in Part I, li	ne 2		66,835.
9	Do the rules of section 263A (with respect to property p				Yes X No
Part	IV Rent Income (From Real Property and	Personal Prop	perty Leased with R	eal Property)	
1	Description of property (property street address, city, s	tate, ZIP code). Che	eck if a dual-use. See instr	ructions.	
	A				
	в				
	c				
	D			-	
-		Α	В	C	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
h	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
с	50% or if the rent is based on profit or income) Total rents received or accrued by property.				
C	Add lines 2a and 2b, columns A through D				
5 Part 1	in lines 2(a) and 2(b) (attach statement)	ee instructions)			0.
	в 🗌				
	c 🗌				
	D			II	
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
-	property				
3	Deductions directly connected with or allocable				
-	to debt-financed property				
a L	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
с	Total deductions (add lines 3a and 3b,				
4	columns A through D) Amount of average acquisition debt on or allocable				
4	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
5	financed property (attach statement)				
6	Divide line 4 by line 5		%	%	%
7	Gross income reportable. Multiply line 2 by line 6		/0 /0	/0	/0
8	Total gross income (add line 7, columns A through D)	Enter here and on	Part I, line 7, column (Δ)		0.
•					
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A thr	ough D. Enter here	and on Part I, line 7, colu	mn (B)	0.
11	Total dividends-received deductions included in line				0.
223721 (D1-16-23			Schedule A	(Form 990-T) 2022
		62			

18580423 792240 010010000

Sched Dart	ule A (Form 990-T) 2022	ities Ro	ovalties and Re	onts fror	n Control	led Or	ganization	S (c	ee instruct	tions)		Page 3
1 art							xempt Control			,		
	1. Name of controlled organization		2. Employer identification number	incon			4. Total of specified payments made		5. Part of column 4 that is included in the controlling organiza- tion's gross income		6. Deductions directly connected with income in column 5	
(1)									e greee me			
(2)												
(3)												
(4)												
		-	No	nexempt C	Controlled O	ganizati	ons			-		
7	'. Taxable Income	in	Net unrelated Icome (loss) e instructions)		otal of specif yments mad		10. Part of column 9 that is included in the controlling organization's gross income		in the zation's		cor	ductions directly nnected with ne in column 10
(1)												
(2)												
(3)												
(4)												
							Add colum Enter here line 8, c	and or	n Part I,	Ent	er he	olumns 6 and 11. ere and on Part I, 8, column (B)
Totals									0.			0.
Part	VII Investment I	Income	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization _{(s}	ee ins	tructions)			
	1. Desc	cription of	income		2. Amou incor		3. Deduction directly connormal (attach stater	ected	4. Set- (attach st		, I	5. Total deductions and set-asides (add cols 3 and 4)
(1)												
(2)												
(3)												
(4)												
Totals					Add amor column 2 here and o line 9, colu	. Enter n Part I,						Add amounts in column 5. Enter here and on Part I, line 9, column (B) 0 •
Part	VIII Exploited E	xemnt A	ctivity Income	Other 1	i Than ∆dve			(soo in	I structions)			0.
1	Description of exploite			, •				300 11	30 000015)			
2	Gross unrelated busin			ness Ente	r here and o	n Part I	line 10. colum	n (A)		2		
3	Expenses directly con							• •				
-										3		
4	Net income (loss) from											
	lines 5 through 7									4		
5	Gross income from ac	tivity that i	s not unrelated busi	iness incor	ne					5		
6	Expenses attributable									6		
7	Excess exempt expension											
	4. Enter here and on P	Part II, line	12							7		

Schedule A (Form 990-T) 2022

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	ule A (Form 990-T) 2022				Page 4
Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reportin	ng two or more periodicals on a	consolidated basis	S.	
	Α 🗌				
	в 🗌				
	c 🗌				
	D 🗌				
Enter a	amounts for each periodical listed above in the	corresponding column.			
		Α	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and or	Part I, line 11, column (A)			0.
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and or	-			0.
	-				
4	Advertising gain (loss). Subtract line 3 from li	ne			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column i	n			
	line 4 showing a loss or zero, do not complet				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is le	ss			
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain of	on			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the g		Ital or zero here an	d on	·
	Part II, line 13	·			0.
Part	X Compensation of Officers, Di	rectors, and Trustees	see instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
Total	. Enter here and on Part II, line 1				0.
Part	XI Supplemental Information (se	ee instructions)			
_					
					-
_					

223732 01-16-23

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FORM 990-T (A) OTHER DEDUCTIONS			STATEMENT 1
DESCRIPTION			AMOUNT
OUTSIDE SERVICES OCCUPANCY MISCELLANEOUS PUBLIC RELATIONS SUPPLIES AND EXPENSES COMPUTER HARDWARE AND SOFTWARE DESIGN, SHIPPING AND FABRICATI			3,669. 330. 3,301. 680. 1,927. 124. 170.
TOTAL TO SCHEDULE A, PART II,	LINE 14		10,201.

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CT-13

FOR THE YEAR ENDING

JUNE 30, 2023

PREPARED FOR:

MUSEUM OF THE CITY OF NEW YORK 1220 FIFTH AVENUE NEW YORK, NY 10029

PREPARED BY:

GRASSI & CO. CPA'S, P.C. 750 THIRD AVENUE, 28TH FLOOR NEW YORK, NY 10017

TO BE SIGNED AND DATED BY:

NOT APPLICABLE

AMOUNT OF TAX:

TOTAL TAX	\$ 1,156
LESS: PAYMENTS AND CREDITS	\$ 614
PLUS: OTHER AMOUNT	\$ 0
PLUS: INTEREST AND PENALTIES	\$ 0
BALANCE DUE	\$ 542

OVERPAYMENT:

CREDITED TO YOUR ESTIMATED TAX	\$ 0
OTHER AMOUNT	\$ 0
REFUNDED TO YOU	\$ 0

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE NYSDTF, PLEASE SIGN, DATE AND RETURN FORM TR-579-CT TO OUR OFFICE. WE WILL THEN SUBMIT YOUR ELECTRONIC RETURN TO THE NYSDTF. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE NYSDTF.

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

YOUR BALANCE OF \$542 WILL BE AUTOMATICALLY WITHDRAWN FROM YOUR ACCOUNT ENDING IN 1487 ON APRIL 23, 2024. REFER TO FORM CT-13 ON THE DIRECT DEPOSIT/DEBIT REPORT FOR COMPLETE ACCOUNT INFORMATION.



Department of Taxation and Finance New York State Authorization for Electronic Funds Withdrawal For Tax Year 2022 Corporation Tax Extensions



Electronic return originator (ERO): Do not mail this form to the Tax Department. Keep it for your records.

