

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 for instructions and the latest information.

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

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	C Name of organization MUSEUM OF THE CITY OF NEW YORK Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1220 FIFTH AVENUE City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10029 F Name and address of principal officer: OSMAN KURTULUS SAME AS C ABOVE	D Employer identification number 13-1624098 E Telephone number 212-534-1672 G Gross receipts \$ 21,175,717. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I 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		
J Website: WWW.MCNY.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1923
		M State of legal domicile: NY

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	45
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	44
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	159
	6 Total number of volunteers (estimate if necessary)	6	110
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	41,874.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	40,874.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	11,484,472.	5,281,794.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,717,752.	2,070,267.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,333,285.	3,385,533.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,868,446.	1,920,151.
		17,403,955.	12,657,745.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	9,174,789.	9,440,152.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) 2,001,841.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,654,252.	5,112,832.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,829,041.	14,552,984.	
19 Revenue less expenses. Subtract line 18 from line 12	574,914.	-1,895,239.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	68,393,198.	69,723,468.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,707,727.	2,691,746.
		65,685,471.	67,031,722.

Part II Signature Block

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

Sign Here	Signature of officer OSMAN KURTULUS, CFO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name JAIME RAPPS	Preparer's signature JAIME RAPPS
	Firm's name GRASSI & CO. CPA'S, P.C.	Date 04/17/25
	Firm's address 360 MADISON AVENUE, 7TH FLOOR NEW YORK, NY 10017	Check if self-employed <input type="checkbox"/> PTIN P01462990
		Firm's EIN 11-3266576 Phone no. 212-661-6166

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 \$ 6,148,849. including grants of \$) (Revenue \$ 988,974.) EXHIBITION AND PUBLICATIONS: IN FY24, THE MUSEUM SHOWCASED 10, INCLUDING OUR PERMANENT EXHIBITIONS, NEW YORK AS ITS CORE, AND TEMPORARY EXHIBITIONS BRINGING IN CLOSE TO 157,000 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 FY25 INCLUDE ART DECO CITY: NEW YORK POSTCARDS FROM THE LEONARD A. LAUDER COLLECTION; THE STETTHEIMER DOLLHOUSE IN A NEW LIGHT; ABOVE GROUND: ART FROM THE MARTIN WONG GRAFFITI COLLECTION; SOCIAL DANCE; URBAN STOMP. SEE SCHEDULE O FOR CONTINUATION.

4b (Code:) (Expenses \$ 3,166,159. including grants of \$) (Revenue \$ 164,116.) COLLECTIONS 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. IN FY24 THE MUSEUM CONTINUES TO DIGITIZE ITS COLLECTION, UPDATING THE COLLECTION DATABASE AND ONLINE PORTAL, PROCESSING AND ADMINISTERING PHOTOGRAPHY REQUESTS, BUILDING AND MANAGING THE SHELBY WHITE & LEON LEVY INSTITUTIONAL ARCHIVE. SEE SCHEDULE O FOR CONTINUATION.

4c (Code:) (Expenses \$ 1,421,866. including grants of \$) (Revenue \$ 308,836.) 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.

4d Other program services (Describe on Schedule O.) (Expenses \$ 656,761. including grants of \$) (Revenue \$ 954,548.)

4e Total program service expenses 11,393,635.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

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 include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, 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, 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 columns for question number, description, and Yes/No checkboxes. Includes questions 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, and 9.

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, and 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See 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) SARAH HENRY DEPUTY DIRECTOR / CHIEF CURATOR	40.00			X			381,085.	0.	60,971.	
(2) OSMAN KURTULUS CHIEF FINANCIAL OFFICER	40.00			X			217,245.	0.	54,813.	
(3) KEITH BUTLER VP OF DEVELOPMENT THROUGH 12/2024	40.00				X		223,709.	0.	30,435.	
(4) GERARD GALLAGHER CHIEF OPERATING OFFICER	40.00			X			191,274.	0.	43,965.	
(5) SHERYL VICTOR VP OF MARKETING	40.00					X	172,293.	0.	51,112.	
(6) HENRY GALINDO DIRECTOR OF FACILITIES	40.00					X	128,205.	0.	47,521.	
(7) STEPHANIE WILCHFORT PRESIDENT & DIRECTORAS OF 9/23	40.00	X		X			144,254.	0.	21,489.	
(8) CHERISSE CLEARY DIRECTOR, EVENT SALES	40.00					X	151,620.	0.	12,430.	
(9) JORDI VALLS CONTROLLER	40.00					X	117,177.	0.	21,762.	
(10) JULIUS QUITO IT DIRECTOR	40.00					X	120,645.	0.	9,889.	
(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) ROBERT FINGER BOARD MEMBER	1.00	X						0.	0.	0.
(24) ELBA GALVAN BOARD MEMBER	1.00	X						0.	0.	0.
(25) ROBERT GOLDSTEIN BOARD MEMBER	1.00	X						0.	0.	0.
(26) LORNA GOODMAN BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								1,847,507.	0.	354,387.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,847,507.	0.	354,387.

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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ELECTRIC SYMPHONY MEDIA PO BOX 21940, NEW YORK, NY 10087	ADVERTISING AGENCY	480,255.
FINAL PUSH CONSTRUCTION INC. 1205 MANHATTAN AVENUE, BROOKLYN, NY 11222	DIGITAL MARKETING	458,451.
RADICAL MEDIA LLC 435 HUDSON STREET, NEW YORK, NY 10014	MULTIMEDIA AND DIGITAL CONTENT	416,255.
CUTTLEFISH STUDIOS INC. 2921 W 38TH AVENUE, DENVER, CO 80211	DIGITAL CONTENT	324,786.
INTEGRATED SECURITY SERVICES INC. 305 MADISON AVENUE, NEW YORK, NY 10165	SECURITY SERVICES	283,994.

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 12

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) ELIZABETH GRAZIOLO BOARD MEMBER	1.00	X						0.	0.	0.
(28) JOHN HELLER BOARD MEMBER	1.00	X						0.	0.	0.
(29) STEPHANIE HESSLER BOARD MEMBER	1.00	X						0.	0.	0.
(30) JAMES C. HORTON BOARD MEMBER	1.00	X						0.	0.	0.
(31) ROBERT A. JEFFE BOARD MEMBER	1.00	X						0.	0.	0.
(32) LEAH C. JOHNSON BOARD MEMBER	1.00	X						0.	0.	0.
(33) SUZANNE KARR BOARD MEMBER	1.00	X						0.	0.	0.
(34) CAITLIN KELLY 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 ROSNER BOARD MEMBER THROUGH 10/2023	1.00	X						0.	0.	0.
(44) VALERIE ROWE BOARD MEMBER	1.00	X						0.	0.	0.
(45) ROSITA SARNOFF BOARD MEMBER	1.00	X						0.	0.	0.
(46) NEEL SHAH BOARD MEMBER	1.00	X						0.	0.	0.
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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	77,214.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,537,724.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	3,666,856.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 30,250.				
	h Total. Add lines 1a-1f			5,281,794.			
Program Service Revenue	2 a ADMISSIONS	Business Code					
		713990	988,974.	988,974.			
	b MEMBERSHIP DUES	713990	399,684.	399,684.			
	c LICENSING AND OTHER FEES	713990	372,773.	372,773.			
	d EDUCATIONAL PROGRAMS	611710	308,836.	308,836.			
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			2,070,267.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		686,398.			686,398.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	1,073,259.			
			(ii) Personal				
	b Less: rental expenses ...	6b	536,948.				
	c Rental income or (loss)	6c	536,311.				
	d Net rental income or (loss)			536,311.			536,311.
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	8,618,881.	1299823.		
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	7,219,569.	0.			
	c Gain or (loss)	7c	1,399,312.	1299823.			
	d Net gain or (loss)			2,699,135.			2699135.
8 a Gross income from fundraising events (not including \$ 77,214. of contributions reported on line 1c). See Part IV, line 18	8a		1,231,476.				
b Less: direct expenses	8b	263,754.					
c Net income or (loss) from fundraising events			967,722.			967,722.	
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a		885,782.				
b Less: cost of goods sold	10b	497,701.					
c Net income or (loss) from sales of inventory			388,081.	346,207.	41,874.		
Miscellaneous Revenue	11 a OTHER INCOME	Business Code					
		900099	28,037.			28,037.	
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d			28,037.				
12 Total revenue. See instructions			12,657,745.	2,416,474.	41,874.	4917603.	

