

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 00-90-90  
**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
 Do not enter social security numbers on this form as it may be made public.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2022**

Open to Public Inspection

**A** For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>MUSEUM OF THE CITY OF NEW YORK</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1220 FIFTH AVENUE</b> City or town, state or province, country, and ZIP or foreign postal code <b>NEW YORK, NY 10029</b> <b>F</b> Name and address of principal officer: <b>OSMAN KURTULUS</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>13-1624098</b> <b>E</b> Telephone number <b>212-534-1672</b> <b>G</b> Gross receipts \$ <b>24,662,204.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: <b>WWW.MCNY.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1923</b> <b>M</b> State of legal domicile: <b>NY</b>

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
Activities & Governance	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>42</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>41</b>
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>174</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>91</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>13,848.</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>12,848.</b>
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>10,998,749.</b>	<b>11,484,472.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,650,614.</b>	<b>1,717,752.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>1,887,558.</b>	<b>2,333,285.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,392,321.</b>	<b>1,868,446.</b>
		<b>15,929,242.</b>	<b>17,403,955.</b>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>	<b>0.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>7,799,488.</b>	<b>9,174,789.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>2,265,727.</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>4,756,197.</b>	<b>7,654,252.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>12,555,685.</b>	<b>16,829,041.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>3,373,557.</b>	<b>574,914.</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>62,355,927.</b>	<b>68,393,198.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>780,524.</b>	<b>2,707,727.</b>
	<b>61,575,403.</b>	<b>65,685,471.</b>	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <b>OSMAN KURTULUS, CFO</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JAIME RAPPS</b>	Preparer's signature <b>JAIME RAPPS</b>
	Firm's name <b>GRASSI &amp; CO. CPA'S, P.C.</b>	Date <b>04/23/24</b>
	Firm's address <b>750 THIRD AVENUE, 28TH FLOOR NEW YORK, NY 10017</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P01462990</b>
		Firm's EIN <b>11-3266576</b> Phone no. <b>212-661-6166</b>

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MUSEUM OF THE CITY OF NEW YORK FOSTERS 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.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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

4a (Code: ) (Expenses \$ 2,953,827. including grants of \$ ) (Revenue \$ 602,188. ) COLLECTION CARE:

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 WEBSITE. THE MUSEUM CONTINUES TO DIGITIZE ITS COLLECTION, AND IN FY23 THE MUSEUM PRODUCED AROUND 8,000 DIGITAL PHOTOGRAPHY FILES FOR MIXTURE OF RESEARCH, EXHIBITION, PUBLICATION, AND PORTAL USE. IN FY23, THE MUSEUM COMPLETED TRANSITIONING ITS COLLECTIONS MANAGEMENT DATABASE FROM MUSEUMPLUS TO THE MUSEUM SYSTEM. SEE SCHEDULE O FOR CONTINUATION.

4b (Code: ) (Expenses \$ 1,357,867. including grants of \$ ) (Revenue \$ 235,625. ) EDUCATIONAL PROGRAMS:

EDUCATION REMAINS AT THE CORE OF THE MUSEUM'S MISSION. STUDENTS, EDUCATORS, FAMILIES, AND COMMUNITY MEMBERS FROM ACROSS THE FIVE BOROUGHES 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. SEE SCHEDULE O FOR CONTINUATION.

4c (Code: ) (Expenses \$ 8,720,439. including grants of \$ ) (Revenue \$ 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 BOMB: 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.

4d Other program services (Describe on Schedule O.) (Expenses \$ 423,459. including grants of \$ ) (Revenue \$ 395,989.)

4e Total program service expenses 13,455,592.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 42; 1b Enter the number of voting members included... 41; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official... X; b Other officers or key employees of the organization... X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[ ] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
OSMAN KURTULUS - 2125341672
1220 FIFTH AVENUE, NEW YORK, NY 10029

**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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WHITNEY DONHAUSER PRESIDENT & DIRECTOR	40.00	X		X			394,669.	0.	70,856.	
(2) SARAH HENRY DEPUTY DIRECTOR / CHIEF CU	40.00			X			298,480.	0.	54,288.	
(3) OSMAN KURTULUS CHIEF FINANCIAL OFFICER	40.00			X			200,530.	0.	52,663.	
(4) KEITH BUTLER VP OF DEVELOPMENT	40.00				X		192,637.	0.	27,270.	
(5) GERARD GALLAGHER CHIEF OPERATING OFFICER	40.00			X			175,844.	0.	42,426.	
(6) SHERYL VICTOR VP OF MARKETING	40.00					X	160,154.	0.	49,418.	
(7) HENRY GALINDO DIRECTOR OF FACILITIES	40.00					X	126,432.	0.	47,324.	
(8) CHERISSE CLEARY DIRECTOR, EVENT SALES	40.00					X	146,838.	0.	0.	
(9) JAMES HORTON VICE PRESIDENT, EDUCATION AND ENGAGE	40.00					X	116,260.	0.	28,928.	
(10) JULIUS QUITO IT DIRECTOR	40.00					X	114,261.	0.	0.	
(11) WILLIAM C. VRATTOS CHAIR	1.00	X		X			0.	0.	0.	
(12) JAMES G. DINAN VICE CHAIR & CHAIRMAN EMERITUS	1.00	X		X			0.	0.	0.	
(13) NEWTON P.S. MERRILL VICE CHAIR & CHAIRMAN EMERITUS	1.00	X		X			0.	0.	0.	
(14) RONAY MENSCHER VICE CHAIR	1.00	X		X			0.	0.	0.	
(15) LESLIE V. GODRIDGE TREASURER	1.00	X		X			0.	0.	0.	
(16) JANE B. O'CONNELL ASSISTANT TREASURER	1.00	X		X			0.	0.	0.	
(17) TRACEY PONTARELLI SECRETARY	1.00	X		X			0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAVID GUIN COUNSEL	1.00	X		X				0.	0.	0.
(19) ELIZABETH BELFER BOARD MEMBER	1.00	X						0.	0.	0.
(20) CYNTHIA FOSTER CURRY BOARD MEMBER	1.00	X						0.	0.	0.
(21) TODD DEGARMO BOARD MEMBER	1.00	X						0.	0.	0.
(22) MIGNON ESPY EDWARDS BOARD MEMBER	1.00	X						0.	0.	0.
(23) BARBARA J. FIFE BOARD MEMBER	1.00	X						0.	0.	0.
(24) ROBERT FINGER BOARD MEMBER	1.00	X						0.	0.	0.
(25) ELBA GALVAN BOARD MEMBER	1.00	X						0.	0.	0.
(26) ROBERT GOLDSTEIN BOARD MEMBER	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								1,926,105.	0.	373,173.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,926,105.	0.	373,173.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 12

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
RADICAL MEDIA 435 HUDSON STREET, NEW YORK, NY 10014	MULTIMEDIA PRODUCTIONS	401,255.
INTEGRATED SECURITY SERVICES, INC. 305 MADISON AVENUE, NEW YORK, NY 10165	SECURITY SERVICES	272,531.
FINAL PUSH CONSTRUCTION INC. 1205 MANHATTAN AVENUE, BROOKLYN, NY 11222	DIGITAL MARKETING	247,515.
THE EXECUSEARCH GROUP LLC 675 THIRD AVENUE, NEW YORK, NY 10017	RECRUITING / PERSONNEL	113,371.
DOMES COLLECTIVE LLC 130 PROSPECT PLACE, #4, BROOKLYN, NY 11217	MULTIMEDIA 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 organization 6

SEE PART VII, SECTION A CONTINUATION SHEETS



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) LORNA GOODMAN BOARD MEMBER	1.00	X						0.	0.	0.
(28) ELIZABETH GRAZIOLO BOARD MEMBER	1.00	X						0.	0.	0.
(29) JOHN HELLER BOARD MEMBER	1.00	X						0.	0.	0.
(30) STEPHANIE HESSLER BOARD MEMBER	1.00	X						0.	0.	0.
(31) JAMES C. HORTON BOARD MEMBER	1.00	X						0.	0.	0.
(32) ROBERT A. JEFFE BOARD MEMBER	1.00	X						0.	0.	0.
(33) LEAH C. JOHNSON BOARD MEMBER	1.00	X						0.	0.	0.
(34) SUZANNE KARR BOARD MEMBER	1.00	X						0.	0.	0.
(35) STEPHEN J. KETCHUM BOARD MEMBER	1.00	X						0.	0.	0.
(36) STANFORD G. LADNER BOARD MEMBER	1.00	X						0.	0.	0.
(37) NAML LEWIS BOARD MEMBER	1.00	X						0.	0.	0.
(38) JENNIFER K. MARRUS BOARD MEMBER	1.00	X						0.	0.	0.
(39) GURUDATTA NADKARNI BOARD MEMBER	1.00	X						0.	0.	0.
(40) JOSE PAGAN BOARD MEMBER	1.00	X						0.	0.	0.
(41) KATHRYN PROUNIS BOARD MEMBER	1.00	X						0.	0.	0.
(42) NATHAN ROMANO BOARD MEMBER	1.00	X						0.	0.	0.
(43) ARTHUR J. ROSNER BOARD MEMBER	1.00	X						0.	0.	0.
(44) VALERIE ROWE BOARD MEMBER	1.00	X						0.	0.	0.
(45) NEEL SHAH BOARD MEMBER	1.00	X						0.	0.	0.
(46) ANN SILVERMAN BOARD MEMBER	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (checkboxes for Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for Mitchell S. Steir, Daryl B. Uber, Peter Volandes, Nicole Washington, and Julie Wilson.