Legal name of corporation

MUSEUM OF THE CITY OF NEW YORK

Purpose

This form is for use by EROs only. An ERO must complete this form when **both** of the following conditions are met:

- 1 the ERO is e-filing one of the following forms:
 - Form CT-5, Request for Six-Month Extension to File (for franchise/business taxes, MTA surcharge, or both);
 - Form CT-5.3, Request for Six-Month Extension to File (for combined franchise tax return, or combined MTA surcharge return, or both);
 - Form CT-5.4, Request for Six-Month Extension to File New York S Corporation Franchise Tax Return;
 - Form CT-5.6, Request for Three-Month Extension to File Form CT-186 (for utility corporation franchise tax return, MTA surcharge return, or both);
 - Form CT-5.9, Request for Three-Month Extension to File (for certain Article 9 tax returns, MTA surcharge, or both); or
 - Form CT-5.9-E, Request for Three-Month Extension to File Form CT-186-E (for telecommunications tax return and utility services tax return); and
- 2 the balance due on the e-filed corporation tax extension is being paid by electronic funds withdrawal through an approved e-file software package.

Instructions

Complete this form only when you transmit an electronically filed corporation tax extension **and** payment is being made by electronic funds withdrawal.

Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, *E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns.* Go to our website at *www.tax.ny.gov to find this document.*

Important: You do not need to complete this form for corporation tax extension requests if no payment is required.

This form does **not** satisfy the signature requirement for e-filed Form CT-3, CT-3-A, CT-3-M, CT-3-S, CT-13, CT-33, CT-33-A, CT-33-C, CT-33-M, CT-33-NL, CT-183, CT-183-M, CT-184, CT-184-M, CT-186-E, CT-300, or CT-400.

Do not mail this form to the Tax Department. EROs must keep this form for three years and present it to the Tax Department upon request.

Taxpayer authorization for electronic funds withdrawal for corporation tax extensions

I authorize my ERO to transmit the information necessary for the New York State Tax Department to initiate an electronic funds withdrawal for the amount specified on this form from the financial institution account indicated below. I authorize the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on this 2022 electronic extension request, and I authorize the financial institution to withdraw the amount from the account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two business days prior to the payment date.

Financial institution information (required if electronic payment is authorized)

1	Amount due with extension	1	614.
2	Financial institution routing number	2	
3	Financial institution account number	3	

Signature of authorized officer of the corporation	Date
Print your name	Title of officer
OSMAN KURTULUS, CFO	



Department of Taxation and Finance Request for Six-Month Extension to File

(for franchise/business taxes, MTA surcharge, or both)

2022	ax Law - Articles 9	-A, 13, an	d 33	All filers				:		
				beginnin	g 0	7-01	-22	ending	06-3	0-23
Employer identification number (EIN)	File	number	Business teleph							
13-1624098	MM	1	212-53							
Legal name of corporation				Tr	ade name/	DBA				
	OF NEW YO	DRK				about of t				
Mailing address				St	ate or cou	ntry of incor	poration			
Care of (c/o) Number and street or PO box					ate of inco	poration		Foreian corpo	rations: date began	business in N'
	את 10 <i>4</i> חדד מ	חיבו בי שי	•			poration		· - · - · g · · - · · · - ·	auto bogun	
1220 FIFTH AVENUE	AT 104TH S	-	L ^e IP/Postal code	Cou	untry (if not	United Sta	tes)	For office use	only	
NEW YORK, NY 1002					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
If you need to update your address		on for corn	oration tax o	r other tax t						
can do so online. See Business info			oration tax, o	UTIEL LAX L	ypes, yt	Ju				
Request for extension of time to file t			(es) for one art	icle only. Sub	omit only	one Form	1 CT-5 a	nd mark an	x in both box	es in
ne appropriate article if you are requesting a	-		· · ·		-					
T-3-M box under Article 9-A if you are requ	lesting an extension of	time to file	both returns.							
Article 9-A	Article 13					rticle 33	3			
СТ-3 🚺 СТ-3-М 🛄	CT-13 X	CT-33		CT-33-C		CT	-33-M		CT-33-NL	
Dev amount about on line 11 M	aka payabla ta: A/	No. L. Oli						Payme	nt enclosed	
 A. Pay amount shown on line 11. Ma Attach your payment here. Detac 			•			■ A.				614
ertain corporations filing as part of	•			,						
Entor the EIN of the combined area	n'a designated aga	ot (OT 2 A	filore) or pore	nt (CT 22 A	filoro)					
Enter the EIN of the combined grou		•		•	,			В		
Note: Failure to include the EIN		• • •		ay processi	ng of					
your extension request, and may	y result in penalties	and intere	st.							
. If this extension request is for the f	irst tax year that yo	u are bein	a included in t	a new com	hined a	roun filin	a			
a combined return, mark an χ in			•		Ũ		•			C
). If this extension request is for the f	irst tax year that yo	u are bein	g added to ar	n existing d	ombine	d group	filing			
a combined return, mark an χ ii	n the box		-			-				D
A superior of actimated for	nabias tax									
Computation of estimated fra		Course OT	F 1							614
1 Franchise tax from the <i>Workshee</i>	t for lines 1 and 6 In		0-1			1				014
2 3										
 Prepayments of franchise tax (frc 	m line 16 column	N				4				
5 Balance due - franchise tax (subt						5				614
		<i>1, 00 1101</i> e	enter iess than	2010)						•=-
omputation of estimated MT	A surcharge									
6 MTA surcharge from the Workshe	eet for lines 1 and 6	in Form C	T-5-I			6				
7										
8										
9 Prepayments of MTA surcharge	(from line 16, colun	nn B)				9				
0 Balance due - MTA surcharge (s						10				
11 Total balance due (see instruction	ns)					11				614



Cor	Composition of prepayments - Use this worksheet to determine the prepayments of franchise tax on line 4 and the prepayments of the										
		arge on line 9. See instructions.		Date paid			A. Franchise tax			surcharge	
12	Mano	datory first installment from Form CT-300	12								
13a	Seco	nd installment from Form CT-400	13a								
13b	Third	installment from Form CT-400	13b								
13c	Fourt	th installment from Form CT-400	13c								
14	Over	payment credited from prior years	<u></u>	<u></u>	14						
15	Over	payment credited from Form CT-	Period		15						
16	Total	prepayments (total all entries in column A and	d colun	nn B)	16						
Paid preparer		Firm's name (or yours if self-employed) GRASSI & CO. CPA'S P. C Signature of individual preparing this roument	ÌN	MUS	┱┤	BF F+	Firm's E 11-3	IN 266576	5 P013	s PTIN or SSN 0 3 4 6 8 P code	
0	i se nly instr.)	Ender Strategies LINES LOCH.	Ca	HIRD AV	е	oaber	IEW YOF	TERIN	or Excl. code	017 Date	_
1300	1130.)	DROTTKAMP@GRASSICPAS.CO	DM _		lon			<u> </u>	03	04-23-2	4
		DROTTKAMP@GRASSICPAS.CO	See	-structions for	When	a liapur	pose	5 011	y .		