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,633,346.	900,644.	296,289.	436,413.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,671,190.	4,690,478.	171,775.	808,937.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	456,863.	372,344.	21,385.	63,134.
9 Other employee benefits	1,158,434.	863,346.	116,682.	178,406.
10 Payroll taxes	520,319.	396,691.	37,228.	86,400.
11 Fees for services (nonemployees):				
a Management				
b Legal	16,722.	4,564.	12,158.	
c Accounting	60,697.	3,095.	57,602.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	155,917.		155,917.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,156,597.	908,978.	71,708.	175,911.
12 Advertising and promotion	321,174.	319,375.		1,799.
13 Office expenses	523,421.	445,963.	26,711.	50,747.
14 Information technology	220,395.	185,484.	11,378.	23,533.
15 Royalties				
16 Occupancy	649,261.	596,226.	22,631.	30,404.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	632,409.	530,134.	62,793.	39,482.
23 Insurance	283,332.	249,209.	15,437.	18,686.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a DESIGN, SHIPPING AND FA	693,125.	639,183.	13,387.	40,555.
b MISCELLANEOUS	399,782.	287,921.	64,427.	47,434.
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	14,552,984.	11,393,635.	1,157,508.	2,001,841.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4,885,340.	1	7,451,563.
	2 Savings and temporary cash investments	933,148.	2	47,261.
	3 Pledges and grants receivable, net	6,695,715.	3	4,207,715.
	4 Accounts receivable, net		4	
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	200,184.	8	148,360.
	9 Prepaid expenses and deferred charges	34,387.	9	34,387.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 33,304,022.		
	b Less: accumulated depreciation	10b 14,490,817.	19,374,831.	10c 18,813,205.
	11 Investments - publicly traded securities	28,981,274.	11	31,546,407.
	12 Investments - other securities. See Part IV, line 11	5,756,309.	12	6,216,971.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,532,010.	15	1,257,599.
16 Total assets. Add lines 1 through 15 (must equal line 33)	68,393,198.	16	69,723,468.	
Liabilities	17 Accounts payable and accrued expenses	692,213.	17	939,602.
	18 Grants payable		18	
	19 Deferred revenue	231,299.	19	264,524.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,784,215.	25	1,487,620.
	26 Total liabilities. Add lines 17 through 25	2,707,727.	26	2,691,746.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	35,669,130.	27	35,772,561.
	28 Net assets with donor restrictions	30,016,341.	28	31,259,161.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	65,685,471.	32	67,031,722.
	33 Total liabilities and net assets/fund balances	68,393,198.	33	69,723,468.

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	12,657,745.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,552,984.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,895,239.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	65,685,471.
5	Net unrealized gains (losses) on investments	5	3,241,490.
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	67,031,722.

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 (2023)

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9980093.	10067972.	10998749.	11484472.	5281794.	47813080.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	9980093.	10067972.	10998749.	11484472.	5281794.	47813080.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3271067.
6 Public support. Subtract line 5 from line 4.						44542013.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	9980093.	10067972.	10998749.	11484472.	5281794.	47813080.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	878,301.	1237723.	2156430.	1506591.	1759657.	7538702.
9 Net income from unrelated business activities, whether or not the business is regularly carried on			40,434.	13,848.	41,874.	96,156.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	333,130.	172,936.		1009384.	995,759.	2511209.
11 Total support. Add lines 7 through 10						57959147.
12 Gross receipts from related activities, etc. (see instructions)					12	9,607,924.
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	76.85 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	80.18 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. 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 stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. If the organization did 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 - 2022. 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
1 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>		
2 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>		
3a 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 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>		
c 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>		
4a 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 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
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. Contains questions 11a, 11b, 11c regarding gift acceptance.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1 and 2 regarding governing body powers and organization operation.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains question 1 regarding directors/trustees of supported organizations.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1, 2, 3 regarding support provided, officers, and investment policies.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1, 2a, 2b, 3a, 3b regarding the Integral Part Test and activities.

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.

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount 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	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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 - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

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

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.

2023 AMOUNT: \$ 28,037.

SPECIAL EVENT REVENUE

2022 AMOUNT: \$ 1,009,384.

2023 AMOUNT: \$ 967,722.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

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).

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

Schedule B (Form 990) (2023)

Name of organization MUSEUM OF THE CITY OF NEW YORK	Employer identification number 13-1624098
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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
1	 <hr/> <hr/> <hr/>	\$ <u>1,669,912.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>520,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>205,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MUSEUM OF THE CITY OF NEW YORK	Employer identification number 13-1624098
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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
7	<hr/> <hr/> <hr/>	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 147,598.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 115,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MUSEUM OF THE CITY OF NEW YORK	Employer identification number 13-1624098
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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
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization MUSEUM OF THE CITY OF NEW YORK	Employer identification number 13-1624098
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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
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
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

2023

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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 2d 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.

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) 2023

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 in 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	31,916,058.	30,100,491.	34,836,452.	27,211,437.	27,005,039.
b Contributions			2,899,251.	3,828,460.	2,500,000.
c Net investment earnings, gains, and losses	4,233,441.	3,305,020.	-4,099,094.	7,395,196.	1,825.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,289,783.	1,489,543.	3,536,118.	3,598,641.	2,295,427.
f Administrative expenses					
g End of year balance	33,859,716.	31,916,058.	30,100,491.	34,836,452.	27,211,437.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 19.6800 %
 - b Permanent endowment 78.3600 %
 - c Term endowment 1.9600 %
- 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"/> | <input type="checkbox"/> |
- 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.	9,808,968.	18,683,437.
c Leasehold improvements		64,506.	64,506.	0.
d Equipment		4,743,006.	4,617,343.	125,663.
e Other		4,105.		4,105.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				18,813,205.

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	4,428,725.	END-OF-YEAR MARKET VALUE
(C) MULTISTRATEGY HEDGE FUNDS	1,788,246.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	6,216,971.	

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)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

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)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

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	1,487,620.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,487,620.

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	16,947,913.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	3,241,490.	
b	Donated services and use of facilities	2b	575,750.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	628,845.	
e	Add lines 2a through 2d	2e		4,446,085.
3	Subtract line 2e from line 1		3	12,501,828.
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	155,917.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		155,917.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	12,657,745.

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	15,601,662.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	575,750.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	628,845.	
e	Add lines 2a through 2d	2e		1,204,595.
3	Subtract line 2e from line 1		3	14,397,067.
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	155,917.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		155,917.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	14,552,984.

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 2021.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES	536,948.
LIQUOR SALES EXPENSES	91,897.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	628,845.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES	536,948.
LIQUOR SALES EXPENSES	91,897.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	628,845.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

3 Enter total number of other organizations or entities

Part 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 the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

Multiple horizontal lines for supplemental information.

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	
		SPRING GALA	LOUIS AUCHINCLOSS	1	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	1,232,292.	65,500.	10,898.	1,308,690.
	2	Less: Contributions	73,938.	3,276.	0.	77,214.
	3	Gross income (line 1 minus line 2)	1,158,354.	62,224.	10,898.	1,231,476.
Direct Expenses	4	Cash prizes		10,470.		10,470.
	5	Noncash prizes				
	6	Rent/facility costs	4,057.	3,728.	795.	8,580.
	7	Food and beverages	175,280.	15,193.	2,719.	193,192.
	8	Entertainment	8,917.			8,917.
	9	Other direct expenses	40,897.	1,519.	179.	42,595.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				263,754.
11	Net income summary. Subtract line 10 from line 3, column (d)				967,722.	

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: _____

**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 for instructions and the latest information.

OMB No. 1545-0047

2023

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
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2023

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) SARAH HENRY DEPUTY DIRECTOR / CHIEF CURATOR	(i) 381,085.	(ii) 0.	(iii) 0.	31,159.	29,812.	442,056.	0.
(ii) DEPUTY DIRECTOR / CHIEF CURATOR	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
(2) OSMAN KURTULUS CHIEF FINANCIAL OFFICER	(i) 217,245.	(ii) 0.	(iii) 0.	17,789.	37,024.	272,058.	0.
(ii) CHIEF FINANCIAL OFFICER	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
(3) KEITH BUTLER VP OF DEVELOPMENT THROUGH 12/2024	(i) 223,709.	(ii) 0.	(iii) 0.	18,286.	12,149.	254,144.	0.
(ii) VP OF DEVELOPMENT THROUGH 12/2024	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
(4) GERARD GALLAGHER CHIEF OPERATING OFFICER	(i) 191,274.	(ii) 0.	(iii) 0.	15,635.	28,330.	235,239.	0.
(ii) CHIEF OPERATING OFFICER	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
(5) SHERYL VICTOR VP OF MARKETING	(i) 172,293.	(ii) 0.	(iii) 0.	14,088.	37,024.	223,405.	0.
(ii) VP OF MARKETING	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
(6) HENRY GALINDO DIRECTOR OF FACILITIES	(i) 128,205.	(ii) 0.	(iii) 0.	10,497.	37,024.	175,726.	0.
(ii) DIRECTOR OF FACILITIES	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
(7) STEPHANIE WILCHFORT PRESIDENT & DIRECTORAS OF 9/23	(i) 144,254.	(ii) 0.	(iii) 0.	11,823.	9,666.	165,743.	0.
(ii) PRESIDENT & DIRECTORAS OF 9/23	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
(8) CHERISSE CLEARY DIRECTOR, EVENT SALES	(i) 151,620.	(ii) 0.	(iii) 0.	12,430.	0.	164,050.	0.
(ii) DIRECTOR, EVENT SALES	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
(i)							
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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

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 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	2	30,250.	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

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

Schedule M (Form 990) 2023

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 for the latest information.