Total to Part VII, Section A, line 1c

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	1,024,747.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	2,633,916.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	7,825,809.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 590,000.				
	<b>h Total.</b> Add lines 1a-1f .....		11,484,472.				
Program Service Revenue	<b>2 a</b> ADMISSIONS	Business Code					
		713990	879,939.	879,939.			
	<b>b</b> LICENSING AND OTHER FEES	713990	312,826.	312,826.			
	<b>c</b> MEMBERSHIP DUES	713990	289,362.	289,362.			
	<b>d</b> EDUCATIONAL PROGRAMS	611710	235,625.	235,625.			
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....		1,717,752.					
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		453,525.			453,525.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	1,053,066.			
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>	603,841.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	449,225.				
	<b>d</b> Net rental income or (loss) .....		449,225.			449,225.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	5,660,764.	1836007.		
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	5,617,011.	0.			
	<b>c</b> Gain or (loss) .....	<b>7c</b>	43,753.	1836007.			
<b>d</b> Net gain or (loss) .....		1,879,760.			1879760.		
<b>8 a</b> Gross income from fundraising events (not including \$ 1,024,747. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		1,589,596.				
<b>b</b> Less: direct expenses .....	<b>8b</b>	580,212.					
<b>c</b> Net income or (loss) from fundraising events .....		1,009,384.			1009384.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>		867,022.				
<b>b</b> Less: cost of goods sold .....	<b>10b</b>	457,185.					
<b>c</b> Net income or (loss) from sales of inventory .....		409,837.	395,989.	13,848.			
Miscellaneous Revenue	<b>11 a</b> _____	Business Code					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....		17,403,955.	2,113,741.	13,848.	3791894.		

**Part IX Statement of Functional Expenses**

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

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

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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	1,432,072.	832,096.	240,247.	359,729.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	5,660,658.	4,508,476.	185,107.	967,075.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	386,383.	300,445.	21,992.	63,946.
<b>9</b> Other employee benefits .....	1,195,685.	859,999.	129,748.	205,938.
<b>10</b> Payroll taxes .....	499,991.	371,778.	36,902.	91,311.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	27,092.	18,732.	5,895.	2,465.
<b>c</b> Accounting .....	63,391.	9,953.	53,346.	92.
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	139,802.		139,802.	
<b>g</b> 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.
<b>12</b> Advertising and promotion .....	279,669.	277,004.		2,665.
<b>13</b> Office expenses .....	576,673.	489,670.	28,775.	58,228.
<b>14</b> Information technology .....	275,373.	240,186.	14,469.	20,718.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	816,920.	774,744.	12,351.	29,825.
<b>17</b> Travel .....				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	616,473.	504,891.	56,874.	54,708.
<b>23</b> Insurance .....	213,607.	188,633.	11,298.	13,676.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> DESIGN, SHIPPING AND FA	2,760,615.	2,655,750.	18,268.	86,597.
<b>b</b> MISCELLANEOUS	493,682.	399,352.	50,061.	44,269.
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____	18.	18.		
<b>25</b> Total functional expenses. Add lines 1 through 24e	16,829,041.	13,455,592.	1,107,722.	2,265,727.
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	5,599,686.	<b>1</b>	4,885,340.
	<b>2</b> Savings and temporary cash investments .....	351,206.	<b>2</b>	933,148.
	<b>3</b> Pledges and grants receivable, net .....	4,751,022.	<b>3</b>	6,695,715.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	218,607.	<b>8</b>	200,184.
	<b>9</b> Prepaid expenses and deferred charges .....	34,387.	<b>9</b>	34,387.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 33,233,239.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 13,858,408.	19,862,429.	<b>10c</b> 19,374,831.
	<b>11</b> Investments - publicly traded securities .....	25,910,765.	<b>11</b>	28,981,274.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	5,627,825.	<b>12</b>	5,756,309.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	0.	<b>15</b>	1,532,010.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	62,355,927.	<b>16</b>	68,393,198.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	409,424.	<b>17</b>	692,213.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	108,135.	<b>19</b>	231,299.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	262,965.	<b>25</b>	1,784,215.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	780,524.	<b>26</b>	2,707,727.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	33,550,599.	<b>27</b>	35,669,130.
	<b>28</b> Net assets with donor restrictions .....	28,024,804.	<b>28</b>	30,016,341.
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	61,575,403.	<b>32</b>	65,685,471.
	<b>33</b> Total liabilities and net assets/fund balances .....	62,355,927.	<b>33</b>	68,393,198.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,403,955.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,829,041.
3	Revenue less expenses. Subtract line 2 from line 1	3	574,914.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	61,575,403.
5	Net unrealized gains (losses) on investments	5	3,535,154.
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	65,685,471.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2022)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	9425606.	9980093.	10067972.	10998749.	11484472.	51956892.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	9425606.	9980093.	10067972.	10998749.	11484472.	51956892.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						3006602.
<b>6 Public support.</b> Subtract line 5 from line 4.						48950290.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	9425606.	9980093.	10067972.	10998749.	11484472.	51956892.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	2754085.	878,301.	1237723.	2156430.	1506591.	8533130.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....				40,434.	13,848.	54,282.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....		333,130.	172,936.			506,066.
<b>11 Total support.</b> Add lines 7 through 10						61050370.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	10,009,656.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	80.18	%
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	79.43	%
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>



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

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box 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**

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	<b>Total</b> 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: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	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, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

2019 AMOUNT: \$ 333,130.

2020 AMOUNT: \$ 172,936.

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER

2019 AMOUNT: \$ 333,130.

2020 AMOUNT: \$172,936.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2022**

Name of the organization

MUSEUM OF THE CITY OF NEW YORK

Employer identification number

13-1624098

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 ..... \$ \_\_\_\_\_

**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).

Name of organization  <b>MUSEUM OF THE CITY OF NEW YORK</b>	Employer identification number  <b>13-1624098</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>1,836,161.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>700,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>650,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>625,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>608,946.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>560,963.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>MUSEUM OF THE CITY OF NEW YORK</b>	Employer identification number  <b>13-1624098</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	DONATED SECURITIES _____ _____ _____	\$ 500,000.	05/25/23
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization  <b>MUSEUM OF THE CITY OF NEW YORK</b>	Employer identification number  <b>13-1624098</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Table with 2 columns: \$. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part 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, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a 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 Form 990. Schedule D (Form 990) 2022

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	30,100,491.	34,836,452.	27,211,437.	27,005,039.	25,911,430.
b Contributions	300,000.	2,899,251.	3,828,460.	2,500,000.	800,000.
c Net investment earnings, gains, and losses	3,305,020.	-4,099,094.	7,395,196.	1,825.	1,484,022.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,189,453.	3,536,118.	3,598,641.	2,295,427.	1,190,413.
f Administrative expenses					
g End of year balance	32,516,058.	30,100,491.	34,836,452.	27,211,437.	27,005,039.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 20.7805 %
  - b Permanent endowment 77.6752 %
  - c Term endowment 1.5443 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No                                  |
|---|-----|-------------------------------------|
| (i) Unrelated organizations   |     | <input checked="" type="checkbox"/> |
| (ii) Related organizations  |     | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |                                     |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		28,492,405.	9,253,232.	19,239,173.
c Leasehold improvements		64,506.	64,506.	0.
d Equipment		4,672,223.	4,540,670.	131,553.
e Other		4,105.		4,105.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				19,374,831.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) EQUITY LONG/SHORT HEDGE		
(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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>5,756,309.</b>	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITIES	1,784,215.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>1,784,215.</b>

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	22,215,378.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	3,535,154.	
b	Donated services and use of facilities	2b	745,137.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	670,934.	
e	Add lines 2a through 2d	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:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	139,802.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		139,802.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		17,403,955.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	18,105,310.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	745,137.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	670,934.	
e	Add lines 2a through 2d	2e		1,416,071.
3	Subtract line 2e from line 1	3		16,689,239.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	139,802.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		139,802.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		16,829,041.