CT-2

Department of Taxation and Finance

Corporation Tax Return Summary

Legal name of corporation

•	1. MUSEUM OF THE CITY OF NEW YORK		542.00
			3. CT13
3	Return type		4. 13.1624098
4 5	Employer ID number (EIN) File number (FCC)		4. 15 1024050 5. MM1
0 6			6. 07.01.22
0	Period beginning date (mm-dd-yy)		7. 06-30-23
0	Period ending date (mm-dd-yy)		
9	Amended $(Y=1; N=0)$		9.
9 10	Final (Y=1; N=0) NAICS code		10. 722440
11	MTA indicator (None = 0; $Y = 1$; $N = 2$; Both = 3)		
12	Federal 1120-H filed ($Y = 1; N = 0$)		12.
13	REIT/RIC indicator $(Y = 1; N = 0)$		13.
14	Tax due/MTA surcharge	14.	1,156.00
15	Mandatory first installment (MFI) - no extension filed and tax due is over \$1,000	15.	
16	Balance due	16.	542.00
17	Amount of overpayment credited to next period - NYS	17.	
18	Refund of overpayment	18.	
19	Refund of unused tax credits	19.	
20	Tax credits to be credited as an overpayment to next year's return	20.	
21	Amount of overpayment credited to next period - MTA	21.	
22	Amount of MTA surcharge retaliatory tax credit to be refunded	22.	
23	Fixed dollar minimum	23.	
24	Designated agent's (Article 9-A) or combined parent's (Article 33) EIN 24.	-	
25	New York receipts	25.	
26	Have you been convicted of an offense (NYS Penal Law, Art. 200 or 496, or section 195.20)?		26.
27	Paid preparer's EIN		27. 11 3266576
28	Preparer's NYTPRIN		28.
29	Excl. code		29. 03



For office use only

Т

Ι

Form CT-186-E filers only

30	Excise tax on telecommunication services - NYS	30.	
31	Excise tax on mobile telecommunication services subject to the 2.9% rate	31.	
32	Total excise tax on telecommunication services	32.	
33	Tax on gross income - NYS	33.	
34	MTA surcharge related to telecommunication services	34.	
35	MTA surcharge related to telecommunication services subject to the 0.721% tax rate	35.	
36	Total MTA surcharge related to telecommunication services	36.	
37	MTA surcharge on gross income	37.	
38	Balance due - NYS	38.	
39	Balance due - MTA	39.	
40	Provided telecommunication services in the MCTD this year? (None = 0; $Y = 1$; $N = 2$; Both = 3)	40.	
40 41	Provided telecommunication services in the MCTD this year? (None = 0; $Y = 1$; $N = 2$; Both = 3) Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (Non		
41	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (Non	e = 0; Y = 1; N = 2; Both = 3) 41.	
41 42	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (Non Overpayment credited to next year's tax - NYS	e = 0; Y = 1; N = 2; Both = 3) 41.	
41 42 43	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? <i>(Non</i> Overpayment credited to next year's tax - NYS Overpayment credited to next year's tax - MTA	e = 0; Y = 1; N = 2; Both = 3) 41.	
41 42 43 44	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (Non Overpayment credited to next year's tax - NYS Overpayment credited to next year's tax - MTA Refund of overpayment - NYS	e = 0; Y = 1; N = 2; Both = 3) 41. 42. 43.	
41 42 43 44 45	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (Non Overpayment credited to next year's tax - NYS Overpayment credited to next year's tax - MTA Refund of overpayment - NYS Refund of overpayment - MTA	e = 0; Y = 1; N = 2; Both = 3) 41. 42. 43. 44. 45.	
41 42 43 44 45 46	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (Non Overpayment credited to next year's tax - NYS Overpayment credited to next year's tax - MTA Refund of overpayment - NYS Refund of overpayment - MTA Refund of unused tax credits - NYS	e = 0; Y = 1; N = 2; Both = 3) 41. 42. 43. 44. 45. 46.	





Department of Taxation and Finance New York State E-File Authorization for Tax Year 2022 For Certain Corporation Tax Returns and Estimated Tax

Payments for Corporations

Electronic return originator (ERO)/paid preparer: Do not mail this form to the Tax Department. Keep it for your records.

Legal	name of corporation MUS	EUM OF THE	CLITY OF N	EW YORK			
Return	type (mark an X for all that	<i>apply):</i> CT-3	CT-3-A	CT-3-M	CT-3-S	CT-13 X	CT-33
CT-33-	A CT-33-C	CT-33-M	CT-33-NL	CT-183	CT-183-M	CT-184	CT-184-M
CT-186	-E CT-300	CT-400					

Purpose

Form TR-579-CT must be completed to authorize an ERO to e-file a corporation tax return and to transmit bank account information for the electronic funds withdrawal.

General instructions

Part A must be completed by an officer of the corporation who is authorized to sign the corporation's return before the ERO transmits the electronically filed Form CT-3, *General Business Corporation Franchise Tax Return*; CT-3-A, *General Business Corporation Combined Franchise Tax Return*; CT-3-M, *General Business Corporation MTA Surcharge Return*; CT-3-N, *General Business Corporation MTA Surcharge Return*; CT-3-S, *New York S Corporation Franchise Tax Return*; CT-13, *Unrelated Business Income Tax Return*; CT-33, *Life Insurance Corporation Franchise Tax Return*; CT-33-C, *Captive Insurance Company Franchise Tax Return*; CT-33-M, *Insurance Corporation MTA Surcharge Return*; CT-33-NL, *Non-Life Insurance Corporation Franchise Tax Return*; CT-33-NL, *Non-Life Insurance Corporation Franchise Tax Return*; CT-183, *Transportation and Transmission Corporation MTA Surcharge Return*; CT-184, *Transportation and Transmission Corporation Franchise Tax Return* on Gross Earnings; CT-184-M, *Transportation and Transmission Corporation MTA Surcharge Return*; CT-300, *Mandatory First Installment (MFI) of Estimated Tax for Corporations*; or CT-400, *Estimated Tax for Corporations*. EROs/paid preparers must complete Part B prior to transmitting electronically filed corporation tax returns. Both the paid preparer and the ERO are required to sign Part B. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, *E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns.* Go to our website at *www.tax.ny.gov* to find this document.

Do not mail this form to the Tax Department. EROs/paid preparers must keep this form for three years and present it to the Tax Department upon request.

Do **not** use this form for electronically filed Form CT-5, *Request for Six-Month Extension to File (for franchise/business taxes, MTA surcharge, or both);* CT-5.3, *Request for Six-Month Extension to File (for combined franchise tax return, or combined MTA surcharge return, or both);* CT-5.4, *Request for Six-Month Extension to File New York S Corporation Franchise Tax Return;* CT-5.6, *Request for Three-Month Extension to File Form CT-186 (for utility corporation franchise tax return, MTA surcharge return, or both);* CT-5.9, *Request for Three-Month Extension to File (for certain Article 9 tax returns, MTA surcharge, or both);* or CT-5.9-E, *Request for Three-Month Extension to File Form CT-186-E (for telecommunications tax return and utility services tax return).* Instead use Form TR-579.1-CT, *New York State Authorization for Electronic Funds Withdrawal For Tax Year* 2022 Corporation Tax Extensions.

