			** PUBLIC DISCLOSURE COPY **		
	0	90	Return of Organization Exempt From Inc	ome Tax	OMB No. 1545-0047
Forr	<sup>ns)</sup> 2015				
Depa	rtment	of the Treasury	Do not enter social security numbers on this form as it may be may	ade public.	Open to Public
		enue Service	Information about Form 990 and its instructions is at www.irs.gov		Inspection
<u>A</u> F	or th	e 2015 calend	ar year, or tax year beginning JUL $1$ , $2015$ and ending JUN	30, 2016	
<b>B</b> C a	heck if pplicab	le: <b>C</b> Name or	organization D I	Employer identific	ation number
	Addre	ess MUSE	UM OF THE CITY OF NEW YORK		
	Name	Doing b	usiness as	13-10	624098
	Initial			Telephone number	
	Final returr	1220	FIFTH AVENUE		534-1672
	termi ated	n- City or t	own, state or province, country, and ZIP or foreign postal code	Gross receipts \$	22,595,461.
	Amer		YORK, NY 10029 H(a	) Is this a group re	turn
	Appli tion	<sup>ca-</sup> <b>F</b> Name a	nd address of principal officer: OSMAN KURTULUS	for subordinates	? 🗌 Yes I No
	pend		AS C ABOVE H(b	Are all subordinates in	cluded? Yes No
		empt status:		lf "No," attach a	list. (see instructions)
			MCNY.ORG H(c	) Group exemption	
			X Corporation Trust Association Other ► L Year of for	mation: 1923 🛛	State of legal domicile: NY
Pa	rt I	Summary			
ø	1	Briefly describ	e the organization's mission or most significant activities: SEE SCHEDULE	0	
anc					
Governance	2		▲ ► L if the organization discontinued its operations or disposed of more than	1 1	
Š	3		ing members of the governing body (Part VI, line 1a)		43
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4		ependent voting members of the governing body (Part VI, line 1b)		43
Activities &	5		of individuals employed in calendar year 2015 (Part V, line 2a)		234
tivit	6		of volunteers (estimate if necessary)		310
Ac			d business revenue from Part VIII, column (C), line 12		0.
	b	Net unrelated	business taxable income from Form 990-T, line 34		
		O antila tiona	20	Prior Year ,899,837.	Current Year 14,466,594.
Revenue	8			,796,692.	1,896,177.
ver	9	•		,437,012.	827,582.
Re				367,879.	210,998.
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	,501,420.	17,401,351.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12) 24 nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
			to or for members (Part IX, column (A), line 4)	0.	0.
ses			compensation, employee benefits (Part IX, column (A), lines 5-10)	,492,059.	9,494,782.
			undraising fees (Part IX, column (A), line 11e)	65,000.	65,000.
Expense			ng expenses (Part IX, column (D), line 25) ► 1,994,693.		
ы				,950,851.	8,451,519.
				,507,910.	18,011,301.
	19	-		,993,510.	-609,950.
or				ng of Current Year	End of Year
sets alan	20	Total assets (I	Part X, line 16) 59	,528,122.	58,044,024.
dBa	21	Total liabilities	(Part X, line 26)	838,739.	1,207,262.
Net Assets or Fund Balances	22		fund balances. Subtract line 21 from line 20	,689,383.	56,836,762.
Pa	irt II				
Unde	er pen	alties of perjury,	declare that I have examined this return, including accompanying schedules and statements,	and to the best of my	/ knowledge and belief, it is
true,	corre	ct, and complete	Declaration of preparer (other than officer) is based on all information of which preparer has a	iny knowledge.	

Sign	Signature of officer			Date
Here	OSMAN KURTULUS, CFO			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	AARON SHAPIRO			self-employed P01333816
Preparer	Firm's name ▶ LOEB & TROPER LL	P		Firm's EIN 🖌 13-1517563
Use Only	Firm's address 💊 655 THIRD AVENUE	, 12TH FLOOR		
	NEW YORK, NY 100	17		Phone no. 212 - 867 - 4000
May the IF	RS discuss this return with the preparer shown abo	ove? (see instructions)		X Yes No
532001 12-1	6-15 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.		Form <b>990</b> (2015)

		F THE CITY OF N	IEW YORK	13-162	4098 Pag
Par	t III Statement of Program Serv	-	a Dart III		[
1	Check if Schedule O contains a resp Briefly describe the organization's mission:		s Part III		l
	SEE SCHEDULE O				
2	Did the organization undertake any signific	ant program services during f	the year which were not list	ed on	
					Yes X
<b>^</b>	If "Yes," describe these new services on S			m oon iooo0	Yes X
3	Did the organization cease conducting, or If "Yes," describe these changes on Scher		low it conducts, any progra	m services?	
4	Describe the organization's program service		of its three largest program	services, as measured by	expenses.
	Section 501(c)(3) and 501(c)(4) organization		amount of grants and alloca	tions to others, the total e	kpenses, and
	revenue, if any, for each program service re	eported.		<u> </u>	047 669
4a	(Code: ) (Expenses \$ 9,0 EXHIBITIONS AND PUBLIC	90,872. including grants o	f\$	) (Revenue \$	,047,000
	SEE SCHEDULE O				
4b	(Code: ) (Expenses \$ 3, 2	83,829. including grants o	f\$	) (Revenue \$	406,130
	COLLECTIONS CARE:	00		,,,,,	
	CONTINUED ON SCHEDULE	0:			
	THE MUSEUM HAS AN ONG				
4c	(Code:) (Expenses \$1,5	13,221. including grants o	f \$	) (Revenue \$	442,379
	EDUCATIONAL PROGRAMS: CONTINUED ON SCHEDULE				
	CONTINUED ON SCHEDULE	0:			
4d	Other program services (Describe in Sched	Jule O.)		225 750	
	(Expenses \$ 636,148. in Total program service expenses ►	14,524,070.	) (Revenue \$	325,750	•)
10					
4e		14,524,070.			Form <b>990</b> (2
<b>4e</b> 32002 2-16-	2		O FOR CONTINU	ATION(S)	Form <b>990</b> (2

Form	aan	(201	5)

 Form 990 (2015)
 MUSEUM OF THE CITY OF NEW YORK

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	, , , , , , , , , , , , , , , , , , , ,	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		37	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<b>v</b>
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		x
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		- 11
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- 17		<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		v
	complete Schedule G. Part III	19		ι <u>Δ</u>

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Form	990	(2015)	

Part IV Checklist of Required Schedules (continued)

MUSEUM OF THE CITY OF NEW YORK

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	200	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
<b>0</b> -	Part V, line 1	34		X
35a	5 , 5 , ( <i>X</i> , <i>Y</i>	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of paction 512(b)(12)2 if "Yes," complete Schedule P. Part V. line 2	254		
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		<u> </u>
30	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2015)

532004 12-16-15

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Pa	<b>t V</b> Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V					
	. ,			<u></u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	208			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re					
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		0.2.4			
	filed for the calendar year ending with or within the year covered by this return		234			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur			2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions	s)		_		v
		~		3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•		v	
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	4a	X	
b	If "Yes," enter the name of the foreign country: CAYMAN ISLANDS					
Fa	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			Ea		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5a 5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			50 5c		- 23
с 62	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th			50		
Ua	any contributions that were not tax deductible as charitable contributions?	-		6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contribut			u		
	were not tax deductible?		•	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	rvices p	rovided to the payor?	7a	Х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontrac	t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	ract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the	9			
-	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			•		
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10 а	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a				
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a				
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	•	12a		
		12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
				14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O		14b		
				Form	1 <b>990</b>	(2015)

MUSEUM OF THE CITY OF NEW YORK

Form	990	(20	1

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Form 990 (2015)

Form 990 (2015)
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### MUSEUM OF THE CITY OF NEW YORK

X

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

eci	tion A. Governing Body and Management					$\tau$
		Ι.	4	3	Yes	-
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a	4	3		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			~		
	Enter the number of voting members included in line 1a, above, who are independent	-		3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	nip with	h any other			
	officer, director, trustee, or key employee?			. 2	X	_
3	Did the organization delegate control over management duties customarily performed by or under the	the dire	ect supervision			
	of officers, directors, or trustees, or key employees to a management company or other person? $\dots$			. 3		
4	Did the organization make any significant changes to its governing documents since the prior Form	1 990 w	vas filed?	. 4		
5	Did the organization become aware during the year of a significant diversion of the organization's a	ssets?		5		
6	Did the organization have members or stockholders?			6		Τ
	Did the organization have members, stockholders, or other persons who had the power to elect or					Τ
	more members of the governing body?			7a		
	Are any governance decisions of the organization reserved to (or subject to approval by) members,					1
	persons other than the governing body?			7b		
	Did the organization contemporaneously document the meetings held or written actions undertaken during the y					t
	The governing body?	-	-	8a	x	1
	Each committee with authority to act on behalf of the governing body?				X	┦
				. 00		┫
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		
	tion B. Policies (This Section B requests information about policies not required by the Internal			. 9		-
001		leven			Yes	
02	Did the organization have local chapters, branches, or affiliates?			10a	163	-
				. IUa		-
	If "Yes," did the organization have written policies and procedures governing the activities of such			101		
	and branches to ensure their operations are consistent with the organization's exempt purposes?				x	_
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy bet	ore filing the form?	11a	^	-
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
					X	_
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	Х	_
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	'Yes," a	describe			
	in Schedule O how this was done			. 12c	Х	
3	Did the organization have a written whistleblower policy?			. 13	X	
4	Did the organization have a written document retention and destruction policy?			. 14	Х	
	Did the process for determining compensation of the following persons include a review and appro					T
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?				
а	The organization's CEO, Executive Director, or top management official			15a		I
	Other officers or key employees of the organization					1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					t
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement	with a			
	taxable entity during the year?			16a		1
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu					┨
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org		• •			
				16b		1
	exempt status with respect to such arrangements?					_
	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ NY					-
		т (С-	tion $501(a)(0) = a^{-1}$	0.000		
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 for public impraction, indicate how you made these public lines of the section of the s	-1 (Sec	2001 30 1(C)(3)S ONI)	) availat	ле	
	for public inspection. Indicate how you made these available. Check all that apply.					
_	Own website Another's website Upon request Other (expla		,			
~	Describe in Schedule O whether (and if so, how) the organization made its governing documents, o	onflict	of interest policy, a	nd finan	cial	
	statements available to the public during the tax year.					
			and records:			
0	State the name, address, and telephone number of the person who possesses the organization's b	DOOKS 2				
0	OSMAN KURTULUS, CFO - 212-534-1672	DOOKS 2				
0		DOOKS 2			990	_