OMB No. 1545-0047

2023

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:

NEW YORK NOW: HOME A PHOTOGRAPHY TRIENNIAL: 3/10/23-8/27/23

THE MUSEUM OF THE CITY OF NEW YORK IS PLEASED TO ANNOUNCE THE FIRST IN
AN ONGOING PHOTOGRAPHY EXHIBITION SERIES. INSPIRED BY THE MUSEUM'S
LANDMARK PRESENTATION OF THE SAME NAME IN 2000, THIS SERIES WILL OCCUR
EVERY THREE YEARS AND ENGAGE DIFFERENT THEMES AND ISSUES OF THE
CONTEMPORARY CITY.

THE FIRST INSTALLMENT EXAMINES THE IDEA OF "HOME." AT ITS MOST
PRACTICAL, "HOME" REFERS TO THE LITERAL PLACES WE DWELL. YET IT CAN
ALSO STAND FOR FAMILY, OR THE COMMUNITIES OF WHICH WE CHOOSE TO BE A
PART. THIS VITAL AND COMPLEX CONCEPT ARISES IN OFTEN SURPRISING WAYS IN
OUR URBAN CONTEXT, FROM HIGHLY PERSONAL EXPERIENCES TO DEBATES OVER
PUBLIC POLICY. THIS EXHIBITION AIMS TO LOOK AT HOW ARTISTS HAVE
RESPONDED TO AND INTERPRETED THESE ISSUES.

IN RECENT YEARS, THE CITY HAS STRUGGLED TO RECKON NOT ONLY WITH THE
ONGOING DYNAMICS OF ECONOMIC AND RACIAL INEQUALITY BUT ALSO WITH
MASSIVE CHALLENGES UNLEASHED BY THE COVID-19 CRISIS. THIS EXHIBITION
INCLUDES PHOTOGRAPHY AND VIDEO WORK MADE OVER THE PAST SEVERAL YEARS

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization MUSEUM OF THE CITY OF NEW YORK	Employer identification number 13-1624098
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THAT CREATIVELY DOCUMENTS AND INTERPRETS THIS CHANGING CITYSCAPE AND THE DISPARATE RESPONSES AND EXPERIENCES OF NEW YORKERS, STRADDLING THE STORIES OF THE CITY BEFORE, DURING, AND AFTER THE PANDEMIC.

THE SELECTED WORK ENCOMPASSES A VARIETY OF PERSPECTIVES AS DIVERSE AS THE CITY ITSELF AND CONSIDER A RANGE OF PICTURE MAKING APPROACHES. FROM THE PERSONAL AND INTIMATE TO THE MONUMENTAL AND COLLECTIVE, THE PHOTOGRAPHS IN THIS EXHIBITION INVITES VIEWERS TO SEE THE CITY THEY THOUGHT THEY KNEW THROUGH FRESH PERSPECTIVES.

FOOD IN NEW YORK: BIGGER THAN THE PLATE: 9/9/22-9/20/23

FOOD IS A POWERFUL SOCIAL NETWORK BINDING NEW YORKERS TO EACH OTHER AND WITH COUNTLESS OTHERS ACROSS THE GLOBE. THE CITY'S RAUCOUS RESTAURANT SCENE; ITS UBIQUITOUS STREET FOOD; THE CURRENT ACTIVIST EFFORTS TO SOURCE FOOD LOCALLY; THE WORLD'S LARGEST FOOD MARKET IN HUNTS POINT; AND THE ARTISTS, THINKERS, AND DESIGNERS WHO ARE IMAGINING NEW SUSTAINABLE WAYS TO RELATE TO FOOD, WILL ALL BE PART OF FOOD IN NEW YORK: BIGGER THAN THE PLATE.

THE EXHIBITION WILL EXAMINE THE CHALLENGING NODES AND NETWORKS OF THE CITY'S FOOD SYSTEMS. ANCHORED AROUND ISSUES OF SUSTAINABILITY, LABOR JUSTICE, AND EQUITABLE ACCESS TO FOOD, THE SHOW WILL EXPLORE THE WAYS IN WHICH ARTISTS AND DESIGNERS ARE DEVELOPING SOLUTIONS TO THESE GLOBAL AND LOCAL CHALLENGES. FIRST DEVELOPED AT LONDON'S VICTORIA AND ALBERT MUSEUM AND NOW ADAPTED AND UPDATED TO LOOK AT EATING AND FOOD SYSTEMS IN THE BIG APPLE, FOOD IN NEW YORK: BIGGER THAN THE PLATE IS AN INVITATION TO FEAST FOR A MORE EQUITABLE AND EXCITING FUTURE.

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CITY OF FAITH: RELIGION, ACTIVISM, AND URBAN SPACE: 11/18/22-10/22/23

CITY OF FAITH: RELIGION, ACTIVISM, AND URBAN SPACE LOOKS UNDER THE SURFACE OF NEW YORK'S IMAGE AS A SECULAR CITY AND MAPS THE COMPLEX AND OFTEN SURPRISING RELATIONSHIPS THAT CONNECT RELIGION TO PUBLIC SPACE. THE EXHIBITION FOCUSES OUR ATTENTION ON HOW RELIGION ENGAGES THE CITY AT A PUBLIC LEVEL IN "SECULAR" STREETS AND SIDEWALKS, WATERFRONTS, AND OTHER LIMINAL SPACES. FOCUSING ON SOUTH ASIAN AMERICAN AND OTHER COMMUNITIES WHO HAVE FACED RELIGIOUS PROFILING AND SURVEILLANCE PARTICULARLY AFTER 9/11 THE EXHIBITION CRITICALLY EXAMINES THE NATURE OF SECULARISM IN THE CITY, HOW IT HAS HISTORICALLY FAVORED PROTESTANTISM WHILE RENDERING OTHER COMMUNITIES HYPER-VISIBLE, AND HOW THESE LATTER COMMUNITIES ASSERT THEIR RIGHT TO THE CITY THROUGH TRANSFORMATIVE ART AND COLLECTIVE ACTION.

GINGERBREAD NYC 2023: THE GREAT BOROUGH BAKE-OFF: 11/10/23-1/15/24

THE MUSEUM OF THE CITY OF NEW YORK INVITED TOP BAKERIES AND AMATEUR BAKERS FROM ACROSS THE CITY TO ENTER GINGERBREAD NYC: THE GREAT BOROUGH BAKE-OFF OUR SECOND ANNUAL HOLIDAY CELEBRATION OF THE COMMUNITIES IN EACH OF THE FIVE BOROUGHES. SELECT BAKERS CREATED A GINGERBREAD DISPLAY TO REPRESENT THEIR RESPECTIVE NEIGHBORHOODS, INSPIRED BY THE THEME "ICONIC NEW YORK." A COHORT OF PROMINENT NEW YORK CITY-BASED BAKERS, CURATORS, AND RESTAURANT OWNERS JUDGED THE FINAL DESIGNS. JUDGES NAMED AN OVERALL WINNER AND AWARDED PRIZES IN A VARIETY OF CATEGORIES, SUCH AS: BEST BOROUGH (MOST REPRESENTATIVE, SWEETEST, GOOD ENOUGH TO EAT, GRANDEST, AND MORE.

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PEOPLE, PLACE, AND INFLUENCE: THE COLLECTION AT 100: 10/13/23-4/21/24

IN 1923 THE MUSEUM OF THE CITY OF NEW YORK WAS FOUNDED "IN RESPONSE TO AN ALMOST UNIVERSAL LONGING AMONG OUR PEOPLE, FOR SOME PLACE IN WHICH TO PRESERVE THE ANNALS AND RECORDS OF THEIR OWN HOMETOWN." IN THE INTERVENING 100 YEARS THE MUSEUM HAS GROWN A COLLECTION THAT ENCOMPASSES OVER 750,000 ITEMS: A CATALOG OF OBJECTS AS RICH AND ECLECTIC AS THE CITY ITSELF.

AS A CITY MUSEUM, THE FOUNDING MANDATE WAS TO TELL THE STORY OF A PLACE AND ITS PEOPLE. NOT AN ART MUSEUM OR AN ANTIQUARIAN SOCIETY, THE CITY'S MUSEUM WOULD STRIVE TO CAPTURE THE LOOKS AND LIVES OF NEW YORKERS AND THEIR PHYSICAL CITY; A SET OF TOPICS UNDER SCRUTINY AND DEBATE IN THE 1920S, AS FIFTH AVENUE MANSIONS GAVE WAY TO APARTMENT HOUSES AND DECADES OF RECORD IMMIGRATION TRANSFORMED THE DEMOGRAPHICS OF THE CITY.