Financial institution information (required if electronic payment is authorized)

1 Amount of authorized debit	1	542.
2 Financial institution routing number	2	021000021
3 Financial institution account number	3	885591487

Part A - Declaration of authorized corporate officer for Form CT-3, CT-3-A, CT-3-M, CT-3-S, CT-13, CT-33, CT-33-A, CT-33-C, CT-33-M, CT-33-NL, CT-183, CT-183-M, CT-184, CT-184-M, CT-186-E, CT-300, or CT-400

Under penalty of perjury, I declare that I have examined the information on this 2022 New York State electronic corporate tax return, including any accompanying schedules, attachments, and statements, and certify that this electronic return is true, correct, and complete. If this filing includes Form DTF-686, *Tax Shelter Reportable Transactions*, as an authorized officer of the corporation, I hereby consent to the waiver of the secrecy provisions of Tax Law sections 202, 211.8, 1467, and 1518 as such provisions relate to the disclosure requirements of Tax Law section 25. The ERO has my consent to send this 2022 New York State electronic corporate return to New York State through the Internal Revenue Service (IRS). I understand that by executing this Form TR-579-CT, I am authorizing the ERO to sign and file this return on behalf of the corporation and agree that the ERO's submission of the corporation's return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying New York State corporation the New York State Tax Department and its designated financial institution to withdraw the amount indicated on this 2022 electronic return, and I authorize the financial institution to withdraw the amount from the account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two business days prior to the payment date.

Signature of authorized officer of the corporation	Print your name and title	Date
	OSMAN KURTULUS, CFO	

Part B - Declaration of ERO and paid preparer

Under penalty of perjury, I declare that the information contained in this 2022 New York State electronic corporate tax return is the information furnished to me by the corporation. If the corporation furnished me a completed paper 2022 New York State corporate tax return signed by a paid preparer, I declare that the information contained in the corporation's 2022 New York State electronic corporate tax return is identical to that contained in the paper return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2022 New York State electronic corporate tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

ERO's signature	Print name	Date
GRASSI & CO. CPA'S, P.C.	GRASSI & CO. CPA'S, P.C.	04-23-24
Paid preparer's signature JAIME RAPPS	Print name JAIME RAPPS	Date 04-23-24

	CHEN OT 40	Department of Ta	xation and Finance	e					
\sim	S NEW CT-13	Unrelat							
2	STATF								
20	22	Tax Re	turn	A II	filers enter	tax period			
20	cmended return	Tox Low	Article 12		ginning 0			ndina	06-30-23
Empl	loyer identification number (EIN)	Tax Law - /		phone number				laing	If you claim an
1	3-1624098	MM1	212-5	534-167	2				overpayment, mark an χ in the box
	I name of corporation	IIIII			Trade name/DB	A			
мт	SEUM OF THE CITY OF	NEW VORK							
	ng address				State or country	of incorporatio	n		
	of (c/o)				-				
	ber and street or PO Box				Date of incorpo	ration	Foreian c	orporatio	ons: date began business in NYS
12	20 FIFTH AVENUE								
City	U.S. state/Canadian	province ZIP/Postal co	de Countr	y (if not United S	tates)		For office	use only	1
	W YORK, NY 10029								·
		f			(
		f you need to update	-	-					
Princ	ipal unrelated business activity (see instructions)	or corporation tax, o	1						
			online. See	Business info	ormation In				
			Form CT-1.						
_									
	CT-247, Application for Exemption from								
Or	ganization - Have you filed this New Yo	rk State application f	or exemption	? (see instru	ctions)				Yes No X
	an χ in this box if you are an employee t								
	an χ in this box if you ceased operating		ss during the	tax year cov	ered by this	s return			
	e section Who must file Form CT-13 in th	,							•
Α.	Pay amount shown on line 22. Make pay	able to: New York S	tate Corporat	ion Tax				Pa	ayment enclosed
	Attach your payment here. Detach all ch	eck stubs. (See insti	ructions for de	etails.)			Α		542.
Com	putation of income and tax								
1 Fe	ederal unrelated business taxable income befor	re net operating loss de	duction and aft	er \$1,000 spe	cific deductio	n	1		12,848.
	ew York State Article 13 and Article 23 ta								
3 A	dditions required for shareholders of fede	eral S corporations (see instructio	ns)			3		
4 G	rossed-up taxes for shareholders of New	York S corporations	(see instruct	ions)			4		
5 O	ther additions (see instructions)						5		
6 A	dd lines 1 through 5						6		12,848.
7 0	ther income (see instructions)			7					
8 F	ederal S corporation shareholder subtrac	tions (see instructior	ns)	8					
9 O	ther subtractions (see instructions)								
	otal subtractions (add lines 7, 8, and 9)						10		
	axable income before net operating loss								12,848.
	ew York net operating loss deduction (ai								
	axable income (subtract line 12 from line								12,848.
	llocated taxable income (multiply line 13								
	from line 13 if allocation is not claimed)						• 14		12,848.
15 Ta	ax based on income (multiply line 14 by S								1,156.
	linimum tax								250 . 00
	ax (line 15 or line 16, whichever is larger)								1,156.
	otal prepayments from line 46								614.
	alance (if line 18 is less than line 17, subt								542.
	iterest on late payment (see instructions)							1	
	ate filing and late payment penalties (see							1	
	alance due (add lines 19, 20, and 21 and								542.
	verpayment (if line 17 is less than line 18								
	mount of overpayment on line 23 to be c								
	mount of overpayment on line 23 to be r								
95 A									

See page 3 for third-party designee, certification, and signature entry areas.



Have you been audited by the Ir	iternal Revenue	Service in the past 5 years?	Yes	No X If Yes, list years:		
Federal return was filed on:	990-T X	Other:		Attach a complete copy of your federal return.		
Schedule A - Unrelated business allocation						
If you did not maintain a regular place of business outside New York State, leave this schedule blank. A regular place of business is any office, factory, warehouse, or other space regularly used by the taxpayer in its unrelated business. If you claim this allocation, attach a list of each place of business, the location, nature of activities, and number and duties of employees.						

			A		B				
Ave	rage value of:		New York Sta	ate	Everywh	ere			
26	Real estate owned (see instructions)	26							
	Gross rents (attach list; see instructions)	27							
28	Inventories owned	28							
29	Other tangible personal property owned (see instructions)	29							
30	Total (add lines 26 through 29)	30							
	Percentage in New York State (divide line 30, column A, by line eipts in the regular course of business from:	30, c	olumn B)				31		%
32	Sales of tangible personal property shipped to								
	points within New York State	32							
33	All sales of tangible personal property	33							
34	Services performed	34							
35	Rentals of property	35							
36	Other business receipts	36							
37	Total (add lines 32 through 36)	37							
38	Percentage in New York State (divide line 37, column A, by line	3 <u>7, c</u>	olumn B)				38		%
39	Wages, salaries, and other compensation of employees								
	(except general executive officers; see instructions)								
	Percentage in New York State (divide line 39, column A, by line								%
	Total of New York State percentages (add lines 31, 38, and 40								%
42	Business allocation percentage (divide line 41 by three or by the	num	ber of percentages)		Doto poid		42	Amour	%
	nposition of prepayments claimed on line 18*				Date paid			Amour	
	Payment with extension request, Form CT-5, line 5			43	11-15-23				614.
	Second installment from Form CT-400			44a					
	Third installment from Form CT-400			44b					
	Fourth installment from Form CT-400			44c		1			
45	Amount of overpayment credited from prior years					45			<u> </u>
46	Total prepayments (add lines 43 through 45; enter here and on li	ne 1	8)			46			614.
_	 Taxpayers subject to the unrelated business income tax are in If you did make these unrequired payments, report them on I 			nated t	ax payments.				