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

		1 ge				npoi	nout			
(A)	(B)			_ ((	C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos heck		1 than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	erson	is bot pr/trus	h an	compensation	compensation	amount of
	week					1/11/13		from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		e	bens		(W-2/1099-MISC)		organization
	below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				and related organizations
	line)	divid	stitut	Officer	ey em	ghes	Former			organizations
(1) JAMES DINAN	1.00	드	=	5	ž	포뇽	<u>ک</u>			
CHAIR	1.00	x		x				0.	0.	0.
(2) MARTY MCLAUGHLIN	1.00			<u>^</u>						
SECRETARY (LEFT 6/14/16)	1.00	x		x				0.	0.	0.
(3) JANE O'CONNELL	1.00			<u>^</u>						
TREASURER	1.00	x		x				0.	0.	0.
(4) THOMAS FLEXNER	1.00									
VICE CHAIR		x		x				0.	0.	0.
(5) RONAY MENSCHEL	1.00									
VICE CHAIR		x		x				0.	0.	0.
(6) JAMES QUINN	1.00									
VICE CHAIR		X		X				0.	0.	0.
(7) BRUNO QUINSON	1.00									
VICE CHAIR		X		Х				0.	0.	0.
(8) LARRY SIMON	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(9) NEWTON P.S. MERRILL	1.00									
VICE CHAIR & CHAIRMAN EMERITUS		Х		Х				0.	0.	0.
(10) MICHAEL BRUNO	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) JAMES BUCKMAN	1.00									
BOARD MEMBER (LEFT 10/2/15)		Х						0.	0.	0.
(12) JILL CHALSTY	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(13) CYNTHIA FOSTER CURRY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) TODD DEGARMO	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(15) JAMES DRUCKMAN	1.00							_	_	_
BOARD MEMBER (LEFT 11/13/15)		х						0.	0.	0.
(16) VERNON EVENSON	1.00							_	_	
BOARD MEMBER (LEFT 9/18/15)		х						0.	0.	0.
(17) BARBARA FIFE	1.00							_	_	<u>^</u>
BOARD MEMBER		X						0.	0.	0.
532007 12-16-15										Form <b>990</b> (2015)

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Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
(A)	(B)			•	C)			(D)	(E)		(F)	I.
Name and title	Average	(do				) than	one	Reportable	Reportable		Estima	ited
	hours per	box	, unle	ss pe	erson	is bot	h an	compensation	compensatio	n	amour	nt of
	week		cer an	ia a a I	Irecto	or/trus	tee)	from	from related		othe	
	(list any	recto						the	organizations		compen	
	hours for related	or di	ee			ated		organization	(W-2/1099-MIS	SC)	from	
	organizations	ustee	trust		e	npens		(W-2/1099-MISC)			organiz and rel	
	below	ual tr	ional		ploye	t con /ee	_				organiza	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organize	
(18) LAURA LOFARO FREEMAN	1.00							_				
BOARD MEMBER	1 0 0	X						0.		0.		0.
(19) MARK GILBERTSON	1.00											•
BOARD MEMBER	1 00	X						0.		0.		0.
(20) LESLIE GODRIDGE	1.00							0				0
BOARD MEMBER	1 00	X						0.		0.		0.
(21) ROBERT GOLDSTEIN	1.00							0				0
BOARD MEMBER	1.00	X						0.		0.		0.
(22) LORNA GOODMAN BOARD MEMBER	1.00	x						0.		ο.		0.
(23) ELIZABETH GRAZIOLO	1.00							0.		<u> </u>		0.
BOARD MEMBER	1.00	x						0.		ο.		0.
(24) DAVID GUIN	1.00							0.		<u> </u>		
BOARD MEMBER	1.00	x						0.		ο.		0.
(25) JIM HANLEY	1.00											
BOARD MEMBER		x						0.		0.		Ο.
(26) SYLVIA HEMINGWAY	1.00											
BOARD MEMBER		X						0.		0.		0.
1b Sub-total								0.		0.		0.
c Total from continuation sheets to Part VII, Section A									0.	365,		
d Total (add lines 1b and 1c)										365,	002.	
2 Total number of individuals (including but n	ot limited to th	nose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportabl	e		_
compensation from the organization 🕨												9
	-11							L'al		г	Yes	s No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s								•			3	X
<ul><li>4 For any individual listed on line 1a, is the su</li></ul>												
and related organizations greater than \$150	•		•						•		4 X	
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes," com											5	x
Section B. Independent Contractors						-					I	
1 Complete this table for your five highest co										ipensa	ation from	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir	n the organization's tax	/ear.			
(A) Name and business	address							<b>(B)</b> Description of s	envices	C	(C) ompensat	ion
SOUTHSIDE DESIGN AND BUI							-	EXHIBITION D				
1205 MANHATTAN AVENUE, BI		ו .	YV	11	12:	2.2		AND SET UP		1	,069,	451.
BBI ENGINEERING		<u> </u>	-					AUDIOVISUAL	SYSTEM		<u>, ,</u>	
241 QUINT ST, SAN FRANCIS	SCO, CA	94	412	24				INSTALLATION			893,	337.
LAPLACA COHEN ADVERTISING		_						MARKETING/CO				
43 WEST 24TH STREET, NEW	YORK, 1	NΥ	1(	001	10			ION SERVICE			693,	533.
ENNEAD ARCHITECTS								ARCHITECTURA	L			
320 WEST 13TH STREET, NEW	V YORK,	N	Y 1	L 0 (	014	4		SERVICES		316,100.		100.
GREAT PERFORMANCES		-									21.0	1 0 0
304 HUDSON STREET, NEW YO								CATERING FOR			312,	120.
2 Total number of independent contractors (i \$100,000 of compensation from the organiz	-	iot li	mite	d to	tho	~	stec	a above) who received m	iore than			
SEE PART VII, SECTION		r I I	NUZ	\T]		-	SHI	EETS			Form <b>990</b>	(2015)
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MUSEUM OF THE CITY OF NEW YORK

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	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated E										
(A)	(B)	(B) (C)						(D)	(E)	(F)	
Name and title	Average				ition			Reportable	Reportable	Estimated	
	hours	(cł	neck	all t	that	app	ly)	compensation	compensation	amount of	
	per				from	from related	other				
	week	5				Highest compensated employee		the	organizations	compensation	
	(list any hours for	direct				d em p		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization	
	related	e or c	stee			1 sate (		(00-2/1033-10100)		and related	
	organizations	truste	al trus		yee	mper				organizations	
	below	Individual trustee or director	Institutional trustee	1	Key employee	est co	er				
	line)	Indivi	Instit	Officer	Key e	Highe	Former				
(27) STEPHANIE HESSLER	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(28) JANE HOFFMAN	1.00										
BOARD MEMBER (LEFT 11/30/15)		Х						0.	0.	0.	
(29) ROBERT JAIN	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(30) ROBERT A. JEFFE	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(31) WILLIAM M. KAHANE	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(32) STEPHEN KETCHUM	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(33) JOAN KHOURY	1.00										
BOARD MEMBER (LEFT 8/19/15)		Х						0.	0.	0.	
(34) STANFORD LADNER	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(35) KENNETH LEE	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(36) GURUDATTA NADKARNI	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(37) DAVID PATERSON (GOVERNOR)	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(38) TRACEY PONTARELLI	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(39) KATHY PROUNIS	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(40) NATHAN ROMANO	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(41) ARTHUR ROSNER	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(42) VALERIE ROWE	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(43) ALAN SIEGEL	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(44) ANNE SPENCE	1.00										
BOARD MEMBER (LEFT 10/1/16)		Х						0.	0.	0.	
(45) MITCH STEIR	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(46) JEFF TABAK	1.00										
		Х			1			0.	0.	0.	

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MUSEUM OF THE CITY OF NEW YORK

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Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	oyee	s, a	nd H	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)							(D)	(E)	(F)
Name and title	Average hours	(cł	neck		ition that		ly)	Reportable compensation	Reportable compensation	Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(47) ELIZABETH TOZER	1.00									
BOARD MEMBER	1 0 0	X						0.	0.	0.
(48) REMY TRAFELET	1.00								0	0
BOARD MEMBER	1 00	Х						0.	0.	0.
(49) DARYL BROWN UBER	1.00	x						0.	0.	0
BOARD MEMBER (50) WILLIAM C. VRATTOS	1.00	^						0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(51) SUSAN HENSHAW JONES	40.00	~						•	0.	0.
PRESIDENT AND DIRECTOR	40.00			х				429,531.	0.	62,408.
(52) OSMAN KURTULUS	40.00							12570010		02,1000
CHIEF FINANCIAL OFFICER				х				108,308.	0.	27,473.
(53) JERRY GALLAGHER	40.00									
CHIEF OPERATING OFFICER				х				139,108.	Ο.	32,345.
(54) SARAH HENRY	40.00									
DEPUTY DIRECTOR AND CHIEF CURATOR					Х			234,957.	0.	54,398.
(55) SUSAN MADDEN	40.00									
SENIOR VICE PRESIDENT EXTERNAL AFFAI					Х			239,218.	0.	50,479.
(56) PATRICIA ZEDALIS	40.00									
PROJECT MANAGER						х		144,963.	0.	40,584.
(57) DONALD ALBRECHT	40.00							124 000	0	20 621
CURATOR OF ARCHITECTURE AND DESIGN	40.00					Х		134,882.	0.	30,631.
(58) LACY SCHUTZ	40.00					v		120 206	0	25 247
DIRECTOR COLLECTIONS AND EXHIBITIONS	40.00					X		120,306.	0.	35,247.
(59) ALEXIS MARION DEVELOPMENT DIRECTOR	40.00					x		132,018.	0.	31,437.
DEVELOPMENT DIRECTOR								152,010.	0.	51,457.
		I				I	I	1,683,291.		365,002.
Total to Part VII, Section A, line 1c								1,005,291.		303,002