THE COLLECTION AT 100 DELVES INTO THE FOUNDING MISSION FOR THE MUSEUM BY HIGHLIGHTING KEY ASPECTS OF THIS UNIQUE COLLECTION. THROUGH FOUR KEY SECTIONS, THE EXHIBITION CENTERS AROUND THE COLLECTION'S STRENGTHS IN CAPTURING NEW YORK AS A PLACE, A POPULATION, A PLATFORM FOR CREATIVITY, AND A CENTER FOR INFLUENCE. WITH UNEXPECTED JUXTAPOSITIONS OF MEDIUM AND TIME PERIODS, THE OBJECTS ON VIEW SPOTLIGHT SINGULAR MOMENTS IN NEW YORK HISTORY, NOTABLE CREATIVE VOICES AND URBAN ICONS, AND THE EXTRAORDINARY STORIES EMBEDDED WITHIN THE MUSEUM'S COLLECTION.

FEATURING OBJECTS RANGING FROM TIFFANY JEWELRY TO A SEAT FROM YANKEE STADIUM; A DUNCAN PHYFE CHAIR AND A PROP FROM CATS; A CHRISTMAS CARD FROM ZELDA FITZGERALD; AND A STICKBALL BAT. THE EXHIBITION IS A JOURNEY

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THROUGH THE SINGULAR QUALITIES OF THE CITY THAT THE MUSEUM'S FOUNDERS SOUGHT TO CAPTURE THROUGH THE COLLECTION.

FOUR SEASONS OF CENTRAL PARK: WATERCOLORS BY FREDERICK BROSEN:
2/9/24-6/16/24

NEW YORKER FREDERICK BROSEN IS WELL KNOWN AS A METICULOUS VISUAL CHRONICLER OF NEW YORK CITY'S STREETS, CAPTURING THROUGH HIS BRUSHWORK THE COMPLEX LAYERS OF THE URBAN LANDSCAPE. FOR THIS INSTALLATION, HE HAS TURNED HIS EYE UPON THE GREAT BUCOLIC HEART OF THE CITY MANHATTAN'S CENTRAL PARK. THROUGH A QUARTET OF CAREFULLY OBSERVED SCENES, HE CHRONICLES A LANDSCAPE THAT IS BOTH CHANGING AND SEEMINGLY TIMELESS. CYCLING THROUGH CENTRAL PARK ACROSS SUMMER, FALL, WINTER, AND SPRING FROM THE WIDEST TO THE MOST INTIMATE OF VANTAGE THESE FOUR QUIETLY ICONIC PAINTINGS CAPTURE A YEAR IN SOME OF THE MOST HISTORIC PLACES IN THIS VERDANT URBAN MASTERPIECE.

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

THE MUSEUM ACQUIRED OVER 850 WORKS IN FY24, PREDOMINANTLY IN PHOTOGRAPHY BUT INCLUDING NOTEWORTHY SCULPTURE HIGHLIGHTS, FACILITATED OUTGOING LOANS OF 37 WORKS TO ELEVEN INSTITUTIONS ACROSS THE COUNTRY. THE NUMEROUS TASKS PERFORMED BY THE DEPARTMENT OF NINE PEOPLE INCLUDE ATTENDING TO INTERNAL AND EXTERNAL REQUESTS, OVERSEEING NEW ACQUISITIONS (DONATIONS AND PURCHASES), UPDATING THE COLLECTION DATABASE AND ONLINE PORTAL, PROCESSING AND ADMINISTERING PHOTOGRAPHY REQUESTS, BUILDING AND MANAGING THE SHELBY WHITE & LEON LEVY INSTITUTIONAL ARCHIVE, AND OVERSEEING MCNY EXHIBITION INSTALLATIONS AS

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WELL AS INTERNAL AND EXTERNAL LOAN REQUESTS.

THE COLLECTIONS DEPARTMENT SUPPORTS THE COLLECTION COMMITTEE AND PREPARES MATERIALS FOR THEIR REGULAR MEETINGS. IN MARCH, THE DEPARTMENT WORKED ON A GRANT REQUEST TO THE NATIONAL ENDOWMENT OF HUMANITIES FOR DIGITIZING THE LOOK COLLECTION, WHICH WILL HELP MAKE THAT COLLECTION MORE ACCESSIBLE.

IN FY24, THE COLLECTION DEPARTMENT OVERSAW THE INSTALLATION AND LOANS OF WORKS OF THE FOLLOWING TEMPORARY EXHIBITIONS AT MCNY: BYZANTINE BEMB: NEW YORK BY MANNY VEGA, PRESERVATION IN PROGRESS, CHANGING FACE OF DEMOCRACY: SHIRLEY CHISHOLM AT 100, AS WELL AS ROTATIONS FOR THE ON-GOING EXHIBITIONS, ACTIVIST NEW YORK AND NEW YORK AT ITS CORE: PORT CITY AND WORLD CITY. THESE EXHIBITIONS INCLUDED FIFTY-FOUR LOAN REQUESTS FROM OTHER MUSEUMS. THE COLLECTIONS DEPARTMENT ALSO MANAGED THE LOAN OF THIRTY-SEVEN WORKS TO ELEVEN INSTITUTIONS ACROSS THE COUNTRY, FOR WHICH THE MUSEUM BROUGHT IN \$90,744.

THE COLLECTIONS DEPARTMENT CONTINUED ITS SUPPORT OF THE ROBUST ACQUISITION PROGRAM, WHICH IN FY24 INCLUDED 888 WORKS THROUGH DONATIONS AND PURCHASING. RIGHTS & REPRODUCTIONS, A DIVISION OF THE COLLECTIONS DEPARTMENT, NET \$73,372 IN FY24. THE DISTRIBUTION OF IMAGES OF THE COLLECTION AND ADDITION OF NEW PHOTOGRAPHY ON THE PORTAL ALSO HELPS TO MAKE THE COLLECTION MORE ACCESSIBLE TO THE WIDER PUBLIC.

IN NOVEMBER 2023, THE COLLECTION DEPARTMENT SAW THE DEPARTURE OF THE DIRECTOR OF COLLECTIONS TO PURSUE A NEW OPPORTUNITY IN TORONTO. AS A RESULT, MEMBERS OF THE DEPARTMENT TOOK ON THE ADDITIONAL WORK WHILE THE

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INSTITUTION SEARCHED FOR A NEW DIRECTOR OF COLLECTIONS.

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

IN FY24, THE SCHWARZ CENTER CONTINUED ITS' REBUILD AND EXPANSION FROM PROGRAMMATIC REDUCTIONS DURING THE COVID PANDEMIC AND CLOSURES. THE SCHWARZ CENTER CONTINUED TO REBUILD ITS TEACHING TEAM AND STRENGTHEN ITS CORE PROGRAMMING AND OPERATIONS POST-PANDEMIC. IN OCTOBER 2023, THE MUSEUM RE-LAUNCHED A FULL ROSTER OF FIELD TRIPS, WHICH SIGNIFICANTLY INCREASED THE SCHWARZ CENTER'S ATTENDANCE.

IN FY2024, THE SCHWARZ CENTER REACHED OVER 32,000 STUDENTS, TEACHERS, AND FAMILIES THROUGH ONSITE AND VIRTUAL PROGRAMMING 9,800 PARTICIPATED IN ONSITE PROGRAMS, 2,700 JOINED VIRTUAL PROGRAMS LED BY MUSEUM EDUCATORS FEATURING OUR COLLECTIONS AND EXHIBITIONS, AND NEARLY 20,000 VISITED THE MUSEUM TO EXPLORE OUR GALLERIES ACROSS NEARLY 700 FIELDS TRIPS.

EDUCATION REMAINS AT THE CORE OF THE MUSEUM'S MISSION. THE MUSEUM'S EDUCATIONAL PROGRAMS AND MATERIALS COMPLEMENT CLASSROOM LEARNING AND INTENTIONALLY ALIGN WITH COMMON CORE AND NYC PUBLIC SCHOOL SCOPE AND SEQUENCE GUIDELINES BY USING ARTIFACTS AND PRIMARY SOURCES FROM OUR EXHIBITIONS AND COLLECTIONS TO DEVELOP STUDENTS' SKILLS IN HISTORICAL THINKING, ARTIFACT ANALYSIS, AND VISUAL INQUIRY. THOUSANDS OF STUDENTS, EDUCATORS, FAMILIES, AND COMMUNITY MEMBERS FROM ACROSS THE FIVE BOROUGHS AND AROUND THE WORLD TAKE PART IN THE SCHWARZ CENTER'S EDUCATIONAL PROGRAMMING EACH YEAR. OUR PROGRAMS FOCUS ON INQUIRY-BASED LEARNING AND HANDS-ON EXPERIENCES TO ENGAGE LEARNERS IN EXAMINING THE CITY'S PAST SO THAT THEY MAY UNDERSTAND THE PRESENT AND ENVISION THEIR

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ROLE IN SHAPING THE FUTURE.

THE SCHWARZ CENTER OFFERED ON-SITE 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 TO 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 FY2024 THE CENTER PRIORITIZED CREATING NEW ART-MAKING WORKSHOPS AND OTHER ENGAGEMENTS TO ENSURE EACH FIELD TRIP EXPERIENCE INCLUDES A HANDS-ON ACTIVITY.