Amended return information

If filing an amended return, mark an χ in the box for any items that apply and attach documentation.

Final federal determination	If marked, enter date of determination:	
Capital loss carryback	Federal return filed	. Form 1139
Amended Form 990-T		



Third - part designee (see	Yes No	Designee's phone number		
instructions	Designee's email address			PIN
Certification	: I certify that this return and any attachments	are to the best of my knowledge and	d belief true, correct, and co	mplete.
Authorized	Printed name of authorized person OSMAN KURTULUS	Official title CFO		
person	Email address of authorized person	Telephone number 212-534-16	Date	
	Firm's name (or yours if self-employed) GRASSI & CO. CPA'S, P.(2.	Firm's EIN 11-3266576	Preparer's PTIN or SSN P01462990
Paid preparer use	Signature of individual preparing this return	State ZIP code		
only	JAIME RAPPS	NEW YORK, NY 1001	7	
(see instr.)	Email address of individual preparing this retu JRAPPS@GRASSIADVISORS.(arer's NYTPRIN or Excl. cc	Date 04-23-24

See instructions for where to file.



SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

1

1

501(c)(3) O	rganizations Only

B Employer identification number 13 - 1624098

D Sequence:

1

of

MUSEUM OF THE CITY OF NEW YO				
MODEON OF THE CITE OF HEM TO	MUSEUM OF TH	HE CITY OF	NEW YORK	

C Unrelated business activity code (see instructions) 7224

722440

E Describe the unrelated trade or business LIQUOR SALES

Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net	
1a	Gross receipts or sales 147,777.					
b	Less returns and allowances c Balance	1c	147,777.			
2	Cost of goods sold (Part III, line 8)	2	66,835.			
3	Gross profit. Subtract line 2 from line 1c	3	80,942.		80,942.	
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form					
	1120)). See instructions	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b				
с	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement)	12				
13	Total. Combine lines 3 through 12	13	80,942.		80,942.	
Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be						

directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)	1			
2	Salaries and wages				56,893.
3	Repairs and maintenance				
4	Bad debts				
5	Interest (attach statement). See instructions				
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562). See instructions	7			
8	Less depreciation claimed in Part III and elsewhere on return	8a		8b	
9	Depletion			9	
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs			11	
12	Excess exempt expenses (Part VIII)				
13	Excess readership costs (Part IX)				
14	Other deductions (attach statement)	EE 🤅	STATEMENT 1	14	10,201.
15	Total deductions. Add lines 1 through 14			15	67,094.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from				
	column (C)			16	13,848.
17	Deduction for net operating loss. See instructions			17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16	<u></u>		. 18	13,848.
LHA	For Paperwork Reduction Act Notice, see instructions.			Schedule	e A (Form 990-T) 2022

223741 01-16-23

sched	ule A (Form 990-T) 2022				Page 2
Part		nod of inventory valuati	ion N/A		i ugo i
1	Inventory at beginning of year			1	0.
2	Purchases				66,835.
3	Cost of labor				0.
4	Additional section 263A costs (attach statement)				0.
5	Other costs (attach statement)				0.
6	Total. Add lines 1 through 5				66,835.
7	Inventory at end of year				0.
8	Cost of goods sold. Subtract line 7 from line 6. Enter h				66,835.
9	Do the rules of section 263A (with respect to property p				Yes X No
Part					
1	Description of property (property street address, city, s	ate, ZIP code). Check	if a dual-use. See instr	uctions.	
	A 🗌				
	в 🛄				
	c 🗌				
	D 🗌				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
с	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
2	Total rents received or accrued. Add line 2c columns A				Δ
3	Total rents received of accrued. Add line 20 columns A	through D. Enter here	and on Part I, line 6, c	olumn (A)	0.
3	Deductions directly connected with the income	through D. Enter here	and on Part I, line 6, c	olumn (A)	0.
3		through D. Enter here	and on Part I, line 6, c	olumn (A)	0.
	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I,			
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se	ter here and on Part I, ee instructions)	line 6, column (B)		
4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (set) Description of debt-financed property (street address, compared income) (set)	ter here and on Part I, ee instructions)	line 6, column (B)		
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions)	line 6, column (B)		
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions)	line 6, column (B)		
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions)	line 6, column (B)		
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.	0.
4 <u>5</u> Part 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions)	line 6, column (B)		
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.	0.
4 5 Part 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.	0.
4 <u>5</u> 9art 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.	0.
4 <u>5</u> Part 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.	0.
4 5 Part 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (so Description of debt-financed property (street address, of B C G Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement)	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.	0.
4 <u>5</u> Part 1 2 3	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A B C C C G Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement)	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.	0.
4 5 Part 1 2 3 3	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A B C G Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (add lines 3a and 3b,	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.	0.
4 5 Part 1 2 3 a b	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, of A	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.	0.
4 5 Part 1 2 3 a b	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, of B	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.	0.
4 5 Part 1 2 3 a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (so Description of debt-financed property (street address, of B C C C C C C C C C C C C C C C C C C	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.	0.
4 5 Part 1 2 3 a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (sa Description of debt-financed property (street address, of B C C C C C C C C C C C C C C C C C C	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.	0.
4 5 2 1 2 3 a b c 4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A B C C C C G Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement)	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See B	instructions.	0.
4 5 2 1 2 3 a b c 4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, of A	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See B	instructions.	0.
4 5 2 3 a b c 4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, of A	ter here and on Part I, ee instructions) ity, state, ZIP code). C A A	line 6, column (B) heck if a dual-use. See B B	C	0.
4 5 2 3 2 3 6 5 6	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, of A	ter here and on Part I, ee instructions) ity, state, ZIP code). C A A	line 6, column (B) heck if a dual-use. See B B	C	0.
4 5 2 3 2 3 6 7	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (sa Description of debt-financed property (street address, of B C C C C C C C C C C C C C C C C C C	ter here and on Part I, ee instructions) ity, state, ZIP code). C A A	line 6, column (B) heck if a dual-use. See B B	C	0.
4 5 2 3 a b c 4 5 6 7 8 9	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (sa Description of debt-financed property (street address, of B C C C C C C C C C C C C C C C C C C	ter here and on Part I, ee instructions) ity, state, ZIP code). C A A Enter here and on Part %	line 6, column (B) heck if a dual-use. See B B (1, line 7, column (A)	C C	D 2%
4 5 2 3 a b c 4 5 6 7 8	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (sa Description of debt-financed property (street address, of B C C C C C C C C C C C C C C C C C C	ter here and on Part I, ee instructions) ity, state, ZIP code). C A A Enter here and on Part % Enter here and on Part bugh D. Enter here and	line 6, column (B) heck if a dual-use. See B B (1, line 7, column (A)	C	% 0.