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Form 990 (2015
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 Form 990 (2015)
 MUSEUM OF THE CITY OF NEW YORK

 Part VIII
 Statement of Revenue

		Check if Schedule O cont	ains a res	sponse	or note to any lin	e in this Part VIII			
		Check if Schedule O cont			,	<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns		1a					
and Other Similar Amounts	b	Membership dues		1b	147,129.				
Am 8	с	Fundraising events		1c	2,858,684.				
ar	d	Related organizations		1d					
<u>n</u>	е	Government grants (contribut	ions)	1e	1,656,889.				
50	f	All other contributions, gifts, gran	ts, and						
ŝŝ		similar amounts not included above	/e	1f	9,803,892.				
	g	Noncash contributions included in lines	1a-1f: \$		577,289.				
a ç	h	Total. Add lines 1a-1f			►	14,466,594.			
					Business Code				
5	2 a	ADMISSIONS			900099	907,535.	907,535.		
Revenue	b	EDUCATIONAL PROGRAMS			611710	442,379.	442,379.		
e ji e	С	LICENSING AND OTHER FE	ES		900099	406,130.	406,130.		
e e	d	MEMBERSHIP DUES			900099	140,133.	140,133.		
2	е								
-		All other program service reve							
		Total. Add lines 2a-2f				1,896,177.			
	3	Investment income (including							
		other similar amounts)				223,780.			223,780
	4	Income from investment of tax		· · ·					
	5	Royalties							
	•		(i) R		(ii) Personal				
		Gross rents		5,866. 1,103.					
		Less: rental expenses		4,763.					
		Rental income or (loss)				244,763.			244,763
		Net rental income or (loss)				244,703.			244,703
	7 a	Gross amount from sales of	(i) Seci	8,258,	(ii) Other 94,575.				
	h	assets other than inventory Less: cost or other basis	4,01	0,230,	54,575.				
	D	and sales expenses	4 10	9,031.	0.				
	~	Gain or (loss)	· ·	9,227.					
		Net gain or (loss)				603,802.			603,802
~		Gross income from fundraising				,			
nu	0 4	including \$ 2,858							
Other Revenue		contributions reported on line							
Ë.		Part IV, line 18			191,306.				
the	b	Less: direct expenses			550,821.				
0		Net income or (loss) from func			►	-359,515.			-359,515
		Gross income from gaming ac	-						
		Part IV, line 19		a					
	b	Less: direct expenses							
		Net income or (loss) from gam			▶				
	10 a	Gross sales of inventory, less							
		and allowances			598,905.				
		Less: cost of goods sold			· · · · · ·				
ļ	С	Net income or (loss) from sale		ntory		325,750.	325,750.		
ļ		Miscellaneous Revenu	е		Business Code				
	11 a				ļļ				
	b								
	С								
	d	All other revenue							
		Total. Add lines 11a-11d			Г	10 101 0-1	0 001 005	_	
	12	Total revenue. See instructions.			🕨	17,401,351.	2,221,927.	0.	. 712,830 Form <b>990</b> (2015

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Part IX Statement of Functional Expenses

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<u> </u>	Check if Schedule O contains a respons	se or note to any line in (A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			3	
	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,	1,487,067.	494,922.	692,552.	299,593
~	trustees, and key employees	1,407,007.	474,7220	052,552.	277,57.
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		6,142,458.	4,919,513.	220,720.	1,002,22
7	Other salaries and wages Pension plan accruals and contributions (include	0,142,430.	<u>,,,,,,,,,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,	220,720.	1,002,22.
8	section 401(k) and 403(b) employer contributions)	583,496.	486,214.		97,282
9	Other employee benefits	691,666.	592,314.	64,897.	34,45
9 0		590,095.	460,424.	77,440.	52,23
1	Payroll taxes Fees for services (non-employees):	550,055.	100,1210	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	52,25
' a					
a b	E	6,700.		6,700.	
c	• · · · · ·	35,752.		35,752.	
	Lobbying				
e		65,000.			65,00
	Investment management fees	92,563.		92,563.	
' g					
9	column (A) amount, list line 11g expenses on Sch O.)	1,305,084.	1,140,479.	72,039.	92,560
2	Advertising and promotion	139,392.		5,211.	3,25
3	Office expenses	812,873.	678,382.	29,711.	104,78
4	Information technology	245,049.	221,377.	11,246.	12,420
5	Royalties		, -		
6	Occupancy	970,380.	895,975.	35,342.	39,063
7	Travel				•
B	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
)	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	906,590.	743,658.	80,026.	82,900
3	Insurance	178,523.	154,837.	11,251.	12,43
1	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	EXHIBITION DESIGN	3,372,372.	3,310,045.	12,777.	49,550
b		, ,	· , · · , · - • ·		,30
c					
d					
e	All other expenses	386,241.	295,008.	44,311.	46,922
5	Total functional expenses. Add lines 1 through 24e	18,011,301.	14,524,070.	1,492,538.	1,994,693
<u> </u>	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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MUSEUM OF THE CITY OF NEW YORK

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Pai	rt X	Balance Sheet						
		Check if Schedule O contains a response or not	te to any line	e in this Part X				
						<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				8,678,667.	1	6,987,595.
	2	Savings and temporary cash investments				3,682,577.	2	122,521.
	3	Pledges and grants receivable, net				3,410,801.	3	3,517,853.
	4	Accounts receivable, net					4	
	5	Loans and other receivables from current and fo					-	
		trustees, key employees, and highest compensa						
		Part II of Schedule L		5				
	6	Loans and other receivables from other disgualif					_	
		section 4958(f)(1)), persons described in section	1 4958(c)(3)(	B), and contril	outing			
		employers and sponsoring organizations of sect			Ĵ			
S		employees' beneficiary organizations (see instr).					6	
Assets	7	Notes and loans receivable, net			F		7	
As	8	Inventories for sale or use				87,478.	8	149,439.
	9					445,948.	9	825,212.
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	10a 3	31,784,1	L19.			
	b	Less: accumulated depreciation	10b	8,785,9	978.	23,050,956.	10c	22,998,141.
	11	Investments - publicly traded securities				14,423,384.	11	15,539,451.
	12	Investments - other securities. See Part IV, line 1				5,748,311.	12	7,903,812.
	13	Investments - program-related. See Part IV, line			13			
	14	Intangible assets	[		14			
	15	Other assets. See Part IV, line 11					15	
	16	Total assets. Add lines 1 through 15 (must equa				59,528,122.	16	58,044,024.
	17	Accounts payable and accrued expenses				789,494.	17	1,098,919.
	18	Grants payable			18			
	19	Deferred revenue		19				
	20	Tax-exempt bond liabilities			20			
	21	Escrow or custodial account liability. Complete F			21			
ies	22	Loans and other payables to current and former	,	,	· ·			
Liabilities		key employees, highest compensated employee						
_iat		Complete Part II of Schedule L					22	
-	23	Secured mortgages and notes payable to unrela			F		23	
	24	Unsecured notes and loans payable to unrelated			·····		24	
	25	Other liabilities (including federal income tax, pay						
		parties, and other liabilities not included on lines Schedule D		-		49,245.	25	108,343.
	26	Schedule D Total liabilities. Add lines 17 through 25				838,739.	25	1,207,262.
	20	Organizations that follow SFAS 117 (ASC 958)				,	20	
ŷ		complete lines 27 through 29, and lines 33 and						
ЭС	27	Unrestricted net assets				31,528,630.	27	31,485,453.
alaı	28	Temporarily restricted net assets		16,922,040.	28	16,216,338.		
Fund Balances	29					10,238,713.	29	9,134,971.
'n		Organizations that do not follow SFAS 117 (As						
<u>م</u>		and complete lines 30 through 34.		-				
ets	30	Capital stock or trust principal, or current funds					30	
Asse	31	Paid-in or capital surplus, or land, building, or eq					31	
Net Assets or	32	Retained earnings, endowment, accumulated inc					32	
z	33	Total net assets or fund balances			[	58,689,383.	33	56,836,762.
	34	Total liabilities and net assets/fund balances				59,528,122.	34	58,044,024.
								Form <b>990</b> (2015)

Form 990 (2015)
Part X Balance Sheet

Form	990 (2015) MUSEUM OF THE CITY OF NEW YORK	13-16	24098	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,40	1,3	51.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,01		
3	Revenue less expenses. Subtract line 2 from line 1	3	-60		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	58,68		
5	Net unrealized gains (losses) on investments	5	-1,242	2,6	71.
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	56,83	6,7	62.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l 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?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				
			Form	990	(2015)

SCHEDULE A	
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Department of the Treasury

(Form	990 or	990-	EΖ
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# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

2015	
Open to Public	

OMB No. 1545-0047

Manual of the summer land	
Internal Revenue Service	Information about Schedule A (Form 990 or 990-EZ) and its instruction
	· · · · · · · · · · · · · · · · · · ·