TEACHERS CAN SELECT FROM A FULL MENU OF FIELD TRIP OPTIONS THAT ENGAGE STUDENTS IN THE MUSEUM'S EXHIBITIONS WHILE SUPPORTING SCHOOL CURRICULUM AND THE DEVELOPMENT OF SKILLS INCLUDING SOCIO-EMOTIONAL LEARNING, HISTORICAL INQUIRY, AND VISUAL ANALYSIS. THIRTEEN ONSITE AND FIVE VIRTUAL FIELD TRIP OPTIONS WERE OFFERED THIS PAST YEAR, WITH FOUR DEVELOPED AROUND OUR CENTENNIAL EXHIBITION PLUS A NEW BILINGUAL FIELD TRIP AND PK-2 HOLIDAY OPTION. THESE INCLUDE FIELD TRIPS CONNECTED TO THE ONGOING EXHIBITIONS NEW YORK AT ITS CORE AND ACTIVIST NEW YORK AND TEMPORARY EXHIBITIONS SUCH AS BYZANTINE BOMB: NEW YORK BY MANNY VEGA AND OUR MULTI-GALLERY CENTENNIAL EXHIBITION, THIS IS NEW YORK: 100 YEARS OF THE CITY IN ART AND POP CULTURE, WHICH OPENED IN MAY 2023. IN FY2024, OVER 19,000 STUDENTS AND TEACHERS FROM 301 SCHOOLS PARTICIPATED IN 692 PK-12 FIELD TRIPS, INCLUDING GUIDED ONSITE (598), GUIDED VIRTUAL (3), AND SELF-GUIDED (91) FIELD TRIPS.

TWO MAJOR HIGHLIGHTS FOR FY2024 WERE OUR MULTI-GALLERY CENTENNIAL EXHIBITION, THIS IS NEW YORK: 100 YEARS OF THE CITY IN ART AND POP CULTURE (MAY 2023 - JULY 2024). IN CONNECTION WITH THIS EXHIBITION, THE SCHWARZ CENTER DEVELOPED AND OFFERED FOUR UNIQUE FIELD TRIPS THAT

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WELCOMED A TOTAL OF 129 GROUPS. THE OTHER WAS THE OPENING OF THE BYZANTINE BEMBE: MANNY VEGA EXHIBITION WHICH PROMOTED THE DEVELOPMENT OF OUR FIRST BILINGUAL TOURS FOR SCHOOL GROUPS. NEW YORK BY MANNY VEGA: ART IN EL BARRIO / ARTE IN EL BARRIO (GRADES K-12) IS CENTERED AROUND ARTIST MANNY VEGA'S MOSAICS AND MURALS, WHICH ADORN STREET WALLS, SUBWAY STATIONS, CULTURAL CENTERS, AND BUSINESS FACADES THROUGHOUT NYC AND IN THE MUSEUM'S OWN NEIGHBORHOOD, EL BARRIO. AS PART OF A NEW INSTITUTIONAL PRIORITY TO DEVELOP BILINGUAL EXHIBITIONS AND EDUCATIONAL PROGRAMMING, THIS FIELD TRIP IS OFFERED IN EITHER SPANISH OR ENGLISH, OR AS A BILINGUAL EXPERIENCE THE FIRST SUCH FIELD TRIP BY THE MUSEUM. IN FY2024, 43 GROUPS PARTICIPATED IN THIS FIELD TRIP WITH A TOTAL OF 1,097 PROGRAM ATTENDEES.

IN FY2024, WE CONTINUED OUR 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 THAT THE MUSEUM DEVELOPED IN PARTNERSHIP WITH THE NEW YORK CITY DEPARTMENT OF EDUCATION (NYC DOE). THE HIDDEN VOICES OF NEW YORK CITY SERIES REACHED NEARLY 2,733 VIRTUAL PARTICIPANTS ACROSS A TOTAL OF 15 ONLINE SESSIONS. THE MUSEUM OFFERS THESE MONTHLY ONLINE WORKSHOPS FOR FREE 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 FEATURES THE STORIES OF HISTORICAL FIGURES FROM NYC.

THE SCHWARZ CENTER SERVES PK-12 EDUCATORS AND ADMINISTRATORS THROUGH LECTURES, WORKSHOPS, WEEK-LONG COURSES, AND COLLABORATIONS WITH THE NYC DEPARTMENT OF EDUCATION. ALL BUT ONE OF OUR PROGRAMS A CREDIT-BEARING COURSE ARE FREE TO PARTICIPANTS. IN FY2024, THE MUSEUM SERVED 858

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EDUCATORS THROUGH 29 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 NYC DOE AND THE NEW YORK STATE EDUCATION DEPARTMENT, AND ELIGIBLE PROGRAM PARTICIPANTS RECEIVE CONTINUING EDUCATION CREDITS. THE MUSEUM HAS LONG SERVED AS A STEADFAST RESOURCE FOR OUR CITY'S TEACHERS, AND PROGRAMMING FOR EDUCATORS CONTINUED TO OFFER OPPORTUNITIES FOR ENGAGEMENT WITH THE MUSEUM'S CONTENT, SCHOLARSHIP, AND LEADERSHIP THROUGHOUT THE PAST YEAR.

FY2024 SAW THE MUSEUM DEEPEN ITS COMMITMENT TO PROGRAMMING FOR FAMILIES AND COMMUNITY. THE CORE TENANT OF THIS FAMILY & INTERGENERATIONAL PROGRAMMING 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. THIS YEAR, THE MUSEUM OFFERED 94 INCLUDED-WITH-ADMISSION FAMILY & INTERGENERATIONAL LEARNING PROGRAMS, REACHING 8,224 ATTENDEES. IN ADDITION, 45 OTHER EDUCATION PROGRAMS (FAMILY & INTERGENERATIONAL AND OFFSITE PROGRAMS) SERVED 573 INDIVIDUALS.

BEGINNING IN THE SUMMER OF 2023, THE MUSEUM LAUNCHED A NEW SERIES OF FAMILY & COMMUNITY ART-MAKING PROGRAMS: DROP-IN PROGRAMMING ON WEEKENDS AND SCHOOL HOLIDAYS FOR LOCAL CHILDREN, FAMILIES, AND COMMUNITY MEMBERS TO PARTICIPATE IN AN ART-MAKING ACTIVITY, EXPLORE THE MUSEUM'S GALLERIES, AND TAP INTO THEIR OWN SELF-EXPRESSION WHILE FINDING A SENSE OF CONNECTION AND COMMUNITY WITH OTHER PARTICIPANTS.

EACH YEAR, THE SCHWARZ CENTER PRODUCES KIDS GUIDES FOR THE GALLERIES, ONLINE LESSON PLANS FOR TEACHERS, AND OTHER EDUCATIONAL RESOURCES. IN

Name of the organization MUSEUM OF THE CITY OF NEW YORK	Employer identification number 13-1624098
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FY2024, THE SCHWARZ CENTER COMPLETED THE MULTI-YEAR PROJECT PEOPLE OF NEW AMSTERDAM, WHICH FEATURES THE PROFILES OF SEVEN INDIVIDUALS FROM THE DUTCH COLONIAL PERIOD. INTENDED TO BE USED BY EDUCATORS, BUT FREE TO ACCESS FOR ALL, THESE STORIES PROVIDE INSIGHTS INTO THE HISTORIES OF TRADE, POLITICS, SLAVERY, GENDER ROLES, AND ECOLOGY IN THE REGION. ACCOMPANYING INSIGHTS FROM SCHOLARS PROVIDE ADDITIONAL CONTEXT FOR THE FORCES SHAPING THE LIVES OF THESE INDIVIDUALS AND ADDRESS THE LEGACIES OF THE COLONIAL PERIOD TODAY. THE KIDS GUIDE FOR THE MUSEUM'S THIS IS NEW YORK CENTENNIAL EXHIBITION FEATURED PROMPTS FOR CHILDREN TO CREATE FILL-IN-THE-BLANK STORIES, DRAW THEIR FAVORITE NYC DESTINATION TO VISIT, LEARN ABOUT FEATURED ARTISTS AND ARTWORKS, AND MORE. OVER 4,800 OF THE PRINTED GUIDES WERE DISTRIBUTED WITHIN THE GALLERY AND SHARED WITH VISITING FAMILIES.

FORM 990, PART VI, SECTION A, LINE 2:
BOARD CHAIR MATTHEW BROWN IS THE BROTHER OF TRUSTEE CHRISTOPHER BROWN AND THE EMPLOYER OF TRUSTEE JUDAH SCHULMAN.

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

Name of the organization MUSEUM OF THE CITY OF NEW YORK	Employer identification number 13-1624098
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INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE TRUSTEES AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON.

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

Name of the organization MUSEUM OF THE CITY OF NEW YORK	Employer identification number 13-1624098
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FORM 990, PART VI, SECTION C, LINE 19:

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

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM PRIOR YEARS.