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2022.05090 MUSEUM OF THE CITY OF NEW 01001001

Quintant	4. A (Fauna 200 T) 2000	,										1
Part	ule A (Form 990-T) 2022	<u>.</u> uities, Ro	ovalties, and Re	ents fron	n Control	led Or	ganizations	S (se	e instruct	ions)		Page 3
	••	·····, ···	,				Exempt Control	,		,		
	1. Name of controlled organization		2. Employer identification number			4. Tota	. Total of specified payments made		5. Part of column 4 that is included in the controlling organiza-		e connected with	
(1)					· · ·				s gross inc	,onne		
(2)												
(3)												
(4)												
			No	onexempt C	Controlled O	ganizati	ions					
7	. Taxable Income	in	Net unrelated come (loss) e instructions)		otal of specif yments mad		10. Part of that is inclusion controlling gross	luded	in the zation's		Deductions d connected wi come in colum	th
<u>(1)</u>												
(2)												
(3)												
(4)												
							Add colum Enter here line 8, c	and on	n Part I, (A)	Ente	d columns 6 a er here and on line 8, column	Part I, (B)
Totals									0.			0.
Part			of a Section 50	1(c)(7), (1		ructions)			
	1. Desc	cription of i	ncome		2. Amou incor		3. Deduction directly connormal (attach stater	ected	4. Set- (attach st		5. Total de nt) and set (add cols	asides
(1)												
(2)												
(3)												
(4)												<u> </u>
Totals					Add amou column 2 here and o line 9, colu	. Enter n Part I,					Add amo column here and line 9, co	5. Enter on Part I,
Part	VIII Exploited E	xempt A	ctivity Income	, Other T	han Adve	ertising	g Income (see ins	structions)			
1	Description of exploite	ed activity:										
2	Gross unrelated busin		e from trade or busi	ness. Enter	r here and o	n Part I,	line 10, colum	n (A)		2		
3	Expenses directly con											
	line 10, column (B)		•							3		
4	Net income (loss) from											
										4		
5	Gross income from ac	tivity that i	s not unrelated bus	iness incor	ne					5		
6	Expenses attributable									6		
7	Excess exempt expen											
	4. Enter here and on F	Part II, line	12							7		

Schedule A (Form 990-T) 2022

223731 01-16-22

18580423 792240 010010000

	ule A (Form 990-T) 2022				Page 4
Part					
1	Name(s) of periodical(s). Check box if reportir	ng two or more periodicals on a c	consolidated basis	S.	
	A				
	B C				
Entor	amounts for each periodical listed above in the	corresponding column			
	amounts for each periodical listed above in the		В	С	D
2	Gross advertising income			Ŭ	
-	Add columns A through D. Enter here and on				0.
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on				0.
	-				
4	Advertising gain (loss). Subtract line 3 from lin	ne			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in	n			
	line 4 showing a loss or zero, do not complete	e			
	lines 5 through 7, and enter zero on line 8 \dots				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is le				
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain of	I I			
а	line 4, enter the lesser of line 4 or line 7 Add line 8, columns A through D. Enter the g		al or zoro boro an	d on	
a	Part II, line 13	reater of the line ba, columns tot			0.
Part		rectors, and Trustees (se	e instructions)		•••
		, - , - , - , - , - , - , - , - , - , -	,	3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
					•
	Enter here and on Part II, line 1				0.
Part	XI Supplemental Information (se	ee instructions)			

13

223732 01-16-23

1

FORM 990-T (A)	OTHER	DEDUCTIONS	STATEMENT 1
DESCRIPTION			AMOUNT
OUTSIDE SERVICES OCCUPANCY MISCELLANEOUS PUBLIC RELATIONS SUPPLIES AND EXPENSES COMPUTER HARDWARE AND SOFTWARE DESIGN, SHIPPING AND FABRICATI	-		3,669. 330. 3,301. 680. 1,927. 124. 170.
TOTAL TO SCHEDULE A, PART II,	LINE 14		10,201.



Department of Taxation and Finance New York State E-File Authorization for Tax Year 2022 For Certain Corporation Tax Returns and Estimated Tax



Payments for Corporations

Electronic return originator (ERO)/paid preparer: Do not mail this form to the Tax Department. Keep it for your records.

Legal name of	corporation MUS	EUM OF THE	CITY OF N	EW YORK			
Return type <i>(ma</i>	rk an X for all that	apply): CT-3	CT-3-A	CT-3-M	CT-3-S	CT-13 X	CT-33
CT-33-A	CT-33-C	CT-33-M	CT-33-NL	CT-183	CT-183-M	CT-184	CT-184-M
CT-186-E	CT-300	CT-400					

Purpose

Form TR-579-CT must be completed to authorize an ERO to e-file a corporation tax return and to transmit bank account information for the electronic funds withdrawal.

General instructions

Part A must be completed by an officer of the corporation who is authorized to sign the corporation's return before the ERO transmits the electronically filed Form CT-3, *General Business Corporation Franchise Tax Return*; CT-3-A, *General Business Corporation Combined Franchise Tax Return*; CT-3-M, *General Business Corporation Combined Franchise Tax Return*; CT-3-M, *General Business Corporation MTA Surcharge Return*; CT-3-M, *General Business Corporation MTA Surcharge Return*; CT-3-S, *New York S Corporation Franchise Tax Return*; CT-13, *Unrelated Business Income Tax Return*; CT-33, *Life Insurance Corporation Franchise Tax Return*; CT-33-C, *Captive Insurance Corporation Combined Franchise Tax Return*; CT-33-C, *Captive Insurance Company Franchise Tax Return*; CT-33-M, *Insurance Corporation MTA Surcharge Return*; CT-33-NL, *Non-Life Insurance Corporation Franchise Tax Return*; CT-183, *Transportation and Transmission Corporation Franchise Tax Return*; CT-183, *Transportation and Transmission Corporation Franchise Tax Return*; CT-183-M, *Transportation and Transmission Corporation MTA Surcharge Return*; CT-184, *Transportation and Transmission Corporation Franchise Tax Return on Gross Earnings*; CT-184-M, *Transportation and Transmission Corporation MTA Surcharge Return*; CT-186-E, *Telecommunications Tax Return and Utility Services Tax Return*; CT-300, *Mandatory First Installment (MFI) of Estimated Tax for Corporations*; or CT-400, *Estimated Tax for Corporations*. EROs/paid preparers must complete Part B prior to transmitting electronically filed corporation tax returns. Both the paid preparer and the ERO are required to sign Part B. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, *E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns.* Go to our website at *www.tax.ny.gov* to find this document.

Do not mail this form to the Tax Department. EROs/paid preparers must keep this form for three years and present it to the Tax Department upon request.

Do not use this form for electronically filed Form CT-5, Request for Six-Month Extension to File (for franchise/business taxes, MTA surcharge, or both); CT-5.3, Request for Six-Month Extension to File (for combined franchise tax return, or combined MTA surcharge return, or both); CT-5.4, Request for Six-Month Extension to File New York S Corporation Franchise Tax Return; CT-5.6, Request for Three-Month Extension to File Form CT-186 (for utility corporation franchise tax return, MTA surcharge return, or both); CT-5.9, Request for Three-Month Extension to File form CT-186 (for utility corporation franchise tax return, MTA surcharge return, or both); CT-5.9, Request for Three-Month Extension to File (for certain Article 9 tax returns, MTA surcharge, or both); or CT-5.9-E, Request for Three-Month Extension to File Form CT-186-E (for telecommunications tax return and utility services tax return). Instead use Form TR-579.1-CT, New York State Authorization for Electronic Funds Withdrawal For Tax Year 2022 Corporation Tax Extensions.