Interna	al Rever	nue Service	Informati	on about Scl	hedule A	(Form 990 or 99	0-EZ) and	its instruct	ions is at W	ww.irs.gov/fc	orm990.	Inspection
Nam	e of t	the organizati										identification number
		MUSEUM OF THE CITY OF NEW YORK 13-1624098							3-1624098			
Pa	rt I	Reason	for Public (	Charity S	Status (/	All organization	s must c	omplete th	is part.) Se	ee instruction	S.	
The	organ	ization is not a	a private found	lation becau	use it is: (	For lines 1 thro	ugh 11, o	check only	one box.)			
1		A church, co	nvention of ch	urches, or a	associatio	on of churches	describe	d in <b>sectio</b>	on 170(b)(*	1)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)										
3							-			ii).		
4	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
•	city, and state:											
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
			)(b)(1)(A)(iv). (C			5	,	•	, ,			
6			ate, or local gov	-		nental unit des	cribed in	section 17	70(b)(1)(A)	(v).		
7	X										the general	public described in
			(b)(1)(A)(vi). (C								J	
8			y trust describe			(1)(A)(vi). (Com	plete Par	t II.)				
9		-	-				-		contributi	ons. member	ship fees. a	nd gross receipts from
												from gross investment
												after June 30, 1975.
			509(a)(2). (Cor				,		·		•	·
10			tion organized a			ively to test for	public sa	afety. See	section 50	<b>09(a)(4)</b> .		
11		An organizat	ion organized ;	and operate	ed exclus	ively for the be	nefit of, t	o perform	the functio	ons of, or to c	arry out the	purposes of one or
		more publicly	y supported or	ganizations	describe	ed in section 5	<b>09(a)(1)</b> c	r section	509(a)(2).	See section	509(a)(3). (	Check the box in
		lines 11a thro	ough 11d that	describes th	he type c	of supporting o	rganizatio	on and com	nplete lines	s 11e, 11f, an	d 11g.	
а		<b>Type I.</b> A s	supporting orga	anization op	erated, s	upervised, or c	ontrolled	by its sup	ported org	ganization(s),	typically by	giving
		the suppor	rted organizatio	on(s) the po	wer to re	gularly appoint	or elect	a majority	of the dire	ctors or trust	ees of the s	upporting
		organizatio	on. You must c	complete Pa	art IV, Se	ections A and	В.					
b		<b>Type II.</b> A s	supporting org	anization su	upervised	l or controlled i	n connec	tion with it	ts support	ed organizatio	on(s), by ha	ving
		control or r	management o	of the suppo	orting org	anization veste	d in the s	same perso	ons that co	ontrol or mana	age the sup	ported
		organizatio	on(s). <b>You mus</b>	t complete	Part IV,	Sections A an	d C.					
с		Type III fui	nctionally inte	egrated. A s	supporting	g organization	operated	in connec	tion with, a	and functiona	ally integrate	ed with,
		its support	ted organizatio	n(s) (see ins	structions	s). You must co	omplete	Part IV, Se	ections A,	D, and E.		
d		Type III no	on-functionally	y integrated	d. A supp	orting organiza	ation ope	rated in co	nnection v	with its suppo	rted organi	zation(s)
		that is not	functionally int	egrated. Th	ne organiz	zation generally	/ must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness
		requiremer	nt (see instruct	ions). <b>You r</b>	nust con	nplete Part IV,	Section	s A and D,	, and Part	۷.		
е		Check this	box if the orga	anization rec	ceived a	written determi	nation fro	om the IRS	that it is a	а Туре I, Туре	e II, Type III	
		functionally	y integrated, or	r Type III no	n-functio	nally integrated	d support	ing organi	zation.			
f	Ente	er the number	of supported of	organization	າs							
g			ing information	-			. ,					
	(	i) Name of supp		(ii) El	IN	(iii) Type of org (described on		(iv) Is the o listed i	rganization in your	(v) Amount o		(vi) Amount of
		organizatior	1			above (see insti		governing		support instruct	-	other support (see instructions)
								Yes	No	Instruct	.10113/	

Total LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2015

Form 990 or 990-EZ. 532021 09-23-15

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13-1624098 Page 2

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	(e) 2015	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	9,097,458.	8,991,870.	14,124,146.	20,899,837.	14,466,594.	67,579,905.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge $\dots$						
4	Total. Add lines 1 through 3	9,097,458.	8,991,870.	14,124,146.	20,899,837.	14,466,594.	67,579,905.
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)						9,428,854.
6	Public support. Subtract line 5 from line 4.						58,151,051.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	(e) 2015	<b>(f)</b> Total
7	Amounts from line 4	9,097,458.	8,991,870.	14,124,146.	20,899,837.	14,466,594.	67,579,905.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources $\dots$	554,977.	628,335.	636,219.	699,058.	729,646.	3,248,235.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						70,828,140.
12	Gross receipts from related activities,	, etc. (see instructio	ons)			12 10	,698,149.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop						
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2015 (					14	82.10 %
	Public support percentage from 2014						79.77 %
<b>16</b> a	<b>33 1/3% support test - 2015.</b> If the c						
	stop here. The organization qualifies	as a publicly supp	orted organization				►X
b	<b>33 1/3% support test - 2014.</b> If the c	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	6 or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organization	ation			▶∟
17a	10% -facts-and-circumstances tes	t - 2015. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	sts-and-circumstan	ces" test, check th	nis box and <b>stop h</b>	<b>iere.</b> Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
k	10% -facts-and-circumstances tes	t - 2014. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cł	neck this box and	<b>stop here.</b> Explair	n in Part VI how the	
	organization meets the "facts-and-cire	cumstances" test.	The organization o	ualifies as a publi	cly supported orga	anization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17t	o, check this box a	and see instruction	s ►
					Sche	edule A (Form 990	or 990-EZ) 2015

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### Schedule A (Form 990 or 990-EZ) 2015 MUSEUM OF THE CITY OF NEW YORK Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Calendar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 201	5 (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 per-						
formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 201	5 <b>(f)</b> Total
9 Amounts from line 6	() =	(-)	(-,	(-,	(-,	- (1)
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
<ul> <li>c Add lines 10a and 10b</li> <li>11 Net income from unrelated business activities not included in line 10b, whether or not the business is</li> </ul>						
regularly carried on						
or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)				l	501()(0)	·
<b>14</b> First five years. If the Form 990 is for	-			-		rganization,
check this box and stop here Section C. Computation of Publ						₽∟
					45	,
<b>15</b> Public support percentage for 2015 (I					15	ç
16 Public support percentage from 2014					16	ç
Section D. Computation of Inves					<u> </u>	
17 Investment income percentage for 20					17	(
18 Investment income percentage from 2					18	
19a 33 1/3% support tests - 2015. If the	-					
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2014. If the	organization did	not check a box o	n line 14 or line 19a	a, and line 16 is m	ore than 33 1	/3%, and
line 18 is not more than 33 1/3% , che	ck this box and <b>s</b>	top here. The org	anization qualifies	as a publicly supp	orted organi	zation ►
20 Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check t	nis box and see in	structions	<b>)</b>
532023 09-23-15				Sch	edule A (For	m 990 or 990-EZ) 201
			17			
590508 733030 2467	~ ~ ~			~_ ~	~	v y 24671

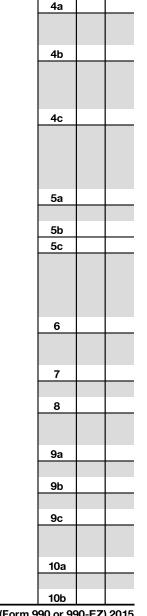
### Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

532024 09-23-15



1

2

3a

3b

3c

Yes

No

Schedule A (Form 990 or 990-EZ) 2015

18

	Supporting Organizations (continued)		V	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? <i>If</i> "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•		
000	tion D. An Type in Supporting Organizations		Yes	No
-	Did the exercitation provide to each of its supported exercitations, by the last day of the fifth month of the		Tes	NO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	-		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	20		
U U				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	01-		
~	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b				
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
53202	5 09-23-15 Schedule A (Form 9	90 or 99	90-EZ)	2015
	19			

2015.05050 MUSEUM OF THE CITY OF NEW Y 2467\_\_\_1

### 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. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
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 1-1/2% 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 .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional		ated Type III supporting org	janization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2015

532026 09-23-15

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	<u> </u>
Sect	ion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	IS		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	9	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	· · · · · · · · · · · · · · · · · · ·		
		(i)	(ii)	(iii) D
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015
_1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
<u>a</u>				
b				
<u> </u>	E 0010			
	From 2013			
	From 2014			
-	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
;	Carryover from 2010 not applied (see instructions)			
4	Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2015 from Section D,			
-	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2015 distributions of phot years			
-	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
-	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			
a				
b				
с	Excess from 2013			
-	Excess from 2014			
	Excess from 2015			
-				

Schedule A (Form 990 or 990-EZ) 2015

532027 09-23-15

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Part VI	(Form 990 or 990-EZ) 20 Supplemental Info	rmation Dea	ido the over-	nationa ra-	uirod by D-	rt II. line 10	· Dart II lina 4	72 or 17h. D	+ III line 10.	Pag
	Part IV, Section A, lines line 1; Part IV, Section [ Section D, lines 5, 6, an	1, 2, 3b, 3c, 4b, ), lines 2 and 3; F	4c, 5a, 6, 9a, Part IV, Sectio	9b, 9c, 11a n E, lines 1	a, 11b, and <sup>-</sup> c, 2a, 2b, 3a	11c; Part IV a and 3b; P	', Section B, li art V, line 1; F	ines 1 and 2; P Part V, Section	art IV, Sectior B, line 1e; Pa	n C, rt V,
	(See instructions.)	iu o, anu fait v,		5 2, <b>3</b> , anu	0. AISO CON		Dart for any ac		lation.	
	_						<u> </u>	adula A /=	000 000	
32028 09-23-	5				22		Sch	nedule A (Form	1 990 or 990-	EZ)
00500	733030 2467		2015 0	5050			IE CITY	OF NEW	V 2467	

\*\* PUBLIC DISCLOSURE COPY \*\*

## Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2015

Employer identification number

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury Internal Revenue Service

Schedule B

### Name of the organization

Organization type (check one):

MUSEUM OF THE CITY OF NEW YORK

13-1624098

Filers of:	Section:
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

### **General Rule**

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

#### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Employer identification number

13-1624098

### MUSEUM OF THE CITY OF NEW YORK

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person Payroll 1,088,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 2 X Person Payroll 1,000,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person Payroll 1,000,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Х Person Payroll 1,000,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 5 X Person Payroll 600,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 X Person Payroll 531,000. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2015) 523452 10-26-15 24 11590508 733030 2467 2015.05050 MUSEUM OF THE CITY OF NEW Y 2467\_\_\_1

Employer identification number

13-1624098

### MUSEUM OF THE CITY OF NEW YORK

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 400,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2015) 523452 10-26-15 25 11590508 733030 2467 2015.05050 MUSEUM OF THE CITY OF NEW Y 2467\_\_\_1

Employer identification number

13-1624098

### MUSEUM OF THE CITY OF NEW YORK

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	990, 990-EZ, or 990-PF) (

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2015.05050 MUSEUM OF THE CITY OF NEW Y 2467\_\_\_1

	the year from any one contributor. Complete	columns (a) through (e) and the following	section 501(c)(7), (8), or (10) that total more than \$1,0 g line entry. For organizations
	completing Part III, enter the total of exclusively religio Use duplicate copies of Part III if addition	us, charitable, etc., contributions of \$1,000 or less	s for the year. (Enter this info. once.) 🕨 \$
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, a	and ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee

(Form 990)

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. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.