**Part XIII Supplemental Information.**

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

**PART III, 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.

**PART III, LINE 4:**

THE MUSEUM HAS VARIOUS COLLECTIONS WHICH IT USES FOR ITS DIFFERENT

**Part XIII** Supplemental Information (continued)

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	67,093.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	670,934.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES	603,841.
LIQUOR SALES EXPENSES	67,093.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	670,934.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

Attach to Form 990.

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

OMB No. 1545-0047

**2022**

Open to Public Inspection

Name of the organization <b>MUSEUM OF THE CITY OF NEW YORK</b>	Employer identification number <b>13-1624098</b>
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**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		5,756,309.
<b>3 a Subtotal</b> .....	0	0			5,756,309.
<b>b Total from continuation sheets to Part I</b> .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			5,756,309.







**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

Schedule F (Form 990) 2022

**Part V** Supplemental Information

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

Multiple horizontal lines for supplemental information input.

**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022**

Open to Public Inspection

Name of the organization <b>MUSEUM OF THE CITY OF NEW YORK</b>	Employer identification number <b>13-1624098</b>
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**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |   |

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

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....						

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		WINTER BALL (event type)	SPRING LECTURE (event type)	3 (total number)		
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.
Direct Expenses	4	Cash prizes			10,325.	10,325.
	5	Noncash prizes	580.	775.		1,355.
	6	Rent/facility costs	163,245.	22,347.	22,009.	207,601.
	7	Food and beverages	220,963.	40,085.	78,256.	339,304.
	8	Entertainment	2,121.	1,753.		3,874.
	9	Other direct expenses	11,457.	1,145.	5,151.	17,753.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				580,212.
11	Net income summary. Subtract line 10 from line 3, column (d)				1,009,384.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 16 Gaming manager information:
  - Name \_\_\_\_\_
  - Gaming manager compensation \$ \_\_\_\_\_
  - Description of services provided \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - Director/officer      Employee      Independent contractor

- 17 Mandatory distributions:
  - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
  - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

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

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**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

MUSEUM OF THE CITY OF NEW YORK

Employer identification number

13-1624098

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 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.

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



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public Inspection

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

Department of the Treasury  
Internal Revenue Service

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

**Part I 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 determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	4	590,000.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2022

**Part II** **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):

THE MUSEUM IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED.

Multiple horizontal lines for supplemental information.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

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

232211 10-28-22

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

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DEPARTMENT OF EDUCATION SCOPE AND SEQUENCE FOR SOCIAL STUDIES, COMMON CORE LEARNING STANDARDS FOR ENGLISH LANGUAGE ARTS IN HISTORY, AND THE NEW YORK STATE NEXT GENERATION LEARNING STANDARDS FOR LITERACY IN HISTORY/SOCIAL STUDIES.

THE SCHWARZ CENTER OFFERS ONSITE AND VIRTUAL TRIPS THAT UTILIZE MUSEUM-DEVELOPED CONTENT AND HANDS-ON LEARNING TO EXPLORE TOPICS THAT ARE DISTINCTLY NEW YORK. LED BY MUSEUM EDUCATORS, THESE PROGRAMS ARE 60 OR 90 MINUTES AND ARE DESIGNED FOR INDIVIDUAL SCHOOL GROUPS OF UP TO 35 STUDENTS EACH. ALL PROGRAMS FEATURE IMAGES, TEXT, AND CONTENT FROM CURRENT AND ARCHIVAL EXHIBITIONS, AND IN FY2023 THE CENTER PRIORITIZED CREATING NEW ART-MAKING WORKSHOPS AND OTHER ENGAGEMENTS TO ENSURE EACH FIELD TRIP EXPERIENCE INCLUDES A HANDS-ON ACTIVITY IN-GALLERY FIELD TRIPS HAVE BEEN A CORNERSTONE OF THE MUSEUM'S EDUCATION PROGRAM FOR MANY YEARS, AND THE CHALLENGES OF THE PANDEMIC CREATED AN OPPORTUNITY TO DIGITIZE OUR FIELD TRIP PROGRAMMING VIA ZOOM. FOR THE RETURN TO ONSITE FIELD TRIPS, THE CENTER OFFERED FIELD TRIPS ON A PILOT BASIS OVER THE SUMMER AND IN DECEMBER 2022, WHILE THE SCHWARZ CENTER CONTINUED TO ENGAGE WITH K-12 STUDENTS THROUGH VIRTUAL FIELD TRIP FORMATS. IN JANUARY 2023, THE SCHWARZ CENTER OFFICIALLY RELAUNCHED IN-PERSON FIELD TRIPS WITH MANY NEW AND ROBUST OFFERINGS AND IMMEDIATELY RECEIVED AN OVERWHELMING INFLUX OF REQUESTS FROM SCHOOL GROUPS.

VIRTUAL STUDENT WORKSHOPS ARE FREE, LARGE-SCALE PROGRAMS HELD VIA ZOOM WEBINAR THAT SERVE MULTIPLE CLASSROOMS AND GRADE LEVELS AT ONCE. PARTICIPANTS SEE AND DISCUSS VISUALS FROM THE MUSEUM'S EXHIBITIONS AND COLLECTIONS ON SUCH THEMES AS THE CIVIL RIGHTS MOVEMENT, WOMEN'S SUFFRAGE, AND GRAFFITI ART IN NEW YORK CITY TO CONNECT THE PAST TO OUR PRESENT. OFFERING LARGE-SCALE VIRTUAL WORKSHOPS FOR FREE ENABLES



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SCHOOLS WHO ARE OTHERWISE UNABLE TO VISIT THE MUSEUM, EITHER DUE TO A 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 WORKSHOPS FOR MULTIPLE SCHOOL GROUPS OR CLASSROOMS FROM ACROSS THE CITY TO JOIN FOR FREE. VIRTUAL WEBINARS WERE INITIALLY LAUNCHED IN RESPONSE 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 ARE SEGMENTED BY GRADE-BAND TO MORE CLOSELY CONNECT TO IN-CLASSROOM LEARNING.

IN FY2023, THE MUSEUM LAUNCHED A NEW SERIES OF VIRTUAL STUDENT WORKSHOPS TO COMPLEMENT THE SCHWARZ CENTER'S WORK ON THE HIDDEN VOICES: UNTOLD STORIES OF NEW YORK CITY HISTORY CURRICULUM GUIDE DEVELOPED IN PARTNERSHIP WITH THE NEW YORK CITY DEPARTMENT OF EDUCATION (NYC DOE). IN JANUARY 2023, THE SCHWARZ CENTER LAUNCHED THE HIDDEN VOICES OF NEW YORK CITY SERIES THAT REACHED NEARLY 4,000 VIRTUAL PARTICIPANTS ACROSS A TOTAL OF 12 ONLINE SESSIONS. THE SERIES WAS OFFERED ENTIRELY 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 OF BLACK, INDIGENOUS, AND OTHER COMMUNITIES OF COLOR, WORKING COMMUNITIES, AND GENDER AND SEXUALLY DIVERSE COMMUNITIES: ANTONIA PANTOJA, BAYARD RUSTIN, ELSIE RICHARDSON, DAVID RUGGLES, WONG CHIN FOO, AND SILVIA RIVERA.

THE STUDENT PROGRAM WAS COMPLEMENTED BY PROFESSIONAL LEARNING EVENTS

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WHICH WERE DESIGNED TO SUPPORT EDUCATORS WITH THE BEST TEACHING STRATEGIES TO BRING THESE STORIES INTO THE CLASSROOM, INCLUDING ACTIVITIES AND DISCUSSION STRATEGIES FOR GRADES 3 TO 5. GUEST SPEAKERS PROVIDED ADDITIONAL BACKGROUND ON THE FEATURED INDIVIDUALS, AND ONLINE RESOURCES WERE SHARED TO HELP EDUCATORS PREPARE AND IMPLEMENT CULTURALLY RESPONSIVE PEDAGOGY THAT VALUES THE FAMILIES, KNOWLEDGE, AND EXPERIENCES OF DIVERSE STUDENTS IN NEW YORK. THESE FIVE VIRTUAL PROFESSIONAL LEARNING SESSIONS WELCOMED A TOTAL OF 176 ATTENDEES. THE SCHWARZ CENTER EVALUATES ALL IN PERSON AND VIRTUAL STUDENT PROGRAMMING USING DIGITAL EVALUATION TOOLS TO ALLOW EDUCATORS TO SHARE FEEDBACK ABOUT THEIR EXPERIENCE ENGAGING THE MUSEUM'S STUDENT PROGRAMS. BASED UPON THEIR EXPERIENCES, NEARLY 100% OF SURVEY RESPONDENTS HAVE INDICATED AN INTEREST IN RETURNING TO THE MUSEUM FOR FUTURE PROGRAMS. THIS YEAR, THE MUSEUM CONTINUED TO DEVELOP AND REFINE OUR IN-DEPTH, LONG-TERM SCHOOL PARTNERSHIPS PROGRAM MODEL. THE MUSEUM PARTNERED WITH THE SOUTH BRONX COMMUNITY CHARTER HIGH SCHOOL (10TH GRADE) AGAIN THIS YEAR, AND ALSO ADDED A SECOND LOCAL SCHOOL, P.S. 108 SCHOOL OF AUTHORS (2ND GRADE).