Form **990-W**
(Worksheet)

**Estimated Tax on Unrelated Business Taxable
Income for Tax-Exempt Organizations**

(and on Investment Income for Private Foundations) FORM 990-T

2024

► Keep for your records. Do not send to the Internal Revenue Service.

1	Unrelated business taxable income expected in the tax year	1	
2	Tax on the amount on line 1	2	
3	Alternative minimum tax for trusts	3	
4	Total. Add lines 2 and 3	4	
5	Estimated tax credits	5	
6	Subtract line 5 from line 4	6	
7	Other taxes	7	
8	Total. Add lines 6 and 7	8	
9	Credit for federal tax paid on fuels	9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization does not need to make estimated tax payments	10a	
b	Enter the tax shown on the 2023 return. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	8,584.
c	2024 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	8,600.

		(a)	(b)	(c)	(d)	
11	Installment due dates	11	10/15/24	12/16/24	03/17/25	06/16/25
12	Installments. Enter 25% of line 10c in columns (a) through (d)	12	2,150.	2,150.	2,150.	2,150.
13	2023 Overpayment	13				
14	Payment due (Subtract line 13 from line 12)	14	2,150.	2,150.	2,150.	2,150.

Form **990-W**

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning JUL 1, 2023, and ending JUN 30, 2024

2023

Department of the Treasury
Internal Revenue Service

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

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 <u>8,584.</u>
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) _____, (EIN) _____ and that I have examined a copy of the 2023 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 2023 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 2023 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 03/18/24

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 2023 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 04/17/25

ERO Must Retain This Form - See Instructions

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

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

Form **8879-TE** (2023)

Form **8879-TE**

**IRS E-file Signature Authorization
for a Tax Exempt Entity**

For calendar year 2023, or fiscal year beginning JUL 1, 2023, and ending JUN 30, 2024

2023

Department of the Treasury
Internal Revenue Service

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

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 checked="" type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b <u>8,584.</u>
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
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) _____, (EIN) _____ and that I have examined a copy of the 2023 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 2023 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 2023 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 03/18/24

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 2023 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 04/17/25

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8879-TE** (2023)

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

**File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization, employer, or other filer, see instructions. MUSEUM OF THE CITY OF NEW YORK	Taxpayer identification number (TIN) 13-1624098
	Number, street, and room or suite no. If a P.O. box, see instructions. 1220 FIFTH AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10029	

Enter the Return Code for the return that this application is for (file a separate application for each return) **07**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **OSMAN KURTULUS**
1220 FIFTH AVENUE - NEW YORK, NY 10029

Telephone No. **212-534-1672** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 ____ or
 tax year beginning **JUL 1**, 20 **23**, and ending **JUN 30**, 20 **24**

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	8,584.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	8,584.

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

**MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045**

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

For calendar year 2023 or other tax year beginning **JUL 1, 2023**, and ending **JUN 30, 2024**

2023

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>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>	Print or Type	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) MUSEUM OF THE CITY OF NEW YORK</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 1220 FIFTH AVENUE</p> <p>City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10029</p>	<p>D Employer identification number 13-1624098</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
<p>C Book value of all assets at end of year 67,031,722.</p>			
<p>G 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 <input type="checkbox"/> 6417(d)(1)(A) Applicable entity</p>			
<p>H Check if filing only to claim <input type="checkbox"/> Credit from Form 8941 <input type="checkbox"/> Refund shown on Form 2439 <input type="checkbox"/> Elective payment amount from Form 3800</p>			
<p>I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/></p>			
<p>J Enter the number of attached Schedules A (Form 990-T) 1</p>			
<p>K 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>L The books are in care of OSMAN KURTULUS Telephone number 212-534-1672</p>			

Part I	Total Unrelated Business Taxable Income
1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) ... 41,874.
2	Reserved
3	Add lines 1 and 2 41,874.
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 41,874.
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 41,874.
8	Specific deduction (generally \$1,000, but see instructions for exceptions) 1,000.
9	Trusts. Section 199A deduction. See instructions
10	Total deductions. Add lines 8 and 9 1,000.
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero 40,874.

Part II	Tax Computation
1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) 8,584.
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) 0.
3	Proxy tax. See instructions
4	Other tax amounts. See instructions
5	Alternative minimum tax
6	Tax on noncompliant facility income. See instructions
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies 8,584.

Part III	Tax and Payments		
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a		
b	Other credits (see instructions) 1b		
c	General business credit. Attach Form 3800 (see instructions) 1c		
d	Credit for prior-year minimum tax (attach Form 8801 or 8827) 1d		
e	Total credits. Add lines 1a through 1d 1e		
2	Subtract line 1e from Part II, line 7 2		8,584.
3a	Amount due from Form 4255 3a		
b	Amount due from Form 8611 3b		
c	Amount due from Form 8697 3c		
d	Amount due from Form 8866 3d		
e	Other amounts due (see instructions) 3e		
f	Total amounts due. Add lines 3a through 3e 3f		0.
4	Total tax. Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here 4		8,584.
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k) 5		0.

Part III Tax and Payments (continued)

6 a	Payments: Preceding year's overpayment credited to the current year	6a	
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	
c	Tax deposited with Form 8868	6c	8,584.
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Elective payment election amount from Form 3800	6g	
h	Payment from Form 2439	6h	
i	Credit from Form 4136	6i	
j	Other (see instructions)	6j	
7	Total payments. Add lines 6a through 6j	7	8,584.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	167.
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	167.
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	
11	Enter the amount of line 10 you want: Credited to 2024 estimated tax Refunded	11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here <u>CAYMAN ISLANDS</u>	Yes	No
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		
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	
		\$	
		\$	
		\$	
		\$	
6 a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here

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 _____ Title **CFO**

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

Print/Type preparer's name **Preparer's signature** **Date** **Check if self-employed** **PTIN**

JAIME RAPPS **JAIME RAPPS** **04/17/25** **P01462990**

Firm's name **GRASSI & CO. CPA'S, P.C.** **Firm's EIN** **11-3266576**

Firm's address **360 MADISON AVENUE, 7TH FLOOR** **Phone no.** **212-661-6166**

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 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

2023

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

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

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

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales <u>178,988.</u>				
b Less returns and allowances _____ c Balance	1c	178,988.		
2 Cost of goods sold (Part III, line 8)	2	45,217.		
3 Gross profit. Subtract line 2 from line 1c	3	133,771.		133,771.
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	133,771.		133,771.

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

1 Compensation of officers, directors, and trustees (Part X)				1	
2 Salaries and wages				2	85,150.
3 Repairs and maintenance				3	
4 Bad debts				4	
5 Interest (attach statement). See instructions				5	
6 Taxes and licenses				6	
7 Depreciation (attach Form 4562). See instructions	7				
8 Less depreciation claimed in Part III and elsewhere on return	8a			8b	
9 Depletion				9	
10 Contributions to deferred compensation plans				10	
11 Employee benefit programs				11	
12 Excess exempt expenses (Part VIII)				12	
13 Excess readership costs (Part IX)				13	
14 Other deductions (attach statement)		SEE STATEMENT 1		14	6,747.
15 Total deductions. Add lines 1 through 14				15	91,897.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)				16	41,874.
17 Deduction for net operating loss. See instructions				17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16				18	41,874.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

Part III Cost of Goods Sold		Enter method of inventory valuation	N/A
1	Inventory at beginning of year	1	0.
2	Purchases	2	45,217.
3	Cost of labor	3	0.
4	Additional section 263A costs (attach statement)	4	0.
5	Other costs (attach statement)	5	0.
6	Total. Add lines 1 through 5	6	45,217.
7	Inventory at end of year	7	0.
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	45,217.
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		

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)					
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 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (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	Total gross income (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	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11	Total dividends-received deductions 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			
		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	6. Deductions directly connected with income in column 5
(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).
			0.	0.

Totals

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).
		0.		0.

Totals

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	

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 1

DESCRIPTION	AMOUNT
OUTSIDE SERVICES	268.
OCCUPANCY	857.
MISCELLANEOUS	4,884.
PUBLIC RELATIONS	75.
SUPPLIES AND EXPENSES	244.
COMPUTER HARDWARE AND SOFTWARE	269.
DESIGN, SHIPPING AND FABRICATION	52.
LEGAL AND ACCOUNTING	98.
TOTAL TO SCHEDULE A, PART II, LINE 14	6,747.

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return. **FORM 990-T**

2023

Go to www.irs.gov/Form2220 for instructions and the latest information.