	Ment of the Treasury ► Attach to Form 990. I Revenue Service ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/	/form990.	Inspection							
	e of the organization		identification number							
	MUSEUM OF THE CITY OF NEW YORK		3-1624098							
Par	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	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 fu	nds								
	are the organization's property, subject to the organization's exclusive legal control? Yes 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 confe	erring								
Der	impermissible private benefit?		Yes No							
Par		V, line 7.								
1	Purpose(s) of conservation easements held by the organization (check all that apply).									
	Preservation of land for public use (e.g., recreation or education)									
	Protection of natural habitat	historic structu	re							
	Preservation of open space									
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a c									
	day of the tax year.		t the End of the Tax Year							
	Total number of conservation easements	2a								
	Total acreage restricted by conservation easements	2b 2c								
	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	20								
u		2d								
3	listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the orga		n 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?		Yes No							
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservat		s during the year							
	▶									
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation e	asements dur	ing the year							
	►\$									
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(	(B)(i)								
	and section 170(h)(4)(B)(ii)?		Yes No							
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	ement, and ba	ance sheet, and							
	include, if applicable, the text of the footnote to the organization's financial statements that describes the or	rganization's a	ccounting for							
Der	conservation easements.		+ -							
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar As	sets.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	and halanaa ak	a a two two two of art							
Id	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of									
	the text of the footnote to its financial statements that describes these items.		e, provide, in Part All,							
h	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	halance sheet	works of art historical							
D	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public so									
	relating to these items:	5. 100, provide	ano ionowing amounts							
	(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									
_	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	,								
а	Revenue included on Form 990, Part VIII, line 1	▶ \$								
	Assets included in Form 990, Part X									
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		ule D (Form 990) 2015							

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chedule D	(Form	990)	2015
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Par	t III   Organizations Maintaining C	Collections of A	rt, His	torical	Treasures,	or Othe	er Simi	lar Ass	sets(cont	inued	)
3	Using the organization's acquisition, access	ion, and other record	ls, chec	k any of th	ne following tha	at are a si	ignificant	use of it	ts collecti	on ite	ms
	(check all that apply):										
а	X Public exhibition	d			xchange progr	ams					
b	X Scholarly research	e		Other							
С	X Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	n how t	hey furthe	r the organizat	ion's exe	mpt purp	ose in P	art XIII.		
5	During the year, did the organization solicit of							_		_	_
	to be sold to raise funds rather than to be m								Yes		K No
Par	t IV Escrow and Custodial Arran		ete if the	e organiza	tion answered	"Yes" on	Form 99	0, Part I	V, line 9, o	or	
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod									_	_
	on Form 990, Part X?							L	Yes	L	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:							
									Amou	nt	
	Beginning balance										
	Additions during the year										
е	Distributions during the year						1e				
f	Ending balance										
	Did the organization include an amount on F							L	Yes	Ļ	No
	If "Yes," explain the arrangement in Part XIII									L	
Par	t V Endowment Funds. Complete	-	swered	l "Yes" on							
		(a) Current year	. ,	Prior year	(c) Two yea		(d) Three				
	Beginning of year balance	10,238,713.	10	),521,97		3,084.		956,79		3,548	3,442.
b	Contributions	4,664,076.				9,899.		500,403	_		
	Net investment earnings, gains, and losses	-397,162.		-23,58	3. 1,27	9,274.	1	831,933	1.	158	3,723.
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs	699,302.		259,68	0. 30	0,281.		226,04	5.	750	370.
f	Administrative expenses										
g	End of year balance	13,806,325.	10	,238,71	3. 10,52	1,976.	9,0	063,084	4. ·	7,956	5,795.
2	Provide the estimated percentage of the cur		e (line 1	l g, columr	n (a)) held as:						
а	Board designated or quasi-endowment 🕨	31.47	_%								
b	Permanent endowment  2.35	%									
с	Temporarily restricted endowment ▶ 6	6.18 %									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organization	ation th	at are held	d and administe	ered for tl	he organi	ization			
	by:									Yes	No
	(i) unrelated organizations								3a(i)		X
	(ii) related organizations									)	X
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	Schedule I	ר?				3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipn	nent.									
	Complete if the organization answere	d "Yes" on Form 990	), Part I	V, line 11a	. See Form 99	0, Part X,	line 10.				
	Description of property	(a) Cost or o	ther	(b) Co	ost or other	(c) A	ccumulat	ed	(d) Bo	ok val	ue
		basis (investr	nent)		is (other)		oreciatior				
1a	Land			1							
	Buildings			26,9	69,746.	5,3	372,9	30.	21,59	96,8	316.
	Leasehold improvements				64,506.		45,7				711.
	Equipment			6	80,499.		576,9				570.
	Other				69,368.		, 790		1,27		
-	Add lines 1a through 1e. (Column (d) must e		X, colui		-	• <u>•</u> ••			22,99		
			,	( ),	/			Schedu	ile D (For		

Schedule D (Form 990) 2015 MUSEUM OF T	HE CITY OF	NEW YORK	13-1624098 Page <b>3</b>
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other (A) ALTERNATIVE INVESTMENTS	7,903,81	2 END-OF-V	EAR MARKET VALUE
(B)	7,505,01		EAR MARKET VALUE
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	7,903,81	.2.	
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of v	aluation: 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, col. (B) line 13.) ► Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV	line 11d See Form 990	Part X line 15
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		►
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV,		n 990, Part X, line 25.
1.         (a) Description of liability		(b) Book value	
(1) Federal income taxes		100 242	
(2) DEFERED RENT EXPENSE		108,343.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)	108,343.	
<b>2.</b> Liability for uncertain tax positions. In Part XIII, provide			inancial statements that reports the
organization's liability for uncertain tax positions. In Part XIII, provide			

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Sche	edule D (Form 990) 2015	MUSEUM C	F THE	CITY	OF	NEW	YORK		-	13-	1624098	Page <b>4</b>
Pa	rt XI Reconciliation o	f Revenue pe	er Audite	d Finano	cial S	statem	ents W	ith Revenue	per Re	eturr	າ.	
	Complete if the organ	ization answered	"Yes" on F	orm 990, F	Part IV,	, line 12a	a.					
1	Total revenue, gains, and oth	er support per a	udited finar	icial staten	nents					1	16,473	,703.
2	Amounts included on line 1 k	out not on Form 9	90, Part VI	II, line 12:								
а	Net unrealized gains (losses)	on investments					. 2a	-1,242,				
b	Donated services and use of	facilities					. 2b	146,	483.			
с	Recoveries of prior year gran	ts					. 2c					
d	Other (Describe in Part XIII.)						2d	261,	103.			
е	Add lines 2a through 2d									2e		,085.
3	Subtract line <b>2e</b> from line <b>1</b>									3	17,308	,788.
4	Amounts included on Form 9											
а	Investment expenses not inc	luded on Form 9	90, Part VII	l, line 7b			. 4a	92,	563.			
b	Other (Describe in Part XIII.)						. 4b					
с	Add lines 4a and 4b									4c		,563.
	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)						5	17,401	<u>,351.</u>			
Pa	rt XII Reconciliation o	f Expenses p	er Audite	ed Finan	cial	Staten	nents V	Vith Expense	es per l	Retu	ırn.	
	Complete if the organ	ization answered	"Yes" on F	orm 990, F	Part IV,	, line 12a	a.					
1	Total expenses and losses p	er audited financ	ial statemei	nts						1	18,326	<u>,324.</u>
2	Amounts included on line 1 k	out not on Form 9	90, Part IX	, line 25:								
а	Donated services and use of	facilities					. 2a	146,	483.			
b	Prior year adjustments						. 2b					
с	Other losses											
	Other (Describe in Part XIII.)							261,	103.			
е	Add lines 2a through 2d									2e	407	,586.

### PART III, LINE 1A:

Subtract line **2e** from line **1** 

Other (Describe in Part XIII.)

Part XIII Supplemental Information.

c Add lines 4a and 4b

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

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

3

4

b

5

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.

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,

PART III, LINE 4:

THE MUSEUM HAS VARIOUS COLLECTIONS WHICH IT USES FOR ITS DIFFERENT 532054 09-21-15 Schedule D (Form 990) 2015

17,918,738.

18,011,301.

92,563.

3

4c

5

92,563.

4a 4b

11590508 733030 2467

31 2015.05050 MUSEUM OF THE CITY OF NEW Y 2467\_\_\_1 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. PERIODS ENDING JUNE 30, 2013 AND SUBSEQUENT REMAIN SUBJECT TO

EXAMINATION BY APPLICABLE TAXING AUTHORITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES INCLUDED ON FORM 990, PART VII, LINE 6B 261,103.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES INCLUDED ON FORM 990, PART VII, LINE 6B 261,103.

Schedule D (Form 990) 2015

532055 09-21-15

11590508 733030 2467

SCHEDULE F	Stateme	nt of Act	ivities Outside the Ur	nited Sta	atas	OMB No. 1545-0047
(Form 990)			in answered "Yes" on Form 990, Part			2015
	<b>P C C C C C C C C C C</b>		Attach to Form 990.	,	,	Open to Public
Department of the Treasury Internal Revenue Service	Information ab	out Schedule F	(Form 990) and its instructions is at	www.irs.gov/f	orm990.	Inspection
Name of the organization					Employer ic	lentification number
MUSEUM OF THE	4098					
Part I General Ir	nformation on A	Activities Ou	tside the United States. Comple	ete if the orgar	nization answe	red "Yes" on
	art IV, line 14b.					
-	-		ds to substantiate the amount of its gra the selection criteria used to award the			Yes No
2 For grantmakers. D United States.	Describe in Part V the	e organization's	procedures for monitoring the use of its	s grants and c	ther assistanc	e outside the
3 Activities per Regior	n. (The following Par	t I, line 3 table c	an be duplicated if additional space is r	needed.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d gram service, e specific type ce(s) in region	expenditures for and investments
CENTRAL AMERICA AND						
THE CARIBBEAN -			INVESTMENTS			7,903,812.
<b>3 a</b> Sub-total		0				7,903,812.
<b>b</b> Total from continuat sheets to Part I		0				0.
c Totals (add lines 3a		0				7 903 812.