THROUGH ITS PROFESSIONAL LEARNING OFFERINGS, THE SCHWARZ CENTER SERVES PK-12 EDUCATORS AND ADMINISTRATORS THROUGH LECTURES, WORKSHOPS, WEEK-LONG COURSES, CURRICULUM SUPPLEMENTAL MATERIALS, AND COLLABORATIONS WITH THE NYC DOE, THE MAJORITY OF WHICH ARE FREE TO PARTICIPANTS. IN FY2023, THE MUSEUM SERVED OVER 2,300 EDUCATORS THROUGH PROFESSIONAL LEARNING PROGRAMS, WHICH INCLUDED BOTH SINGLE-DAY EVENTS AND MULTI-SESSION PROGRAMS. THE MUSEUM IS AN ACCREDITED PROVIDER OF PROFESSIONAL LEARNING WITH BOTH THE NYCDOE AND THE NEW YORK STATE EDUCATION DEPARTMENT, AND ELIGIBLE PROGRAM PARTICIPANTS RECEIVE CONTINUING EDUCATION CREDITS. THE MUSEUM HAS LONG SERVED AS A STEADFAST

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RESOURCE FOR OUR CITY'S TEACHERS AND CONTINUED TO OFFER OPPORTUNITIES FOR ENGAGEMENT WITH THE MUSEUM'S CONTENT, SCHOLARSHIP, AND LEADERSHIP THROUGHOUT THE PAST YEAR.

AT THE ONSET OF FY2023, THE MUSEUM LAUNCHED NEW PROGRAMMING DESIGNED BY, FOR, AND WITH NEW YORK'S K-12 STUDENTS AND EDUCATORS, LOCAL FAMILY AND COMMUNITY MEMBERS, AND NATIONAL AND INTERNATIONAL VISITORS ALIKE. THE CORE TENANT OF THESE PROGRAMMATIC OBJECTIVES IS TO SUPPORT NEW YORK CITY YOUTH, FAMILIES, AND COMMUNITY MEMBERS THROUGH SPECIFIC CHANNELS DESIGNED TO CONNECT WITH OUR AUDIENCES IN WAYS THAT ARE EFFECTIVE, EQUITABLE, CREATIVE, AND ENGAGING. THE KICK-OFF PROGRAMMING FOR THIS INITIATIVE WAS THE REACH YOUTH AMBASSADORS PROGRAM PILOTED IN SUMMER 2022. SUPPORTED BY A STARTING COHORT OF 85 YOUTH PARTICIPANTS REGISTERED THROUGH THE NEW YORK CITY SUMMER YOUTH EMPLOYMENT PROGRAM (SYEP), THE PROGRAM WAS HELD ONSITE AT THE MUSEUM FOUR DAYS PER WEEK. PARTICIPANTS CHOSE AN ARTS DISCIPLINE TO EXPLORE LED BY TWO TEACHING ARTISTS AND PRESENTED A FINAL SHOWCASE OF THEIR WORK AT THE END OF THE SUMMER.

AT THE START OF THE 2022-2023 SCHOOL YEAR, THE MUSEUM LAUNCHED TWO PROGRAMS TO SERVE FAMILIES WITH CHILDREN FROM AGES 12 MONTHS TO 12 YEARS: MOVIES FOR MINIS A MONTHLY, SATURDAY MOVIE SCREENING AND ART ACTIVITY WORKSHOP FOR INTERGENERATIONAL AUDIENCES; AND STORYTIME @ MCNY A WEEKLY, FRIDAY MORNING STORYTELLING PROGRAM FACILITATED BY A MUSEUM EDUCATOR FEATURING ART ACTIVITIES AND ENGAGING INTERACTIVES. THESE PROGRAMS SERVED NEARLY 900 PARTICIPANTS IN THIS PILOT YEAR. ADDITIONALLY, FROM SEPTEMBER 2022 TO APRIL 2023, THE MUSEUM HOSTED OVER 10 COMMUNITY PARTNERS AND 500 ATTENDEES AT COMMUNITY EVENTS.

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

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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 THE 1870S 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 TRADING IN WHICH QUESTIONS ABOUT PRIVACY, TRUTH, AND THE IMPACT OF SOCIAL MEDIA ARE INCREASINGLY PRESSING THE 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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THE STETTMEIER DOLLHOUSE: UP CLOSE

NOVEMBER 20, 2020 - OCTOBER 3, 2022

ON DECEMBER 18, 1945, THE MUSEUM OF THE CITY OF NEW YORK HELD AN UNUSUAL EVENT: A HOUSE-WARMING FOR A DOLL'S HOUSE. AMONG THE INVITED GUESTS WERE GEORGIA O'KEEFFE AND OTHER ARTISTIC LUMINARIES OF THE DAY. THEY GATHERED TO CELEBRATE THE UNVEILING OF A ONE-OF-A-KIND THREE-DIMENSIONAL PIECE OF ART MADE BY CARRIE W. STETTMEIER, WHO HAD PASSED AWAY THE YEAR BEFORE.

TODAY, THE STETTMEIER "DOLL'S HOUSE" AN ARTISTIC MODEL MADE 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, ALONG WITH HER SISTERS ETTIE AND FLORINE, HOSTED A FAMOUS ARTISTIC SALON IN THE EARLY 20TH CENTURY, WHICH INFLUENTIAL ART HISTORIAN AND CRITIC ARTHUR DANTO LATER CALLED THE "AMERICAN BLOOMSBURY." ETTIE WAS A PHILOSOPHER AND NOVELIST; FLORINE WAS A PAINTER; CARRIE WAS AN ASPIRING THEATRICAL DESIGNER WHOSE ARTISTIC GOALS WERE DERAILED BY HER OBLIGATIONS TO RUN THE HOUSEHOLD. HER CREATIVE ENERGIES WERE CHANNLED INSTEAD INTO THE CRAFTING OF A MINIATURE WORLD WHOSE INTERIOR REFLECTED THE STETTMEIERS' LIFE IN THEIR FASHIONABLE APARTMENT AND REFLECTED THE AVANT-GARDE ARTISTIC CIRCLES OF NEW YORK IN THE 1920S FOR 19 YEARS, CARRIE STETTMEIER WORKED ON THIS THREE-DIMENSIONAL WORK OF ART, REFLECTING AND REINTERPRETING THE ARTISTIC, AESTHETIC, AND CULTURAL MILIEU IN WHICH SHE AND HER SISTERS MOVED. AMONG ITS MOST OUTSTANDING FEATURES IS THE BALLROOM, WHICH FEATURES MINIATURE WORKS GIFTED TO CARRIE BY SOME OF THE LEADING NAMES OF MODERN ART IN NEW YORK IN THE 1910S AND 1920S, INCLUDING LOUIS BOUCH, GASTON LACHAISE, MARGUERITE AND WILLIAM ZORACH, AND MANY OTHERS. A PARTICULAR HIGHLIGHT IS MARCEL DUCHAMP'S MINIATURE VERSION OF HIS FAMOUS NUDE DESCENDING A

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STAIRCASE, WHICH HAD CREATED A SENSATION AT THE 1913 ARMORY SHOW IN NEW YORK CITY.