Name MUSEUM OF THE CITY OF NEW YORK	Employer identification number 13-1624098
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Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1 Total tax (see instructions)		1	8,584.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b		
c Credit for federal tax paid on fuels (see instructions)	2c		
d Total. Add lines 2a through 2c		2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty		3	8,584.
4 Enter the tax shown on the corporation's 2022 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5		4	2,698.
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3		5	2,698.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6 The corporation is using the adjusted seasonal installment method.
- 7 The corporation is using the annualized income installment method.
- 8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9 10/15/23	12/15/23	03/15/24	06/15/24
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10 675.	674.	675.	674.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11			
Complete lines 12 through 18 of one column before going to the next column.				
12 Enter amount, if any, from line 18 of the preceding column	12			
13 Add lines 11 and 12	13			
14 Add amounts on lines 16 and 17 of the preceding column	14	675.	1,349.	2,024.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	0.	0.	0.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16	675.	1,349.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	675.	675.	674.
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18			

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions 19				
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2023 and before 7/1/2023	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 7\% (0.07)}{365}$...	22 \$	\$	\$	\$
23 Number of days on line 20 after 6/30/2023 and before 10/1/2023	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 7\% (0.07)}{365}$...	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2023 and before 1/1/2024	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 8\% (0.08)}{365}$...	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2023 and before 4/1/2024	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 8\% (0.08)}{366}$...	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2024 and before 7/1/2024	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{366}$	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2024 and before 10/1/2024	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{366}$	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2024 and before 1/1/2025	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{366}$	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2024 and before 3/16/2025	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	36 \$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37 \$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38 \$			167.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 800-829-4933 to get interest rate information.

Alternative Minimum Tax-Corporations

2023

Attach to your tax return.
Go to www.irs.gov/Form4626 for instructions and the latest information.

Name MUSEUM OF THE CITY OF NEW YORK	Employer identification number 13-1624098
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- A** Is the corporation filing this form a member of a controlled group treated as a single employer under sections 59(k)(1)(D) and 52? Yes No
If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the controlled group treated as a single employer taken into account in the determination of "applicable corporation" under section 59(k)(1)(D).
- B** Is the corporation filing this form a member of a foreign-parented multinational group (FPMG) within the meaning of section 59(k)(2)(B)? Yes No
If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the FPMG under section 59(k)(2)(B).

Part I Applicable Corporation Determination (Report all amounts in U.S. dollars.)
If you have already determined in current or prior years you are an applicable corporation, skip Part I and continue to Part II.

	(a) First Preceding Year Ended	(b) Second Preceding Year Ended	(c) Third Preceding Year Ended
1 Net income or loss per applicable financial statement(s) (AFS) (see inst):			
a Consolidated net income or loss per the AFS of the corporation	1a		
b Include AFS net income or loss of other includible entities (add net income and subtract net loss)	1b		
c Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	1c		
d Adjustment for certain consolidating entries (see instructions)	1d		
e Specified additional net income or loss item B. Reserved for future use	1e		
f AFS net income or loss of all entities in the test group before adjustments. Combine lines 1a through 1d	1f		
2 Adjustments:			
a Financial statements covering different tax years	2a		
b Corporations that are not included on the taxpayer's consolidated return (see instructions)	2b		
c Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S. shareholder. If zero or less, enter -0- (see instructions for special rules if completing this form for an FPMG)	2c		
d Amounts that are not effectively connected to a U.S. trade or business (see instructions for special rules if completing this form for an FPMG)	2d		
e Certain taxes (see instructions)	2e		
f Patronage dividends and per-unit retain allocations (cooperatives only)	2f		
g Alaska native corporations	2g		
h Certain credits (see instructions)	2h		
i Mortgage servicing income	2i		
j Tax-exempt entities (organizations subject to tax under section 511)	2j		
k Depreciation	2k		
l Qualified wireless spectrum	2l		
m Covered transactions	2m		
n Adjustments related to bankruptcy and insolvency	2n		
o Certain insurance company adjustments	2o		
p Adjustment P - Reserved for future use	2p		
q Adjustment Q - Reserved for future use	2q		
r Adjustment R - Reserved for future use	2r		
s Adjustment S - Reserved for future use	2s		
z Other (see instructions)	2z		
3 Specified adjustment. Reserved for future use	3		
4 Total adjustments. Combine lines 2a through 2z	4		
5 AFSI. Combine lines 1f and 4	5		
6 AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 5			6
7 3-year average annual AFSI (see instructions)			7

Part I **Applicable Corporation Determination** (Report all amounts in U.S. dollars.) *(continued)*

- 8** Is line 7 more than \$1 billion?
 Yes. Continue to line 9.
 No. STOP here and attach to your tax return.
- 9** Is the corporation a member of an FPMG within the meaning of section 59(k)(2)(B)?
 Yes. Continue to line 10.
 No. Continue to Part II.

	(a) First Preceding Year Ended	(b) Second Preceding Year Ended	(c) Third Preceding Year Ended	
10 AFSI for purposes of the \$100 million test before adjustments:				
a AFSI from line 5	10a			
b Aggregation differences (see instructions)	10b			
c Total AFSI for purposes of the \$100 million test before adjustments. Combine lines 10a and 10b	10c			
11 Adjustments:				
a Income not effectively connected to a U.S. trade or business	11a			
b Pro-rata share of CFC net income described in section 56A(c)(3) (attach worksheet) (see instructions)	11b			
c Reserved for future use - Other adjustments 1	11c			
d Reserved for future use - Other adjustments 2	11d			
12 Total adjustments. Combine lines 11a and 11b	12			
13 Total AFSI for purposes of the \$100 million test. Combine lines 10c and 12	13			
14 AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 13				14
15 3-year average annual AFSI for purposes of the \$100 million test				15

- 16** Is line 15 \$100 million or more?
 Yes. Continue to Part II.
 No. STOP here. Attach to your tax return.

Part II Corporate Alternative Minimum Tax

1 Net income or loss per applicable financial statement(s) (AFS) (see instructions):		
a	Consolidated net income or loss per the AFS of the corporation	1a 40,874.
b	Include AFS net income or loss of other includible entities (add net income and subtract net loss)	1b
c	Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	1c
d	Adjustment for certain consolidating entries (see instructions)	1d
e	Specified additional net income or loss item D. Reserved for future use	1e
f	AFS net income or loss before adjustments. Combine lines 1a through 1d	1f 40,874.
2 Adjustments:		
a	Financial statements covering different tax years	2a
b	Reserved for future use - Adjustment 2b	2b
c	Corporations that are not included on the taxpayers - consolidated return (see instructions)	2c
d	The corporation's distributive share of adjusted financial statement income of partnerships	2d
e	Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S. shareholder. If zero or less, enter -0-. (See instructions)	2e
f	Amounts that are not effectively connected to a U.S. trade or business	2f
g	Certain taxes. Enter the amount from Part III, line 7	2g
h	Patronage dividends and per-unit retain allocations (cooperatives only)	2h
i	Alaska native corporations	2i
j	Certain credits (see instructions)	2j
k	Mortgage servicing income	2k
l	Covered benefit plans described in section 56A(c)(11)(B)	2l
m	Tax-exempt entities (organizations subject to tax under section 511)	2m
n	Depreciation	2n
o	Qualified wireless spectrum	2o
p	Covered transactions	2p
q	Adjustments related to bankruptcy and insolvency	2q
r	Certain insurance company adjustments	2r
s	AFSI adjustment S - Reserved for future use	2s
t	AFSI adjustment T - Reserved for future use	2t
u	AFSI adjustment U - Reserved for future use	2u
z	Other (see instructions)	2z
3	Total adjustments. Combine lines 2a through 2z	3
4	AFSI before financial statement net operating loss carryover. Combine lines 1f and 3	4 40,874.
5	Financial statement net operating loss (FSNOL) (see instructions)	5
6	AFSI. Subtract line 5 from line 4. If zero or less, enter -0-	6 40,874.
7	Multiply line 6 by 15% (0.15)	7 6,131.
8	Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst)	8
9	Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0-	9 6,131.
10	Regular tax liability (see instructions)	10 8,584.
11	Base erosion minimum tax (see instructions)	11 0.
12	Combine lines 10 and 11	12 8,584.
13	Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	13 0.

Part III Adjustment for Certain Taxes Under Section 56A(c)(5)

1	Current income tax provision - Foreign	1
2	Current income tax provision - Federal	2
3	Deferred income tax provision - Foreign	3
4	Deferred income tax provision - Federal	4
5	Income taxes included in equity method investment income	5
6a	Adjustment A - Reserved for future use	6a
b	Adjustment B - Reserved for future use	6b
c	Adjustment C - Reserved for future use	6c
d	Adjustment D - Reserved for future use	6d
e	Adjustment E - Reserved for future use	6e
f	Adjustment F - Reserved for future use	6f
g	Adjustment G - Reserved for future use	6g
h	Adjustment H - Reserved for future use	6h
z	Income taxes in other places	6z
7	Total. Combine lines 1 through 6z. Enter here and on Part II, line 2g	7