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

Schedule F (Form 990) 2015

532071 10-01-15

Page **2** 

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>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
<ul> <li>Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter</li> </ul>								
3 Enter total number of other organizations or entities								

Schedule F (Form 990) 2015

13-1624098

### Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Region	(c) Number of recipients	(d) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of non-cash assistance	(g) Description of non-cash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2015

Page 3

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

Schedule F (Form 990) 2015

11590508 733030 2467

Schedule F (Form 990) 2015

## 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.

532075 10-01-15 590508 733030 2467	2015.05050	37 MUSEUM OF	' THE	CITY	OF		Form 99 2467_	
						0-1	 <b>-</b>	

(Form 990 or 990-EZ) Complete	emental Information Regarding if the organization answered "Yes" on organization entered more than \$1 Attach to Form 990 tion about Schedule G (Form 990 or 990-EZ	Form 9 5,000 0 or Fo	990, P on Fo rm 99	art IV, lines 17, 18, o rm 990-EZ, line 6a. 0-EZ.	or 19,	or if the	OMB No. 1545-0047
Name of the organization	IM OF THE CITY OF NEW				1	Employer ide	entification number
	ties. Complete if the organization answe			n Form 990, Part IV, I			
<ol> <li>Indicate whether the organization</li> <li>a X Mail solicitations</li> <li>b X Internet and email solicitations</li> <li>c X Phone solicitations</li> <li>d X In-person solicitations</li> <li>2 a Did the organization have a writikey employees listed in Form 9</li> </ol>	n raised funds through any of the followi e X Solicita tions f X Solicita g X Specia ten or oral agreement with any individua 20, Part VII) or entity in connection with p d individuals or entities (fundraisers) pure	tion of tion of I fundra I (inclue profess	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, trus undraising services?	stees o	X Yes	
(i) Name and address of individua or entity (fundraiser)	l (ii) Activity	fùndi have c	ustody trol of	(iv) Gross receipts from activity	tò (or fι	mount paid retained by) undraiser ed in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
MARK GILBERTSON - 22 EAST 81ST ST, NEW YORK, NY 10028	DIRECTOR'S COUNCIL EVENTS	Yes	No X	994,805.		65,000	. 929,805.
Total           3 List all states in which the organ or licensing.	zation is registered or licensed to solicit	contrik	<b>b</b> ution:	994,805. s or has been notified	d it is e	65 , 000 exempt from r	. 929,805. registration
NY	Notice, see the Instructions for Form	990 or	990-1		Sched	ule G (Form 9	990 or 990-EZ) 2015

532081 09-14-15 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

_ I		of fundraising event contributions and g	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			CHAIRMAN'S			(add col. (a) through
			LEADERSHIP A		4	col. (c))
P I			(event type)	(event type)	(total number)	
aniiavan	1	Gross receipts	1,374,700.	591,175.	1,084,115.	3,049,990
	2	Less: Contributions	1,356,825.	514,975.	986,884.	2,858,684
	3	Gross income (line 1 minus line 2)	17,875.	76,200.	97,231.	191,306
	4	Cash prizes				
0	5	Noncash prizes				
pense	6	Rent/facility costs	30,000.	30,000.	47,081.	107,081
Direct Expenses	7	Food and beverages	79,628.	69,920.	219,412.	368,960
ב <u></u>	8	Entertainment	11,410. 5,296.	2,480.	33,940.	47,830
	9	Other direct expenses	5,296.	6,354.	15,300.	
	10	Direct expense summary. Add lines 4 throug	.,		►	550,821
	<u>11</u> rt I	Net income summary. Subtract line 10 from <b>II Gaming.</b> Complete if the organization		000 Dart IV/ line 10, or i		-359,515
<u>u</u>		\$15,000 on Form 990-EZ, line 6a.	answered res on on	1990, Fait IV, iiile 19, 011	eported more than	
e			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
enc			(,,	bingo/progressive bingo	(-,	col. (a) through col. (c
Hevenue						
+	1	Gross revenue				
	2	Cash prizes				
ses						
Expenses	3	Noncash prizes				
Uirect Expenses	3					
Direct Expenses	3 4	Noncash prizes				
UIRECT EXPENSES	3 4 5	Noncash prizes Rent/facility costs	Yes%	└── Yes% └── No	└── Yes% └── No	

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

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

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? **b** If "Yes," explain:

532082 09-14-15

Schedule G (Form 990 or 990-EZ) 2015

\_\_ No

39

<ul> <li>11 Does the organization conduct gaming activities with nonmembers?</li> <li>12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed</li> </ul>
to administer charitable gaming? Yes
13 Indicate the percentage of gaming activity conducted in:
a The organization's facility 13a
b An outside facility 13b
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
Name
Name
Address
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount
of gaming revenue retained by the third party ▶\$ c If "Yes," enter name and address of the third party:
c if "Yes," enter name and address of the third party:
Address
16 Gaming manager information:
Name
Gaming manager compensation 🕨 \$
Description of services provided 🕨
Director/officer Employee Independent contractor
17 Mandatory distributions:
a Is the organization required under state law to make charitable distributions from the gaming proceeds to
retain the state gaming license? Yes
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the
organization's own exempt activities during the tax year <b>\$</b>
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b
15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).
40

11590508 733030 2467 2015.05050 MUSEUM OF THE CITY OF NEW Y 2467\_\_\_1

2084 -01-15						Sche	edule G	(Forn	1 990 or 9	  90-EZ

SC	HEDULE J	Compensation Information		OMB No. 1	545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	15	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	IJ	,
Depa	tment of the Treasury	Attach to Form 990.		Open to		
	al Revenue Service	Information about Schedule J (Form 990) and its instructions is at www.irs.gov/formation		Inspe		
Nan	e of the organizatio		Employer id			mber
		MUSEUM OF THE CITY OF NEW YORK	13-1	62409	8	
Pa	rt I Question	s Regarding Compensation				<del></del>
					Yes	No
1a		iate box(es) if the organization provided any of the following to or for a person listed on Form	1 990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o	, i i i i i i i i i i i i i i i i i i i				
	Travel for com					
		cation and gross-up payments				
	Discretionary	spending account Personal services (e.g., maid, chauffeur, o	chet)			
la la						
D	•	on line 1a are checked, did the organization follow a written policy regarding payment or		16		
2		provision of all of the expenses described above? If "No," complete Part III to explain		<b>1b</b>		
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors, ers, including the CEO/Executive Director, regarding the items checked in line 1a?		2		
	trustees, and onice			2		
3	Indicate which if a	ny, of the following the filing organization used to establish the compensation of the organiz	ation's			
Ũ		ector. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
	·	compensation consultant				
		ther organizations X Approval by the board or compensation of	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 re					
а	Receive a severand	e payment or change-of-control payment?		4a		X
b	Participate in, or re	ceive payment from, a supplemental nonqualified retirement plan?		4b		X
С	Participate in, or re	ceive payment from, an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lin	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r					
а	The organization?			5a		X
b		ation?		<b>5</b> b		X
		r 5b, describe in Part III.				
6	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r					v
						X X
b		ation?		6b		
7		or 6b, describe in Part III.	to			
1	-	on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payment		-		x
0		nes 5 and 6? If "Yes," describe in Part III		7		- 21
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the partian described in Regulations section 53 ( $4958 4(a)(3)$ ) if "Yes," describe in Regulations		8		x
9		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		o		
3		•		9		
		n 53.4958-6(c)? eduction Act Notice, see the Instructions for Form 990.		ule J (Forn	000	015
			Scheu		. 550	, 2013

532111 10-14-15

### 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 are not listed on Form 990, Part VII.

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	Ī	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
			compensation	compensation				
(1) SUSAN HENSHAW JONES	(i)	422,673.	0.	6,858.	38,658.	23,750.	491,939.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	138,928.	0.	180.	12,520.	19,825.	171,453.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	233,715.	0.	1,242.	21,146.	33,252.	289,355.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SUSAN MADDEN	(i)	238,666.	0.	552.	21,530.	28,949.	289,697.	0.
SENIOR VICE PRESIDENT EXTERNAL AFFAI	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) PATRICIA ZEDALIS	(i)	143,370.	0.	1,593.	13,047.	27,537.	185,547.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DONALD ALBRECHT	(i)	133,115.	0.	1,767.	12,139.	18,492.	165,513.	0.
CURATOR OF ARCHITECTURE AND DESIGN	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) LACY SCHUTZ	(i)	120,210.	0.	96.	10,828.	24,419.	155,553.	0.
DIRECTOR COLLECTIONS AND EXHIBITIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ALEXIS MARION	(i)	131,932.	0.	86.	11,882.	19,555.	163,455.	0.
DEVELOPMENT DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

## Part III Supplemental Information

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

532113 10-14-15

SCHE	DULE	Μ
(Form	990)	

# **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

**Open To Public** Inspection

2015

	e		
		organization	

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

#### Employer identification number MUSEUM OF THE CITY OF NEW YORK 13-1624098 Part I Types of Property

		(a)	(h)	(0)	(d)			
		Check if	(b) Number of	(c) Noncash contribution	Method of de		a	
		applicable	contributions or	amounts reported on	noncash contrib		0	S
			items contributed	Form 990, Part VIII, line 1g				
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	9	521,664.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
10								
14	Historic structures Qualified conservation contribution - Other							
15	Real estate - Residential							
16 17	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		1					
25	Other $\blacktriangleright$ ( <u>ITEMS FOR SPE</u> )	X	17	55,625.	COST OF THE	C ITE	MS	
26	Other ► ()							
27	Other ► ()							
28	Other ► ( )							
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for o	contributions				
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29				
							/es	No
30a	During the year, did the organization receive b	y contributio	on any property rej	ported in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the dat	e of the initia	al contribution, and	d which is not required to be	used for			
	exempt purposes for the entire holding period	?				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that r	equires the review	of any non-standard contrib	utions?	31		Х
	Does the organization hire or use third parties							
	contributions?		-			32a		х
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c) f	for a type of prope	rty for which column (a) is cl	necked.			
	describe in Part II.	20101111 (0) 1						
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 90	0	Schedule M	(Form 9	90) (*	2015)
					Concure M	,		)