SEVENTY-FIVE YEARS LATER, THE MUSEUM CELEBRATES THE ANNIVERSARY OF THIS EXTRAORDINARY GIFT WITH A REINSTALLATION OF THE FAMOUS STETTHEIMER DOLLHOUSE. A NEW, DEDICATED GALLERY WILL PROVIDE GREATER ACCESS TO THIS EXTRAORDINARY OBJECT DURING THIS TIME OF SOCIAL DISTANCING, AS WELL AS BIOGRAPHICAL INFORMATION ABOUT THE STETTHEIMER SISTERS AND THE MEMBERS OF THEIR CIRCLE, INCLUDING INFLUENTIAL ARTISTS WHO MADE MINIATURE ARTWORKS FOR THE HOUSE. VISITORS WILL BE ABLE TO VIEW THE HOUSE, LEARN ABOUT ITS FEATURES, VIEW ENLARGED IMAGES OF THE TINY DETAILS, AND DISCOVER RARELY SEEN ADDITIONAL MINIATURE WORKS BY SOME OF THE LEADING LIGHTS OF EARLY 20TH-CENTURY MODERNISM, AMONG THEM A MINIATURE GEORGE BELLOWS.

AS CARRIE'S SISTER ETTIE WROTE ABOUT THE GIFT OF THE DOLLHOUSE TO THE MUSEUM OF THE CITY OF NEW YORK, "I FEEL CERTAIN THAT NO REPOSITORY 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-DRIVEN MUSICAL RENAISSANCE. THE RESULT WAS AN ERA OF CREATIVITY AND GENRE-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 STRETCHED ACROSS CLUBS AND BARS, THEATERS, PARKS, AND ART SPACES. TOGETHER, THEY PROVIDED FERTILE GROUND FOR A MUSICAL REVOLUTION ONE THAT CONTINUES TO INFLUENCE POP CULTURE TO THIS DAY. COINCIDING WITH THE 40TH ANNIVERSARY

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OF MTV, NEW YORK, NEW MUSIC: 1980-1986 HIGHLIGHTS DIVERSE MUSICAL ARTISTS FROM RUN DMC TO THE TALKING HEADS, FROM MADONNA TO JOHN ZORNAS A LENS TO EXPLORE THE BROADER MUSIC AND CULTURAL SCENE, INCLUDING THE INNOVATIVE MEDIA OUTLETS, VENUES, RECORD LABELS, FASHION AND 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:

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.

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THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE GOVERNING BOARD OR COMMITTEE MEETING, BUT, AFTER THE PRESENTATION, HE/SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST. THE CHAIRMAN OR THE GOVERNING BOARD OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER EXERCISING DUE DILIGENCE, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE WHETHER MCNY CAN OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED TRUSTEES WHETHER THE TRANSACTION OR ARRANGEMENT IS IN MCNY'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE IN CONFORMITY WITH THE ABOVE DETERMINATION. IT SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT. ANY DECISION BY A COMMITTEE SHALL BE SUBJECT TO REVIEW AND DETERMINATION BY THE GOVERNING BOARD SHOULD IT ELECT TO DO SO.

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

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

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM PRIOR YEARS.





Form **8879-TE**

# IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning JUL 1, 2022, and ending JUN 30, 2023

# 2022

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer

**MUSEUM OF THE CITY OF NEW YORK**

EIN or SSN

**13-1624098**

Name and title of officer or person subject to tax **OSMAN KURTULUS  
CFO**

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

<b>1a</b> Form 990 check here .....	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> _____
<b>2a</b> Form 990-EZ check here ...	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ...	<input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part V, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here .....	<input type="checkbox"/>	<b>b Balance due</b> (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a</b> Form 990-T check here .....	<input checked="" type="checkbox"/>	<b>b Total tax</b> (Form 990-T, Part III, line 4) .....	<b>6b</b> <u>2,698.</u>
<b>7a</b> Form 4720 check here .....	<input type="checkbox"/>	<b>b Total tax</b> (Form 4720, Part III, line 1) .....	<b>7b</b> _____
<b>8a</b> Form 5227 check here .....	<input type="checkbox"/>	<b>b FMV of assets at end of tax year</b> (Form 5227, Item D)	<b>8b</b> _____
<b>9a</b> Form 5330 check here .....	<input type="checkbox"/>	<b>b Tax due</b> (Form 5330, Part II, line 19)	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here	<input type="checkbox"/>	<b>b Amount of credit payment requested</b> (Form 8038-CP, Part III, line 22)	<b>10b</b> _____

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

### PIN: check one box only

I authorize GRASSI & CO. CPA'S, P.C. to enter my PIN 10010  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**11232210010**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature GRASSI & CO. CPA'S, P.C.

Date 04/23/24

**ERO Must Retain This Form - See Instructions**

**Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2022 or other tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**

# 2022

Department of the Treasury  
Internal Revenue Service

**Go to [www.irs.gov/Form990T](http://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).**

Open to Public Inspection for  
501(c)(3) Organizations Only

<p><b>A</b> <input type="checkbox"/> Check box if address changed.</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3)  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	<p>Print or Type</p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>MUSEUM OF THE CITY OF NEW YORK</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>1220 FIFTH AVENUE</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>NEW YORK, NY 10029</b></p>	<p><b>D</b> Employer identification number  <b>13-1624098</b></p> <p><b>E</b> Group exemption number (see instructions)</p> <p><b>F</b> <input type="checkbox"/> Check box if an amended return.</p>
<p><b>C</b> Book value of all assets at end of year ..... <b>68,393,198.</b></p>			
<p><b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university</p>			
<p><b>H</b> Check if filing only to <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439</p>			
<p><b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... <input type="checkbox"/></p>			
<p><b>J</b> Enter the number of attached Schedules A (Form 990-T) ..... <b>1</b></p>			
<p><b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation.</p>			
<p><b>L</b> The books are in care of <b>OSMAN KURTULUS</b></p>		<p>Telephone number <b>2125341672</b></p>	

Part I Total Unrelated Business Taxable Income		
1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	13,848.
2	Reserved .....	
3	Add lines 1 and 2 .....	13,848.
4	Charitable contributions (see instructions for limitation rules) .....	0.
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	13,848.
6	Deduction for net operating loss. See instructions .....	
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	13,848.
8	Specific deduction (generally \$1,000, but see instructions for exceptions) .....	1,000.
9	<b>Trusts.</b> Section 199A deduction. See instructions .....	
10	<b>Total deductions.</b> Add lines 8 and 9 .....	1,000.
11	<b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	12,848.

Part II Tax Computation		
1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) .....	2,698.
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	
3	Proxy tax. See instructions .....	
4	Other tax amounts. See instructions .....	
5	Alternative minimum tax (trusts only) .....	
6	Tax on noncompliant facility income. See instructions .....	
7	<b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	2,698.

LHA For Paperwork Reduction Act Notice, see instructions.

<b>Part III Tax and Payments</b>			
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	<b>1a</b>		
b Other credits (see instructions) .....	<b>1b</b>		
c General business credit. Attach Form 3800 (see instructions) .....	<b>1c</b>		
d Credit for prior year minimum tax (attach Form 8801 or 8827) .....	<b>1d</b>		
e <b>Total credits.</b> Add lines 1a through 1d .....	<b>1e</b>		
2 Subtract line 1e from Part II, line 7 .....	<b>2</b>		2,698.
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement) .....	<b>3</b>		
4 <b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....	<b>4</b>		2,698.
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k) .....	<b>5</b>		0.
6a Payments: A 2021 overpayment credited to 2022 .....	<b>6a</b>		
b 2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/> .....	<b>6b</b>		
c Tax deposited with Form 8868 .....	<b>6c</b>	1,510.	
d Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>		
e Backup withholding (see instructions) .....	<b>6e</b>		
f Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total .....	<b>6g</b>		
7 <b>Total payments.</b> Add lines 6a through 6g .....	<b>7</b>		1,510.
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> .....	<b>8</b>		148.
9 <b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....	<b>9</b>		1,336.
10 <b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....	<b>10</b>		
11 Enter the amount of line 10 you want: <b>Credited to 2023 estimated tax</b> <span style="float: right;"><b>Refunded</b></span> .....	<b>11</b>		

<b>Part IV Statements Regarding Certain Activities and Other Information</b> (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 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 <input checked="" type="checkbox"/> <input type="checkbox"/>
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.			<input type="checkbox"/> <input checked="" type="checkbox"/>
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 include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.			
5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. 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.			
Business Activity Code	Available post-2017 NOL carryover		
	\$		
	\$		
6a Did the organization change its method of accounting? (see instructions) .....			<input type="checkbox"/> <input checked="" type="checkbox"/>
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-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.