Part IV Alternative Minimum Tax - Corporations Foreign Tax Credit

Section I - AMT Foreign Tax Credit

1	Domestic corporation AMT foreign income taxes:			
a	Total foreign taxes paid or accrued as reported on Form 1118, Schedule B, Part I, column 2(j)	1a		
b	Adjustment	1b		
c	Adjustment	1c		
d	Adjustment	1d		
e	Adjustment	1e		
f	Adjustment	1f		
g	Adjustment	1g		
2	Total domestic corporation AMT foreign income taxes. Combine lines 1a through 1g			2
3	Allowable controlled foreign corporation (CFC) AMT foreign income taxes:			
a	Pro-rata share of CFC AMT foreign income taxes from Part IV, Section II, line 11, column (n)	3a		
b	Carryover of excess foreign taxes (from Part IV, Section III, line 4, column (vii))	3b		
c	Total CFC AMT foreign income taxes. Add lines 3a and 3b			3c
d	Percentage specified in section 55(b)(2)(A)(i)	3d	15%	
e	Pro-rata share of CFC net income described in section 56A(c)(3) (attach worksheet) (see instructions)	3e		
f	CFC AMT foreign tax credit limitation (multiply line 3d by line 3e)			3f
g	Allowable CFC AMT foreign income taxes (lesser of line 3c or line 3f)			3g
4	CAMT FTC Line 4 - Reserved for future use			4
5	CAMT FTC Line 5 - Reserved for future use			5
6	Total AMT foreign income taxes. Combine lines 2 and 3g. Enter this amount on Part II, line 8			6

Forms included in Electronic Filing

Form 990/990-EZ/990-PF	Form 990-T
EXPORTED ON 04/04/2025 13:41:35 FORM 990	EXPORTED ON 04/04/2025 13:42:21 FORM 990-T FORM 4626

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CT-13

FOR THE YEAR ENDING
JUNE 30, 2024

PREPARED FOR:

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

PREPARED BY:

GRASSI & CO. CPA'S, P.C.
360 MADISON AVENUE, 7TH FLOOR
NEW YORK, NY 10017

TO BE SIGNED AND DATED BY:

NOT APPLICABLE

AMOUNT OF TAX:

TOTAL TAX	\$	3,679
LESS: PAYMENTS AND CREDITS	\$	3,679
PLUS: OTHER AMOUNT		0
PLUS: INTEREST AND PENALTIES	\$	0
NO PAYMENT REQUIRED	\$	

OVERPAYMENT:

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

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

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

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

Banking Information (Direct Debit / Deposit / Estimated Payments)

Informational Only. Do Not Key On These Forms. Electronic Filing errors could result. Review for accuracy after export.

State Payment (Direct Debit - for Returns / Extensions or stand-alone Estimates):

Checking Savings
Routing Number 021000021
Bank Account Number 885591487
Payment Amount 3,679.
Identification Number
Account Holder Name
Account Holder Type 1 = Business; 2 = Personal
Requested Payment Date ... 2025-04-17
Bank Name (NY Only)
Addenda Record: # of addenda records: ___ Use next sheet to see next account
Taxpayer Identification
Tax Type Code:
FTA Code
State Tax Type Code
Tax Period End Date
Sub Tax Type Info (TXP Amount) Occur 1 Occur 2 Occur 3
Sub Amount Type ... _ _ _
Sub Amount
International ACH (Automated Clearing House) Transaction Not Supported

Refund (Direct Deposit): Number of accounts for total Refund: ___ Use next sheet to see next account

Taxpayer Telephone Number
Routing Number
Bank Account Number
Refund Amount
Checking Savings
International ACH (Automated Clearing House) Transaction Not Supported

ACH Credit Information:

Payment Amount
Identification Number
Requested Payment Date
Addenda Record: # of addenda records: ___ Use next sheet to see next account
Taxpayer Identification
Tax Type Code:
FTA Code
State Tax Type Code
Tax Period End Date
Sub Tax Type Info (TXP Amount) Occur 1 Occur 2 Occur 3
Sub Amount Type ... _ _ _
Sub Amount
International ACH (Automated Clearing House) Transaction Not Supported

Refund to 529 Plans (Direct Deposit): Number of accounts for total Refund: ___ Use next sheet to see next account

Routing Number
Bank Account Number
Refund Amount
Checking Savings
Beneficiary Name:
First Name
Middle Initial
Last Name
Suffix
Beneficiary SSN:

Note: All fields may not be applicable to all taxing authorities and/or systems.



Department of Taxation and Finance
**New York State Authorization for
 Electronic Funds Withdrawal For Tax
 Year 2023 Corporation Tax Extensions**

388025 09-01-23

TR-579.1-CT
(9/23)

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

Legal name of corporation MUSEUM OF THE CITY OF NEW YORK
--

Purpose

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

- 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 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 2023 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	3,679.
2 Financial institution routing number	2	
3 Financial institution account number	3	

Signature of authorized officer of the corporation	Date 03-18-24
Print your name OSMAN KURTULUS	Title of officer CFO



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 **07-01-23** ending **06-30-24**

Employer identification number (EIN) 13-1624098	File number MM1	Business telephone number 212-534-1672	
Legal name of corporation MUSEUM OF THE CITY OF NEW YORK		Trade name/DBA	
Mailing address Care of (c/o)		State or country of incorporation	
Number and street or PO box 1220 FIFTH AVENUE		Date of incorporation	Foreign corporations: date began business in NYS
City NEW YORK, NY	U.S. state/Canadian province NY	ZIP/Postal code 10029	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"/>	

A. 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.)	A.	3,679.

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	1	3,679.
2		
3		
4 Prepayments of franchise tax (from line 16, column A)	4	
5 Balance due - franchise tax (subtract line 4 from line 1; do not enter less than zero)	5	3,679.

Computation of estimated MTA surcharge

6 MTA surcharge from the <i>Worksheet for lines 1 and 6</i> in Form CT-5-I	6	
7		
8		
9 Prepayments of MTA surcharge (from line 16, column B)	9	
10 Balance due - MTA surcharge (subtract line 9 from line 6; do not enter less than zero)	10	
11 Total balance due (see instructions)	11	3,679.

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

Paid preparer use only <i>(see instr.)</i>	Firm's name (or yours if self-employed)	Firm's EIN	Preparer's PTIN or SSN
	GRASSI & CO. CPAs, P.C.	11-3266576	P01462990
	Signature of individual preparing this document	State	ZIP code
	JAIME RAPPS	NY	10017
Email address of individual preparing this document	City	Excl. code	Date
JRAPPS@GRASSIADVISORS.COM	NEW YORK	03	04-17-25

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



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.

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. 07-01-23

7 Period ending date (mm-dd-yy)

7. 06-30-24

8 Amended (Y=1; N=0)

8. 0

9 Final (Y=1; N=0)

9.

10 NAICS code

10.

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. 3,679.00

15 Mandatory first installment (MFI) - no extension filed and tax due is over \$1,000

15.

16 Balance due

16.

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

541001231019



384951 1019 09-01-23

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"/>

541002231019





New York State E-File Authorization for Tax Year 2023

TR-579-CT

For Certain Corporation Tax Returns and Estimated Tax Payments for Corporations

(9/23)

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 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 2023 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	
2	
3	

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 2023 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, and 1518 as such provisions relate to the disclosure requirements of Tax Law section 25. The ERO has my consent to send this 2023 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 2023 electronic return, and I authorize the financial institution to withdraw the amount from the account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two business days prior to the payment date.

Signature of authorized officer of the corporation	Print your name and title OSMAN KURTULUS, CFO	Date 03-18-24
--	---	-------------------------

Part B - Declaration of ERO and paid preparer

Under penalty of perjury, I declare that the information contained in this 2023 New York State electronic corporate tax return is the information furnished to me by the corporation. If the corporation furnished me a completed paper 2023 New York State corporate tax return signed by a paid preparer, I declare that the information contained in the corporation's 2023 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 2023 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 GRASSI & CO. CPA'S, P.C.	Print name GRASSI & CO. CPA'S, P.C.	Date 04-17-25
Paid preparer's signature JAIME RAPPS	Print name JAIME RAPPS	Date 04-17-25



CT-13

Department of Taxation and Finance

Unrelated Business Income Tax Return

All filers enter tax period:

ended return

Tax Law - Article 13

beginning 07-01-23

ending 06-30-24

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, 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.

Computation of income and tax

Table with 25 rows for tax computation. Columns include line number, description, and amount. Key values: Line 1: 40,874; Line 6: 40,874; Line 11: 40,874; Line 13: 40,874; Line 14: 40,874; Line 15: 3,679; Line 17: 3,679; Line 18: 3,679.

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

400001231019



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	11-15-24	3,679.
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		3,679.

* 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

400002231019



Third - party designee (see instructions)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Designee's name (print)	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.

Authorized person	Printed name of authorized person OSMAN KURTULUS	Signature of authorized person	Official title CFO	
	Email address of authorized person OKURTULUS@MCNY.ORG		Telephone number 212-534-1672	Date 03-18-24

Paid preparer use only (see instr.)	Firm's name (or yours if self-employed) GRASSI & CO. CPA'S, P.C.		Firm's EIN 11-3266576	Preparer's PTIN or SSN P01462990
	Signature of individual preparing this return JAIME RAPPS	Address 360 MADISON AVENUE, 7TH FLOOR City NEW YORK, NY 10017		
	Email address of individual preparing this return JRAPPS@GRASSIADVISORS.COM		Preparer's NYTPRIN or Excl. code 03	Date 04-17-25

See instructions for where to file.

400003231019