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Schedule I	M (Form 990) (2015)	MUSEUM	OF	THE	CITY	OF	NEW	YORK
Part II	Supplementa	I Informatio	on. Pr	ovide th	e informat	ion re	quired b	y Part I, li

**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 ORGANIZATION IS REPORTING THE NUMBER OF ITEMS RECEIVED

Schedule M (Form 990) (2015)

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SCHEDULE O (Form 990 or 990-EZ)       Supplemental Information to Form 990 or 990-EZ       OMB No. 1545-0047         Department of the Treasury Internal Revenue Service       Attach to Form 990 or 990-EZ, or to provide any additional information.       Omb No. 1545-0047         Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990.       Omb No. 1545-0047
Name of the organization         Employer identification number           MUSEUM OF THE CITY OF NEW YORK         13-1624098
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE MUSEUM OF THE CITY OF NEW YORK CELEBRATES AND INTERPRETS THE CITY,
EDUCATING THE PUBLIC ABOUT ITS DISTINCTIVE CHARACTER, ESPECIALLY ITS
HERITAGE OF DIVERSITY, OPPORTUNITY, AND PERPETUAL TRANSFORMATION.
FOUNDED IN 1923 AS A PRIVATE, NONPROFIT CORPORATION, THE MUSEUM
CONNECTS THE PAST, PRESENT, AND FUTURE OF NEW YORK CITY. IT SERVES THE
PEOPLE OF NEW YORK AND VISITORS FROM AROUND THE WORLD THROUGH
EXHIBITIONS, SCHOOL AND PUBLIC PROGRAMS, PUBLICATIONS, AND COLLECTIONS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE MUSEUM OF THE CITY OF NEW YORK CELEBRATES AND INTERPRETS THE CITY,
EDUCATING THE PUBLIC ABOUT ITS DISTINCTIVE CHARACTER, ESPECIALLY ITS
HERITAGE OF DIVERSITY, OPPORTUNITY, AND PERPETUAL TRANSFORMATION.
FOUNDED IN 1923 AS A PRIVATE, NONPROFIT CORPORATION, THE MUSEUM
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PEOPLE OF NEW YORK AND VISITORS FROM AROUND THE WORLD THROUGH

EXHIBITIONS, SCHOOL AND PUBLIC PROGRAMS, PUBLICATIONS, AND COLLECTIONS.

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

ONGOING/LONG-TERM EXHIBITIONS OPEN THROUGH FY2016:

GILDED NEW YORK (NOV 13, 2013 - CURRENT)

INAUGURATING THE CITY MUSEUM'S TIFFANY & CO. FOUNDATION GALLERY, GILDED

NEW YORK EXPLORES THE CITY'S VISUAL CULTURE AT THE END OF THE 19TH

CENTURY, WHEN THE ELITE CLASS FLAUNTED ITS WEALTH MORE CONSPICUOUSLY

THAN EVER BEFORE. INDUSTRIAL TITANS, SUCH AS CORNELIUS VANDERBILT AND

JAY GOULD, EXPRESSED THEIR STATUS THROUGH EXTRAVAGANT FASHIONS,

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2015) 532211 09-02-15 47

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Schedule O (Form 990 or 990-EZ) (2015)	Page <b>2</b>
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ARCHITECTURE, AND INTERIOR DESIGN. THE EXHIBITION'S LAVIS	H DISPLAY
INCLUDES COSTUMES, JEWELRY, PORTRAITS, SILVER OBJECTS, WO	MEN'S AND
MEN'S ACCESSORIES, AND DECORATIVE FURNISHINGS, ALL CREATE	D BETWEEN THE
MID-1870'S AND EARLY 20TH CENTURY. GILDED NEW YORK DEPICT	S AN ERA WHEN
THE NEW AMERICAN ARISTOCRACY DISPLAYED ITS WEALTH IN STOR	IED BALLS IN
FIFTH AVENUE MANSIONS AND HOTELS, SHOWN IN DIGITIZED VINT	AGE
PHOTOGRAPHS PRESENTED ON MONITORS OUTSIDE THE GALLERY. DU	RING THESE
YEARS, THE UNITED STATES-AND ITS CULTURAL CAPITAL, NEW YO	RK
CITY-ACHIEVED A NEW LEVEL OF SOPHISTICATION IN PAINTING,	SCULPTURE,
ARCHITECTURE, AND THE DECORATIVE ARTS, ENABLING THE NATIO	N TO COMPETE
FOR THE FIRST TIME ON A WORLD STAGE.	

THE TIFFANY & CO. FOUNDATION GALLERY AND THE INSTALLATION OF GILDED NEW YORK WERE DESIGNED BY NEW YORK-BASED WILLIAM T. GEORGIS ARCHITECTS. THE GALLERY'S DESIGN AND CONSTRUCTION WERE MADE POSSIBLE THROUGH A GRANT FROM THE TIFFANY & CO. FOUNDATION. GILDED NEW YORK WAS ORGANIZED BY DONALD ALBRECHT, CURATOR OF ARCHITECTURE AND DESIGN; INDEPENDENT CURATOR JEANNINE FALINO; AND PHYLLIS MAGIDSON, CURATOR OF COSTUMES AND TEXTILES.

ACTIVIST NEW YORK (MAY 4, 2012 - ONGOING) ACTIVIST NEW YORK IS THE INAUGURAL EXHIBITION IN THE PUFFIN FOUNDATION GALLERY. THIS ONGOING INSTALLATION EXPLORES THE DRAMA OF SOCIAL ACTIVISM IN NEW YORK CITY FROM THE 17TH CENTURY TO THE PRESENT IN A CONTINUALLY CHANGING SERIES OF CASE STUDIES AND OBJECTS. DURING THE BIENNIAL PERIOD, A NEW MODULE WAS ADDED ON ACTIVIST LITERATURE OF THE 1930'S. VISITORS ARE ENCOURAGED TO HELP KEEP THE EXHIBITION UP TO DATE BY SUBMITTING THEIR OWN ACCOUNTS AND IMAGES OF ACTIVISM IN THE CITY 532212 09-02-15 Schedule O (Form 990 or 990-EZ) (2015) 48

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TODAY. GENEROUS SUPPORT FROM THE PUFFIN FOUNDATION HAS PR	OVIDED FOR A
DEDICATED PUFFIN CURATOR OF SOCIAL ACTIVISM AT THE CITY M	USEUM.
EXHIBTIONS THAT OPENED IN FY2016:	
AFFORDABLE NEW YORK: A HOUSING LEGACY (SEPT 18, 2015 - FE	в 7, 2016)
NEW YORK CITY HAS A LONG HISTORY OF CREATING BELOW-MARKET	HOUSING FOR
ITS RESIDENTS. TODAY THE CITY OFFERS SUBSIDIZED HOUSING T	O FAMILIES
ACROSS A WIDE ECONOMIC SPECTRUM; MORE THAN 400,000 IN PUB	LIC HOUSING,
AND MANY MORE IN PRIVATELY OR COOPERATIVELY OWNED APARTME	NTS. WITH
AFFORDABLE HOUSING A CORNERSTONE OF MAYOR BILL DE BLASIO'	S
ADMINISTRATION, NEW YORK'S HOUSING LEGACY-OFTEN OVERLOOKE	D AND LITTLE
UNDERSTOOD-IS MORE RELEVANT THAN EVER.	

AFFORDABLE NEW YORK TRACES OVER A CENTURY OF AFFORDABLE HOUSING ACTIVISM, DOCUMENTING THE WAYS IN WHICH REFORMERS, POLICY MAKERS, AND ACTIVISTS HAVE FOUGHT TO TRANSFORM THEIR CITY. A FOCUS ON CURRENT AND FUTURE HOUSING INITIATIVES DEMONSTRATES HOW NEW YORKERS CONTINUE TO PROMOTE SUBSIDIZED HOUSING AS A WAY TO ACHIEVE DIVERSITY, NEIGHBORHOOD STABILITY, AND SOCIAL JUSTICE.