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer _____	Date _____	CFO Title		
					May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JAIME RAPPS	JAIME RAPPS	04/23/24		P01462990
	Firm's name GRASSI & CO. CPA'S, P.C.	Firm's EIN		11-3266576	
	750 THIRD AVENUE, 28TH FLOOR			Phone no. 212-661-6166	
	Firm's address NEW YORK, NY 10017				

**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](http://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).

1  
OMB No. 1545-0047

**2022**

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization <b>MUSEUM OF THE CITY OF NEW YORK</b>	<b>B</b> Employer identification number <b>13-1624098</b>
<b>C</b> Unrelated business activity code (see instructions) <b>722440</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

**E** Describe the unrelated trade or business **LIQUOR SALES**

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales <u>147,777.</u>				
<b>b</b> Less returns and allowances _____ <b>c</b> Balance	<b>1c</b>	<b>147,777.</b>		
<b>2</b> Cost of goods sold (Part III, line 8) .....	<b>2</b>	<b>66,835.</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c .....	<b>3</b>	<b>80,942.</b>		<b>80,942.</b>
<b>4 a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions .....	<b>4a</b>			
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	<b>4b</b>			
<b>c</b> Capital loss deduction for trusts .....	<b>4c</b>			
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) .....	<b>5</b>			
<b>6</b> Rent income (Part IV) .....	<b>6</b>			
<b>7</b> Unrelated debt-financed income (Part V) .....	<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI) .....	<b>8</b>			
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) .....	<b>9</b>			
<b>10</b> Exploited exempt activity income (Part VIII) .....	<b>10</b>			
<b>11</b> Advertising income (Part IX) .....	<b>11</b>			
<b>12</b> Other income (see instructions; attach statement) .....	<b>12</b>			
<b>13 Total.</b> Combine lines 3 through 12 .....	<b>13</b>	<b>80,942.</b>		<b>80,942.</b>

**Part II Deductions Not Taken Elsewhere** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

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

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

<b>Part III Cost of Goods Sold</b>		Enter method of inventory valuation	N/A
1	Inventory at beginning of year .....	1	0.
2	Purchases .....	2	66,835.
3	Cost of labor .....	3	0.
4	Additional section 263A costs (attach statement) .....	4	0.
5	Other costs (attach statement) .....	5	0.
6	<b>Total.</b> Add lines 1 through 5 .....	6	66,835.
7	Inventory at end of year .....	7	0.
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....	8	66,835.
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

<b>Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)</b>					
1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.					
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
		A	B	C	D
2	Rent received or accrued				
a	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) .....				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
3	Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				0.
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .....				
5	<b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) .....				0.

<b>Part V Unrelated Debt-Financed Income</b> (see instructions)					
1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.					
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
		A	B	C	D
2	Gross income from or allocable to debt-financed property .....				
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement) .....				
b	Other deductions (attach statement) .....				
c	Total deductions (add lines 3a and 3b, columns A through D) .....				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....				
5	Average adjusted basis of or allocable to debt-financed property (attach statement) .....				
6	Divide line 4 by line 5 .....	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6 .....				
8	<b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) .....				0.
9	Allocable deductions. Multiply line 3c by line 6				
10	<b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) .....				0.
11	<b>Total dividends-received deductions</b> included in line 10 .....				0.

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
<b>Totals</b>			0.	0.		

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4	
5	Gross income from activity that is not unrelated business income .....	5	
6	Expenses attributable to income entered on line 5 .....	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7	

**Part IX Advertising Income**

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

		A	B	C	D
2	Gross advertising income .....				
Add columns A through D. Enter here and on Part I, line 11, column (A) .....					0.

a	3	Direct advertising costs by periodical .....			
a	Add columns A through D. Enter here and on Part I, line 11, column (B) .....				
					0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete 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 less than line 6, enter zero .....
- 8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 .....


a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 .....

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1 .....			0.

**Part XI Supplemental Information** (see instructions)

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FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 1

DESCRIPTION

AMOUNT

OUTSIDE SERVICES	3,669.
OCCUPANCY	330.
MISCELLANEOUS	3,301.
PUBLIC RELATIONS	680.
SUPPLIES AND EXPENSES	1,927.
COMPUTER HARDWARE AND SOFTWARE	124.
DESIGN, SHIPPING AND FABRICATION	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

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**PREPARED FOR:**

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

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**PREPARED BY:**

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

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**TO BE SIGNED AND DATED BY:**

NOT APPLICABLE

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**AMOUNT OF TAX:**

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

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**OVERPAYMENT:**

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

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**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

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**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.

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**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

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**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**

288025 09-28-22

**TR-579.1-CT**  
(9/22)

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

Legal name of corporation <b>MUSEUM OF THE CITY OF NEW YORK</b>
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**Purpose**

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

- 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*
- 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](http://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 .....	<b>1</b>	<b>614.</b>
2 Financial institution routing number .....	<b>2</b>	
3 Financial institution account number .....	<b>3</b>	

Signature of authorized officer of the corporation	Date
Print your name <b>OSMAN KURTULUS, CFO</b>	Title of officer



Department of Taxation and Finance  
**Request for Six-Month Extension to File**  
 (for franchise/business taxes, MTA surcharge, or both)  
 Tax Law - Articles 9-A, 13, and 33

**CT-5**

All filers must enter tax period:  
 beginning **07-01-22** ending **06-30-23**

Employer identification number (EIN) <b>13-1624098</b>	File number <b>MM1</b>	Business telephone number <b>212-534-1672</b>	
Legal name of corporation <b>MUSEUM OF THE CITY OF NEW YORK</b>		Trade name/DBA	
Mailing address Care of (c/o)		State or country of incorporation	
Number and street or PO box <b>1220 FIFTH AVENUE AT 104TH STREET</b>		Date of incorporation	Foreign corporations: date began business in NYS
City <b>NEW YORK, NY</b>	U.S. state/Canadian province <b>NY</b>	ZIP/Postal code <b>10029</b>	Country (if not United States)
For office use only			

If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See *Business information* in Form CT-1.

**Request for extension of time to file the following forms:** Mark box(es) for one article only. Submit only one Form CT-5 and mark an **X** in both boxes in the appropriate article if you are requesting an extension for **both** the franchise tax and MTA surcharge returns. For example, mark an **X** in **both** the CT-3 box and the CT-3-M box under Article 9-A if you are requesting an extension of time to file **both** returns.

Article 9-A		Article 13		Article 33			
CT-3 <input type="checkbox"/>	CT-3-M <input type="checkbox"/>	CT-13 <input checked="" type="checkbox"/>	CT-33 <input type="checkbox"/>	CT-33-C <input type="checkbox"/>	CT-33-M <input type="checkbox"/>	CT-33-NL <input type="checkbox"/>	

<b>A.</b> Pay amount shown on line 11. Make payable to: <i>New York State Corporation Tax</i>		Payment enclosed
← Attach your payment here. Detach all check stubs. (See instructions for details.)	<b>A.</b>	<b>614.</b>

**Certain corporations filing as part of a combined group:** Typically, taxpayers filing a combined return use Form CT-5.3. **However,** if for the tax year for which you are requesting an extension to file, you are either becoming a member of a **new** combined group, or being **added** to an **existing** group, you **must also** file Form CT-5. Complete the business information section above and line B. Then, mark an **X** in the box on either line C or D (see Corporations filing a combined franchise tax return only *in the instructions*).

Do **not** complete line A and lines 1 through 16.

**B.** Enter the EIN of the combined group's designated agent (CT-3-A filers), or parent (CT-33-A filers) ..... **B**

**Note:** Failure to include the EIN of the designated agent (or parent) may delay processing of your extension request, and may result in penalties and interest.

**C.** If this extension request is for the **first** tax year that you are being included in a **new** combined group filing a combined return, mark an **X** in the box ..... **C**

**D.** If this extension request is for the **first** tax year that you are being **added** to an **existing** combined group filing a combined return, mark an **X** in the box ..... **D**

**Computation of estimated franchise tax**

1	Franchise tax from the <i>Worksheet for lines 1 and 6</i> in Form CT-5-I	<b>1</b>	<b>614.</b>
2			
3			
4	Prepayments of franchise tax (from line 16, column A)	<b>4</b>	
5	Balance due - franchise tax (subtract line 4 from line 1; do not enter less than zero)	<b>5</b>	<b>614.</b>

**Computation of estimated MTA surcharge**

6	MTA surcharge from the <i>Worksheet for lines 1 and 6</i> in Form CT-5-I	<b>6</b>	
7			
8			
9	Prepayments of MTA surcharge (from line 16, column B)	<b>9</b>	
10	Balance due - MTA surcharge (subtract line 9 from line 6; do not enter less than zero)	<b>10</b>	
11	Total balance due (see instructions)	<b>11</b>	<b>614.</b>

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**Composition of prepayments** - Use this worksheet to determine the prepayments of franchise tax on line 4 and the prepayments of the MTA surcharge on line 9. See instructions.