Financial institution information (required if electronic payment is authorized)

1 Amount of authorized debit	1	542.
2 Financial institution routing number	2	021000021
3 Financial institution account number	3	885591487

Part A - Declaration of authorized corporate officer for Form CT-3, CT-3-A, CT-3-M, CT-3-S, CT-13, CT-33, CT-33-A, CT-33-C, CT-33-M, CT-33-NL, CT-183, CT-183-M, CT-184, CT-184-M, CT-186-E, CT-300, or CT-400

Under penalty of perjury, I declare that I have examined the information on this 2022 New York State electronic corporate tax return, including any accompanying schedules, attachments, and statements, and certify that this electronic return is true, correct, and complete. If this filing includes Form DTF-686, *Tax Shelter Reportable Transactions*, as an authorized officer of the corporation, I hereby consent to the waiver of the secrecy provisions of Tax Law sections 202, 211.8, 1467, and 1518 as such provisions relate to the disclosure requirements of Tax Law section 25. The ERO has my consent to send this 2022 New York State electronic corporate return to New York State through the Internal Revenue Service (IRS). I understand that by executing this Form TR-579-CT, I am authorizing the ERO to sign and file this return on behalf of the corporation and agree that the ERO's submission of the corporation's return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying New York State corporation thas withdrawal from the financial institution account indicated on this 2022 electronic return, and I authorize the financial institution to withdraw the amount from the account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two business days prior to the payment date.

Signature of authorized officer of the corporation	Print your name and title OSMAN KURTULUS, CFO	Date V/22/24
- autom		/ / /

Part B - Declaration of ERO and paid preparer

Under penalty of perjury, I declare that the information contained in this 2022 New York State electronic corporate tax return is the information furnished to me by the corporation. If the corporation furnished me a completed paper 2022 New York State corporate tax return signed by a paid preparer, I declare that the information contained in the corporation's 2022 New York State electronic corporate tax return signed by a paid preparer, I declare that the information contained in the corporation's 2022 New York State electronic corporate tax return is identical to that contained in the paper return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2022 New York State electronic corporate tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

ERO's signature	Print name	Date
GRASSI & CO. CPA'S, P.C.	GRASSI & CO. CPA'S, P.C.	04-22-24
Paid preparer's signature	Print name	Date
JAIME RAPPS	JAIME RAPPS	04-22-24



Department of Taxation and Finance New York State Authorization for Electronic Funds Withdrawal For Tax Year 2022 Corporation Tax Extensions



Electronic return originator (ERO): Do not mail this form to the Tax Department. Keep it for your records.

Legal name of corporation

MUSEUM OF THE CITY OF NEW YORK

Purpose

This form is for use by EROs only. An ERO must complete this form when both of the following conditions are met:

- 1 the ERO is e-filing one of the following forms:
 - Form CT-5, Request for Six-Month Extension to File (for franchise/business taxes, MTA surcharge, or both);
 - Form CT-5.3, Request for Six-Month Extension to File (for combined franchise tax return, or combined MTA surcharge return, or both);
 - Form CT-5.4, Request for Six-Month Extension to File New York S Corporation Franchise Tax Return;
 - Form CT-5.6, Request for Three-Month Extension to File Form CT-186 (for utility corporation franchise tax return, MTA surcharge return, or both);
 - Form CT-5.9, Request for Three-Month Extension to File (for certain Article 9 tax returns, MTA surcharge, or both); or
 - Form CT-5.9-E, Request for Three-Month Extension to File Form CT-186-E (for telecommunications tax return and utility services tax return); and
- 2 the balance due on the e-filed corporation tax extension is being paid by electronic funds withdrawal through an approved e-file software package.

Instructions

Complete this form only when you transmit an electronically filed corporation tax extension **and** payment is being made by electronic funds withdrawal.

Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, *E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns.* Go to our website at *www.tax.ny.gov to find this document.*

Important: You do not need to complete this form for corporation tax extension requests if no payment is required.

This form does not satisfy the signature requirement for e-filed Form CT-3, CT-3-A, CT-3-M, CT-3-S, CT-13, CT-33, CT-33-A, CT-33-C, CT-33-M, CT-33-NL, CT-183, CT-183-M, CT-184, CT-184-M, CT-186-E, CT-300, or CT-400.

Do not mail this form to the Tax Department. EROs must keep this form for three years and present it to the Tax Department upon request.

Taxpayer authorization for electronic funds withdrawal for corporation tax extensions

I authorize my ERO to transmit the information necessary for the New York State Tax Department to initiate an electronic funds withdrawal for the amount specified on this form from the financial institution account indicated below. I authorize the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on this 2022 electronic extension request, and I authorize the financial institution to withdraw the amount from the account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two business days prior to the payment date.

Financial institution information (required if electronic payment is authorized)

1	Amount due with extension	1	614.
2	Financial institution routing number	2	
3	Financial institution account number	3	
_			

Signature of authorized officer of the concernation	Date 4/22/24
Print your name	Title of officer
OSMAN KURTULUS, CFO	CFO

Third - part designee	Test NUL	(print)		Designee's phone number
(see instructions				PIN
Certification	: I certify that this return and any attachments	s are to the best of my knowledge and b	elief true, correct, and cor	mplete.
Authorized	Printed name of authorized person	Signature of authorized person	Official title CFO	
person	Email address of authorized person	9	Telephone number 212-534-16	72 Date
	Firm's name (or yours if self-employed) GRASSI & CO. CPA'S, P.		Firm's EIN L1-3266576	Preparer's PTIN or SSN P01462990
Paid preparer use	Signature of individual preparing this return		City 8TH FLOOR	State ZIP code
only	JAIME RAPPS	NEW YORK, NY 10017		
(see instr.)	Email address of individual preparing this retu JRAPPS@GRASSIADVISORS.		s NYTPRIN or Excl. co	Date 04-22-24

See instructions for where to file.