	Date paid	A. Franchise tax	B. MTA surcharge
<b>12</b> Mandatory first installment from Form CT-300 ...	<b>12</b>		
<b>13a</b> Second installment from Form CT-400 .....	<b>13a</b>		
<b>13b</b> Third installment from Form CT-400 .....	<b>13b</b>		
<b>13c</b> Fourth installment from Form CT-400 .....	<b>13c</b>		
<b>14</b> Overpayment credited from prior years .....	<b>14</b>		
<b>15</b> Overpayment credited from Form CT- _____	Period	<b>15</b>	
<b>16</b> Total prepayments (total all entries in column A and column B) .....	<b>16</b>		

<b>Paid preparer use only</b> (see instr.)	Firm's name (or yours if self-employed) <b>GRASSI &amp; CO. CPAS P.C.</b>	Firm's EIN <b>11-3266576</b>	Preparer's PTIN or SSN <b>P01303468</b>
	Signature of individual preparing this document <b>JAIME RAPPS</b>	City <b>NEW YORK</b>	State ZIP code <b>NY 10017</b>
	Email address of individual preparing this document <b>DROTTKAMP@GRASSICPAS.COM</b>	Excl. code <b>03</b>	Date <b>04-23-24</b>

**RETURN MUST BE E-FILED.**  
**This form cannot be paper filed - this copy is for informational purposes only.**

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CT-2

Department of Taxation and Finance

Corporation Tax Return Summary

THIS FORM MUST BE FILED WITH YOUR RETURN

1 Legal name of corporation

1. MUSEUM OF THE CITY OF NEW YORK

Payment enclosed

2. 542.00

3 Return type

3. CT13

4 Employer ID number (EIN)

4. 13-1624098

5 File number (FCC)

5. MM1

6 Period beginning date (mm-dd-yy)

6. 07-01-22

7 Period ending date (mm-dd-yy)

7. 06-30-23

8 Amended (Y=1; N=0)

8. 0

9 Final (Y=1; N=0)

9.

10 NAICS code

10. 722440

11 MTA indicator (None = 0; Y = 1; N = 2; Both = 3)

11.

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

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284951 1019 11-16-22

For office use only

Form CT-186-E filers only

30	Excise tax on telecommunication services - NYS	30.	<input type="text"/>	<input type="text"/>
31	Excise tax on mobile telecommunication services subject to the 2.9% rate	31.	<input type="text"/>	<input type="text"/>
32	Total excise tax on telecommunication services	32.	<input type="text"/>	<input type="text"/>
33	Tax on gross income - NYS	33.	<input type="text"/>	<input type="text"/>
34	MTA surcharge related to telecommunication services	34.	<input type="text"/>	<input type="text"/>
35	MTA surcharge related to telecommunication services subject to the 0.721% tax rate	35.	<input type="text"/>	<input type="text"/>
36	Total MTA surcharge related to telecommunication services	36.	<input type="text"/>	<input type="text"/>
37	MTA surcharge on gross income	37.	<input type="text"/>	<input type="text"/>
38	Balance due - NYS	38.	<input type="text"/>	<input type="text"/>
39	Balance due - MTA	39.	<input type="text"/>	<input type="text"/>
40	Provided telecommunication services in the MCTD this year? (None = 0; Y = 1; N = 2; Both = 3)	40.	<input type="text"/>	<input type="text"/>
41	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (None = 0; Y = 1; N = 2; Both = 3)	41.	<input type="text"/>	<input type="text"/>
42	Overpayment credited to next year's tax - NYS	42.	<input type="text"/>	<input type="text"/>
43	Overpayment credited to next year's tax - MTA	43.	<input type="text"/>	<input type="text"/>
44	Refund of overpayment - NYS	44.	<input type="text"/>	<input type="text"/>
45	Refund of overpayment - MTA	45.	<input type="text"/>	<input type="text"/>
46	Refund of unused tax credits - NYS	46.	<input type="text"/>	<input type="text"/>
47	Refund of unused tax credits - MTA	47.	<input type="text"/>	<input type="text"/>
48	Refundable tax credits to be credited to next year's tax - NYS	48.	<input type="text"/>	<input type="text"/>
49	Refundable tax credits to be credited to next year's tax - MTA	49.	<input type="text"/>	<input type="text"/>

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# New York State E-File Authorization for Tax Year 2022

# TR-579-CT

## For Certain Corporation Tax Returns and Estimated Tax Payments for Corporations

(9/22)

Electronic return originator (ERO)/paid preparer: **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**

Return type (mark an X for all that apply): 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  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-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-A, *Life 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 on Capital Stock*; 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](http://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 .....
- 2 Financial institution routing number .....
- 3 Financial institution account number .....

1	542.
2	021000021
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 taxes due by electronic funds withdrawal, 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 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 <b>OSMAN KURTULUS, CFO</b>	Date
--	---	------

### 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 <b>GRASSI &amp; CO. CPA'S, P.C.</b>	Print name <b>GRASSI &amp; CO. CPA'S, P.C.</b>	Date <b>04-23-24</b>
Paid preparer's signature <b>JAIME RAPPS</b>	Print name <b>JAIME RAPPS</b>	Date <b>04-23-24</b>



CT-13

Department of Taxation and Finance

Unrelated Business Income Tax Return

All filers enter tax period:

beginning 07-01-22 ending 06-30-23

Recommended return

Tax Law - Article 13

Form fields for Employer identification number (EIN), File number, Business telephone number, Legal name of corporation, Mailing address, City, U.S. state/Canadian province, ZIP/Postal code, Country, NAICS business code number, etc.

Form CT-247, Application for Exemption from Corporation Franchise Taxes by a Not-For-Profit

Organization - Have you filed this New York State application for exemption? (see instructions) Yes No [X]

Mark an X in this box if you are an employee trust as defined in Internal Revenue Code (IRC) section 401(a)

Mark an X in this box if you ceased operating the unrelated business during the tax year covered by this return (see section Who must file Form CT-13 in the instructions)

Payment section: A. Pay amount shown on line 22. Make payable to: New York State Corporation Tax. Attach your payment here. Detach all check stubs. (See instructions for details.) Payment enclosed 542.

Computation of income and tax

Table with 25 rows for computation of income and tax. Columns include line number, description, and amount. Key values: Line 1: 12,848; Line 6: 12,848; Line 10: 12,848; Line 13: 12,848; Line 14: 12,848; Line 15: 1,156; Line 16: 250.00; Line 17: 1,156; Line 18: 614; Line 19: 542; Line 22: 542.

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

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Have you been audited by the Internal Revenue Service in the past 5 years? Yes  No  If Yes, list years: \_\_\_\_\_

Federal return was filed on: 990-T  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.

Average value of:	A New York State	B Everywhere	
26 Real estate owned (see instructions) .....	26		
27 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		
31 Percentage in New York State (divide line 30, column A, by line 30, column B) .....	31		%

**Receipts in the regular course of business from:**

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 37, column B) .....	38		%
39 Wages, salaries, and other compensation of employees (except general executive officers; see instructions) .....	39		
40 Percentage in New York State (divide line 39, column A, by line 39, column B) .....	40		%
41 Total of New York State percentages (add lines 31, 38, and 40) .....	41		%
42 Business allocation percentage (divide line 41 by three or by the number of percentages) .....	42		%

**Composition of prepayments claimed on line 18\***

		Date paid	Amount
43 Payment with extension request, Form CT-5, line 5 .....	43	11-15-23	614.
44a Second installment from Form CT-400 .....	44a		
44b Third installment from Form CT-400 .....	44b		
44c Fourth installment from Form CT-400 .....	44c		
45 Amount of overpayment credited from prior years .....	45		
46 Total prepayments (add lines 43 through 45; enter here and on line 18) .....	46		614.

\* Taxpayers subject to the unrelated business income tax are not required to make estimated tax payments. If you did make these unrequired payments, report them on lines 44a, 44b, and 44c.

**Amended return information**

If filing an amended return, mark an X 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 .....

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<b>Third - party designee</b> <i>(see instructions)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Designee's name <i>(print)</i>	Designee's phone number
	Designee's email address		PIN

**Certification:** I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

<b>Authorized person</b>	Printed name of authorized person <b>OSMAN KURTULUS</b>	Signature of authorized person	Official title <b>CFO</b>
	Email address of authorized person		Telephone number <b>212-534-1672</b> Date

<b>Paid preparer use only</b> <i>(see instr.)</i>	Firm's name <i>(or yours if self-employed)</i> <b>GRASSI &amp; CO. CPA'S, P.C.</b>		Firm's EIN <b>11-3266576</b>	Preparer's PTIN or SSN <b>P01462990</b>
	Signature of individual preparing this return <b>JAIME RAPPS</b>	Address      City      State      ZIP code <b>750 THIRD AVENUE, 28TH FLOOR NEW YORK, NY 10017</b>		
	Email address of individual preparing this return <b>JRAPPS@GRASSIADVISORS.COM</b>		Preparer's NYTPRIN      or      Excl. code <b>03</b>	Date <b>04-23-24</b>

See instructions for where to file.

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**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](http://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).

1  
OMB No. 1545-0047

**2022**

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization <b>MUSEUM OF THE CITY OF NEW YORK</b>	<b>B</b> Employer identification number <b>13-1624098</b>
<b>C</b> Unrelated business activity code (see instructions) <b>722440</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

**E** Describe the unrelated trade or business **LIQUOR SALES**

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales <u>147,777.</u>				
<b>b</b> Less returns and allowances _____ <b>c</b> Balance	<b>1c</b>	<b>147,777.</b>		
<b>2</b> Cost of goods sold (Part III, line 8) .....	<b>2</b>	<b>66,835.</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c .....	<b>3</b>	<b>80,942.</b>		<b>80,942.</b>
<b>4 a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions .....	<b>4a</b>			
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	<b>4b</b>			
<b>c</b> Capital loss deduction for trusts .....	<b>4c</b>			
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) .....	<b>5</b>			
<b>6</b> Rent income (Part IV) .....	<b>6</b>			
<b>7</b> Unrelated debt-financed income (Part V) .....	<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI) .....	<b>8</b>			
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) .....	<b>9</b>			
<b>10</b> Exploited exempt activity income (Part VIII) .....	<b>10</b>			
<b>11</b> Advertising income (Part IX) .....	<b>11</b>			
<b>12</b> Other income (see instructions; attach statement) .....	<b>12</b>			
<b>13 Total.</b> Combine lines 3 through 12 .....	<b>13</b>	<b>80,942.</b>		<b>80,942.</b>

**Part II Deductions Not Taken Elsewhere** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

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

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

<b>Part III Cost of Goods Sold</b>		Enter method of inventory valuation	N/A
1	Inventory at beginning of year .....	1	0.
2	Purchases .....	2	66,835.
3	Cost of labor .....	3	0.
4	Additional section 263A costs (attach statement) .....	4	0.
5	Other costs (attach statement) .....	5	0.
6	<b>Total.</b> Add lines 1 through 5 .....	6	66,835.
7	Inventory at end of year .....	7	0.
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....	8	66,835.
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

<b>Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)</b>					
1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.					
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
		A	B	C	D
2	Rent received or accrued				
a	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) .....				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
3	Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				0.
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .....				
5	<b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) .....				0.

<b>Part V Unrelated Debt-Financed Income</b> (see instructions)					
1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.					
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
		A	B	C	D
2	Gross income from or allocable to debt-financed property .....				
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement) .....				
b	Other deductions (attach statement) .....				
c	Total deductions (add lines 3a and 3b, columns A through D) .....				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....				
5	Average adjusted basis of or allocable to debt-financed property (attach statement) .....				
6	Divide line 4 by line 5 .....	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6 .....				
8	<b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) .....				0.
9	Allocable deductions. Multiply line 3c by line 6				
10	<b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) .....				0.
11	<b>Total dividends-received deductions</b> included in line 10 .....				0.

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
<b>Totals</b>			0.	0.		

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4	
5	Gross income from activity that is not unrelated business income .....	5	
6	Expenses attributable to income entered on line 5 .....	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7	

**Part IX Advertising Income**

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income .....				
Add columns A through D. Enter here and on Part I, line 11, column (A) .....				0.
a				
3 Direct advertising costs by periodical .....				
a Add columns A through D. Enter here and on Part I, line 11, column (B) .....				0.
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete 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 less than line 6, enter zero .....				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 .....				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 .....				0.

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1 .....			0.

**Part XI Supplemental Information** (see instructions)

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FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 1

<u>DESCRIPTION</u>	<u>AMOUNT</u>
OUTSIDE SERVICES	3,669.
OCCUPANCY	330.
MISCELLANEOUS	3,301.
PUBLIC RELATIONS	680.
SUPPLIES AND EXPENSES	1,927.
COMPUTER HARDWARE AND SOFTWARE	124.
DESIGN, SHIPPING AND FABRICATION	170.
TOTAL TO SCHEDULE A, PART II, LINE 14	10,201.



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 MUSEUM OF THE CITY OF NEW YORK

Return type (mark 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 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-A, Life 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 on Capital Stock; 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), 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
2 Financial institution routing number
3 Financial institution account number

Table with 2 columns: Field number, Value. Row 1: 1, 542. Row 2: 2, 021000021. Row 3: 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 taxes due by electronic funds withdrawal, 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 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 [Handwritten Signature] Print your name and title OSMAN KURTULUS, CFO Date 4/22/24

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.

Table with 3 columns: Signature, Print name, Date. Row 1: ERO's signature GRASSI & CO. CPA'S, P.C., Print name GRASSI & CO. CPA'S, P.C., Date 04-22-24. Row 2: Paid preparer's signature JAIME RAPPS, Print name JAIME RAPPS, Date 04-22-24.



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

288025 09-28-22

**TR-579.1-CT**  
(9/22)

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

Legal name of corporation <p style="text-align: center;"><b>MUSEUM OF THE CITY OF NEW YORK</b></p>
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**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](http://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 <p style="text-align: center;">4/22/24</p>
Print your name <p style="text-align: center;"><b>OSMAN KURTULUS, CFO</b></p>	Title of officer <p style="text-align: center;">CFO</p>

<b>Third - party designee</b> (see instructions)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Designee's name (print)		Designee's phone number	
	Designee's email address				PIN
<b>Certification:</b> I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.					
<b>Authorized person</b>	Printed name of authorized person <b>OSMAN KURTULUS</b>		Signature of authorized person <i>[Signature]</i>		Official title <b>CFO</b>
	Email address of authorized person <i>okurtulus@mcny.org.</i>			Telephone number <b>212-534-1672</b>	Date
<b>Paid preparer use only</b> (see instr.)	Firm's name (or yours if self-employed) <b>GRASSI &amp; CO. CPA'S, P.C.</b>			Firm's EIN <b>11-3266576</b>	Preparer's PTIN or SSN <b>P01462990</b>
	Signature of individual preparing this return <b>JAIME RAPPS</b>		Address <b>750 THIRD AVENUE, 28TH FLOOR</b>		City State ZIP code <b>NEW YORK, NY 10017</b>
	Email address of individual preparing this return <b>JRAPPS@GRASSIADVISORS.COM</b>			Preparer's NYTPRIN or Excl. code <b>03</b>	Date <b>04-22-24</b>

See instructions for where to file.

400003221019



# IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

Form **8879-TE**

For calendar year 2022, or fiscal year beginning JUL 1, 2022, and ending JUN 30, 2023

# 2022

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer <b>MUSEUM OF THE CITY OF NEW YORK</b>	EIN or SSN <b>13-1624098</b>
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Name and title of officer or person subject to tax **OSMAN KURTULUS  
CFO**

### Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here <input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b <b>2,698.</b>
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

### Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) Museum of the City of New York, (EIN) 13-1624098 and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

#### PIN: check one box only

I authorize GRASSI & CO. CPA'S, P.C. to enter my PIN 10010  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax  Date 7/23/24

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

11232210010  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature GRASSI & CO. CPA'S, P.C. Date 04/22/24

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

Form **8879-TE**

# IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning JUL 1, 2022, and ending JUN 30, 2023

# 2022

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**

Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer

**MUSEUM OF THE CITY OF NEW YORK**

EIN or SSN

**13-1624098**

Name and title of officer or person subject to tax **OSMAN KURTULUS  
CFO**

### Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> <u>17,403,955.</u>
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22)	<b>3b</b> _____
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5)	<b>4b</b> _____
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c)	<b>5b</b> _____
<b>6a</b> Form 990-T check here <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4)	<b>6b</b> _____
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1)	<b>7b</b> _____
<b>8a</b> Form 5227 check here <input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D)	<b>8b</b> _____
<b>9a</b> Form 5330 check here <input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19)	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here <input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22)	<b>10b</b> _____

### Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) Museum of the City of NY, (EIN) 13-1624098 and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

#### PIN: check one box only

I authorize GRASSI & CO. CPA'S, P.C. to enter my PIN 10010  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

4/22/24

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**11232210010**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature GRASSI & CO. CPA'S, P.C. Date 04/22/24

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)