,		IDS a-fila Signatura	Authorization	r	OMB No. 1545-0047
Form 8879-TE	IRS e-file Signature Authorization for a Tax Exempt Entity				
		or fiscal year beginning JUL 1			0000
	For calendar year 2022			, 20 21 3	2022
Department of the Treasury		Do not send to the IRS. Keep			
Internal Revenue Service		Go to www.irs.gov/Form8879TE fo	r the latest information.	EIN or SSN	
Name of filer		TA OF NEW YORK		13-162	4098
		TY OF NEW YORK		113-104	4070
Name and title of officer or per		OSMAN KURTULUS CFO			
		urn Information			
Form 5330 filers may enter or 10a below and the amo	r dollars and cents.	e using this Form 8879-TE and enter to For all other forms, enter whole dolla the return being filed with this form v -). But, if you entered -0- on the return	rs only. If you check the box or /as blank, then leave line 1b, 2	ı line 1a, 2a, 3a 2b, 3b, 4b, 5b, 6i	, 4a, 5a, 6a, 7a, 8a, 9a, b, 7b, 8b, 9b, or 10b,
1a Form 990 check h	ere	b Total revenue, if any (Form 990	, Part VIII, column (A), line 12)		b
2a Form 990-EZ che	ck here	b Total revenue, if any (Form 990	-EZ, line 9)	2	b
3a Form 1120-POL of	heck here	b Total tax (Form 1120-POL, line	22)		b
4a Form 990-PF che	ck here 🛄 🗌	b Tax based on investment inco	me (Form 990-PF, Part V, line s	5) 4	b
5a Form 8868 check	here	b Balance due (Form 8868, line 3	c)		b
6a Form 990-T check	k here X	b Total tax (Form 990-T, Part III, I			ь 2,698.
7a Form 4720 check	here	b Total tax (Form 4720, Part III, li			b
8a Form 5227 check	here	b FMV of assets at end of tax ye	ar (Form 5227, Item D)	8	b
9a Form 5330 check	here	b Tax due (Form 5330, Part II, line	-		b
10a Form 8038-CP ch	eck here	b Amount of credit payment reg	uested (Form 8038-CP, Part II	, line 22) 1	0b
		ure Authorization of Officer I am an officer of the above entity o			
entry to the financial institu financial institution to debi later than 2 business days navment of taxes to receiv	tion account indica t the entry to this a prior to the payment e confidential inform	5. Treasury and its designated Finance ated in the tax preparation software for coount. To revoke a payment, I must in (settlement) date. I also authorize to nation necessary to answer inquiries inature for the electronic return and,	or payment of the federal taxes contact the U.S. Treasury Final he financial institutions involved and resolve issues related to the	owed on this re ncial Agent at 1- d in the processi ne payment. I ha	turn, and the 888-353-4537 no ing of the electronic ive selected a
PIN: check one box only	.00 3 T224	CPA'S, P.C.		to enter my PIN	10010
	ADDI & CO.	ERO firm name		to onto my m	Enter five numbers, but
					do not enter all zeros
with a state age on the return's d As an officer or p return. If I have i	ncy(ies) regulating o lisclosure consent s person subject to ta ndicated within this	ax with respect to the entity, I will ent s return that a copy of the return is be	program, I also authorize the a er my PIN as my signature on t ing filed with a state agency(ie:	forementioned E he tax year 2022	RO to enter my PIN 2 electronically filed
IRS Fed/State p	rogram, will enter	my Philon the return's disclosure con	isent screen.	0.245 - 55.5	1 a last
Signature of officer or person subject Part III Certifica	tion and Authe	Intication		Date	7122129
ERO's EFIN/PIN. Enter yo	our six-digit electron	ic filing identification			
number (EFIN) followed by your five-digit self-selected PIN.			1123221001 Do not enter all zero		
I certify that the above nur submitting this return in ac Business Returns.	neric entry is my Pl ccordance with the	N, which is my signature on the 2022 requirements of Pub. 4163, Modern	electronically filed return indic zed e-File (MeF) Information for	ated above. I co ^r Authorized IRS	nfirm that I am e-file Providers for
ERO's signature GRA	SSI & CO.	CPA'S, P.C.	Date04	/22/24	
		ERO Must Retain This Form	- See Instructions		
		ubmit This Form to the IRS l		So So	
LHA For Privacy Act and		ction Act Notice, see instructions.			Form 8879-TE (2022)

Form 8879-TE	1	IRS e-fil	e Signature		l	OMB No. 1545-0047
			a Tax Exem		20 22	
	For calendar year 2			, 2022, and ending JUN	30 , 20 23	2022
Department of the Treasury			send to the IRS. Kee			
Internal Revenue Service Name of filer		Go to www.ir	s.gov/Form88/91E	or the latest information.	EIN or SS	A
(0.022)		CITY OF N	EW VORK		185000	624098
		0.0000	URTULUS		12-1	024090
Name and title of officer or pe	erson subject to tax	CFO	UKI0105			
Part I Type of	Return and R	Return Inform	ation			
Check the box for the retu Form 5330 filers may ente or 10a below, and the am whichever is applicable, b than one line in Part I.	r dollars and cent ount on that line f	ts. For all other for for the return beir	orms, enter whole dolland in the second s	ars only. If you check the b was blank, then leave line	oox on line 1a, 2a 1b. 2b. 3b. 4b. 5	, 3a, 4a, 5a, 6a, 7a, 8a, 9a b. 6b. 7b. 8b. 9b. or 10b.
1a Form 990 check h	iere X	b Total rev	enue if any /Form 99	0, Part VIII, column (A), line	e 12)	н17,403,955.
2a Form 990-EZ che				D-EZ, line 9)		
3a Form 1120-POL			(Form 1120-POL line	22)		
4a Form 990-PF che			d on investment inc	ome (Form 990-PF, Part V	·	
5a Form 8868 check				3c)		4b
6a Form 990-T chec				line 4)		
7a Form 4720 check				ine 1)		
8a Form 5227 check				ear (Form 5227, Item D)		
		_	-	,		8b
	9a Form 5330 check here b Tax due (Form 5330, Part II, line 19) 10a Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Part III, line 22)		9b			
				or Person Subject t		10b
entry to the financial institu financial institution to debi later than 2 business days payment of taxes to receiu personal identification nun PIN: check one box only	t the entry to this prior to the paym e confidential info	account. To revo nent (settlement) ormation necessa	oke a payment, I must date. I also authorize t arv to answer inquiries	contact the U.S. Treasury he financial institutions in and resolve issues related	Financial Agent a volved in the proce to the payment.	t 1-888-353-4537 no essing of the electronic have selected a
X I authorize GR	ASSI & CC	D. CPA'S,	P.C.		to enter my	PIN 10010
			ERO firm name			Enter five numbers, but
with a state ager on the return's d	ncy(ies) regulating isclosure consen	g charities as parl It screen.	t of the IRS Fed/State	ndicated within this return program, I also authorize t er my PIN as my signature	the aforementione	d ERO to enter my PIN
return. If I have i	ndicated within th	his return that a c	opy of the return is be return's disclosure cor	ing filed with a state agen	cy(ies) regulating	charities as part of the
Signature of officer or person subject Part III Certifica	tion and Auth	entication	lun		Dat	· 4/22/24
ERO's EFIN/PIN. Enter yo	14000 L0000 0000	100 100 100 100 100 100 100 100 100 100	ation			
number (EFIN) followed by	•	0		1123221 (Do not enter al		
certify that the above nun submitting this return in ac	neric entry is my f cordance with th	PIN, which is my e requirements o	signature on the 2022 f Pub. 4163. Moderni			
Business Returns.			,	zed e-File (MeF) Informatic	on for Authorized I	confirm that I am RS <i>e-file</i> Providers for
Business Returns. ERO's signature GRA	SSI & CO.	CPA'S,		zed e-File (MeF) Informatic	on for Authorized I $04/22/24$	confirm that I am RS <i>e-file</i> Providers for
	SSI & CO.	CPA'S,	P.C.	zed e-File (MeF) Informatic	on for Authorized I	confirm that I am RS <i>e-file</i> Providers for
		CPA'S, I	P.C. Retain This Form	zed e-File (MeF) Informatic	on for Authorized I	confirm that I am RS <i>e-file</i> Providers for