CARL VAN VECHTEN: PHOTOGRAPHING THE HARLEM RENAISSANCE AND BEYOND
(NOV 4, 2015 - FEB 28, 2016)
NOVELIST, ESSAYIST, AND PHOTOGRAPHER CARL VAN VECHTEN (1880-1964)
PROMOTED THE WORK OF AFRICAN-AMERICAN ARTISTS AND WRITERS. HE WAS MOST
NOTABLY ASSOCIATED WITH THE HARLEM RENAISSANCE, THE ARTISTIC, LITERARY,
AND MUSICAL MOVEMENT OF THE 1920'S. THE CITY MUSEUM IS PROUD TO EXHIBIT
A SELECTION OF VAN VECHTEN'S PHOTOGRAPHS FROM ITS COLLECTION IN
CONJUNCTION WITH THE 26TH ANNIVERSARY OF NEW YORK CITY HISTORY DAY AND
TO HIGHLIGHT ITS THEME, "EXPLORATION, ENCOUNTER, EXCHANGE IN HISTORY."
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Name of the organization MUSEUM OF THE CITY OF NEW YORK	Employer identification number 13-1624098
AS A RESULT OF THE "GREAT MIGRATION," HARLEM BECAME THE L	ARGEST
AFRICAN-AMERICAN COMMUNITY IN THE UNITED STATES, PROVIDIN	G BLACK
ARTISTS A PLACE TO GATHER AND EXPRESS THEMSELVES ON THE W	ORLD'S STAGE.
AMONG THE FIGURES FEATURED IN THE EXHIBITION ARE POET LAN	GSTON HUGHES,
WRITER COUNT E CULLEN, AND PERFORMERS ELLA FITZGERALD AND	BILL
ROBINSON.	
THE NEW YORK CITY MARATHON: THE GREAT RACE (OCT 20, 2015-	MARCH 13,
2016)	
IT IS ONE OF THE ULTIMATE CELEBRATIONS OF STRENGTH, OF EN	DURANCE, AND
OF THE CITY. THE TCS NEW YORK CITY MARATHON IS THE WORLD'	S LARGEST
FOOTRACE, WITH MORE THAN 50,000 PARTICIPANTS FROM AROUND	THE GLOBE AND
MORE THAN ONE MILLION SPECTATORS ALONG A ROUTE THAT WINDS	THROUGH
DIVERSE NEIGHBORHOODS FROM STATEN ISLAND TO THE BRONX. TH	E EXHIBITION,
FEATURING MORE THAN 100 IMAGES MADE BY PROFESSIONAL AND A	MATEUR
PHOTOGRAPHERS, AND VIDEO FOOTAGE, CAPTURES THE ENERGY, EN	THUSIASM, AND
SPIRIT OF COMMUNITY THAT NEW YORK'S "MARATHON SUNDAY" IS	ALL ABOUT.
JACOB A. RIIS: REVEALING NEW YORK'S OTHER HALF (OCT 14, 2	016 - MARCH
20, 2016)	
JACOB RIIS (1849-1914) WAS A PIONEERING NEWSPAPER REPORTE	R AND SOCIAL
REFORMER IN NEW YORK AT THE TURN OF THE 20TH CENTURY. HIS	THEN-NOVEL
IDEA OF USING PHOTOGRAPHS OF THE CITY'S SLUMS TO ILLUSTRA	TE THE PLIGHT
OF IMPOVERISHED RESIDENTS ESTABLISHED RIIS AS FORERUNNER	OF MODERN
PHOTOJOURNALISM. JACOB A. RIIS: REVEALING NEW YORK'S OTHE	R HALF
FEATURES PHOTOGRAPHS BY RIIS AND HIS CONTEMPORARIES, AS W	ELL AS HIS
HANDWRITTEN JOURNALS AND PERSONAL CORRESPONDENCE.	
THIS IS THE FIRST MAJOR RETROSPECTIVE OF RIIS'S PHOTOGRAP	HIC WORK IN dule O (Form 990 or 990-EZ) (2015)
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Name of the organization MUSEUM OF THE CITY OF NEW	I YORK	Employer identification number 13-1624098
THE U.S. SINCE THE CITY MUSEUM'S SEMINA	L 1947 EXHIBITION,	THE BATTLE
WITH THE SLUM, AND FOR THE FIRST TIME U	INITES HIS PHOTOGRA	PHS AND HIS
ARCHIVE, WHICH BELONGS TO THE LIBRARY C	F CONGRESS AND THE	NEW YORK
PUBLIC LIBRARY.		
THE EXHIBITION IS CURATED BY BONNIE YOU	HELSON, FORMER CUR	ATOR OF PRINTS
AND PHOTOGRAPHS AT THE CITY MUSEUM, AND	) IS CO-PRESENTED B	Y THE LIBRARY
OF CONGRESS. IT WILL TRAVELED TO WASHIN	IGTON, D.C., AND DE	NMARK
FOLLOWING ITS PRESENTATION AT THE CITY	MUSEUM.	
FROM SHIP TO SHORE: REGINALD MARSH & TH	IE U.S. CUSTOM HOUS	E MURALS
(MARCH 25 -MAY 22, 2016)		
BEST KNOWN FOR HIS DEPICTIONS OF DEPRES	SION-ERA NEW YORK	CITY,
INCLUDING JOBLESS MEN ON THE BOWERY, VA	UDEVILLE AND BURLE	SQUE HOUSES,
AND THE AMUSEMENTS OF CONEY ISLAND, NEW	VYORK DRAFTSMAN AN	D PAINTER
REGINALD MARSH (1898-1954) ALSO HAD A F	ASSION FOR THE CIT	Y'S
WATERFRONT. IN 1937, HE EMBARKED ON THE	CREATION OF A SER	IES OF
SHIPPING MURALS FOR THE ROTUNDA OF THE	UNITED STATES CUST	OM HOUSE AT 1
BOWLING GREEN IN LOWER MANHATTAN, A PRO	JECT COMMISSIONED	AS PART OF
PRESIDENT FRANKLIN D. ROOSEVELT'S TREAS	SURY RELIEF ART PRO	GRAM DEDICATED
TO EMBELLISHING PUBLIC BUILDINGS. MARSH	I'S EIGHT MASTERFUL	WATERCOLOR
AND GRAPHITE PAINTINGS, PART OF THE MUS	SEUM'S COLLECTION A	ND ON VIEW FOR
THE FIRST TIME IN MORE THAN 20 YEARS, I	DEPICT THE STAGES O	F AN OCEAN
LINER FROM ITS ENTRANCE INTO NEW YORK H	IARBOR TO THE UNLOA	DING OF ITS
CARGO ON THE CITY'S DOCKS. FROM SHIP TO	SHORE: REGINALD M	ARSH & THE
U.S. CUSTOM HOUSE MURALS SHOWCASES BOTH	I THE ICONIC BEAUTY	OF THE HARBOR
AND THE INTEGRAL ROLE IT HAS PLAYED IN	OUR CITY'S HISTORY	, AS WELL AS
THE ROLE THAT FINE ART CAN PLAY IN THE		
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Name of the organization								Employer identification number
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CHRIS "DAZE" ELLIS: THE CITY IS MY MUSE (APRIL 23 - JUNE 19, 2016) CHRIS "DAZE" ELLIS (B. 1962) ENTERED THE WORLD OF ART VIA GRAFFITI WRITING, PAINTING ON THE CITY'S STREETS AND SUBWAY SYSTEM IN THE LATE 1970'S. IN THE EARLY '80'S, DAZE TURNED HIS ATTENTION FROM THE STREET TO THE STUDIO, CREATING WORKS ON CANVAS THAT MERGED ELEMENTS OF STREET STYLE WITH FIGURATIVE PAINTING. THE CITY IS MY MUSE PRESENTS RECENT WORKS BY THIS LIFELONG NEW YORKER THAT DEPICT THE VIBRANCY AND VITALITY OF THE CITY HE LOVES, COMBINING ABSTRACT AND REPRESENTATIONAL FORMS TO CAPTURE THE ENERGY OF TIMES SQUARE, THE POPULAR AMUSEMENTS OF CONEY ISLAND, AND THE EVERYDAY PEOPLE AND PLACES THAT INSPIRE HIM.

NEW YORK'S YIDDISH THEATER: FROM THE BOWERY TO BROADWAY (MARCH 5 - AUG 14, 2016)

FROM THE LATE 19TH TO THE MID- 20TH CENTURY, A THRIVING YIDDISH THEATER CULTURE BLOSSOMED ON MANHATTAN'S LOWER EAST SIDE, ENTERTAINING OVER 1.5 MILLION FIRST AND SECOND GENERATION EASTERN-EUROPEAN JEWISH IMMIGRANTS. SECOND AVENUE BECAME THE "YIDDISH BROADWAY," WHERE AUDIENCES OF NEW NEW YORKERS CELEBRATED THEIR CULTURE AND LEARNED ABOUT URBAN LIFE IN THE CITY VIA CUTTING-EDGE DRAMAS, MUSICAL COMEDIES, AND AVANT-GARDE POLITICAL THEATER. AS STARS OF THE YIDDISH STAGE GAINED MAINSTREAM POPULARITY, NEW YORK'S YIDDISH THEATER BECAME AN AMERICAN PHENOMENON. THIS LEGACY RESONATES TODAY THROUGH ENDURING DRAMATIC THEMES, CLASSIC NEW YORK HUMOR, AND A LARGE CROP OF CROSSOVER ACTORS, DIRECTORS, AND DESIGNERS WHO FOUND WORK ON THE MAINSTREAM NEW YORK STAGE AND IN HOLLYWOOD. CURATED BY EDNA NAHSHON AND ACCOMPANIED BY A BOOK OF THE SAME NAME.

 NEW YORK'S YIDDISH THEATER: FROM THE BOWERY TO BROADWAY IS A

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MUSEUM OF THE CITY OF NEW YORK	13-1624098
CO-PRESENTATION OF THE MUSEUM OF THE CITY OF NEW YORK, TH	IE YIVO
INSTITUTE FOR JEWISH RESEARCH, THE NATIONAL YIDDISH BOOK	CENTER, AND
THE NATIONAL YIDDISH THEATER-FOLKSBIENE.	
PICTURING PRESTIGE, NEW YORK PORTRAITS 1700-1860 (FEB 5 -	- SEPT 18,
2016)	
BEGINNING IN THE 18TH CENTURY, NEW YORK CITY'S WELL-TO-DO	D DENIZENS
COMMISSIONED PAINTINGS OF THEMSELVES AND THEIR LOVED ONES	5 TO DISPLAY IN
THEIR HOMES AS INDICATORS OF PRESTIGE. PORTRAITS WERE OF	TEN CREATED TO
COMMEMORATE A SIGNIFICANT MOMENT IN THE SITTER'S LIFE-A M	ARRIAGE,
ACQUIRING AN INHERITANCE, OR ASSUMING AN IMPORTANT POSITI	ION-AND THEY
OFFERED AN OPPORTUNITY FOR THE SUBJECT TO PRESENT A CAREE	FULLY CRAFTED
IMAGE TO THE WORLD. DRAWN FROM THE PERMANENT COLLECTION C	OF THE MUSEUM
OF THE CITY OF NEW YORK, PICTURING PRESTIGE: NEW YORK POP	RTRAITS,
1700-1860, FEATURES WORKS BY MANY OF THE LEADING AMERICAN	N PAINTERS OF
THEIR DAY AND CAPTURES THE ASPIRATIONS OF THE RISING, UPS	START MERCHANT
CITY AS IT BECAME THE MOST POPULOUS AND THE MOST IMPORTAN	IT PORT IN THE
YOUNG COUNTRY. IN ADDITION, THE EXHIBITION CHRONICLES THE	E CHANGING
NATURE OF PORTRAITURE AND ARTISTIC PATRONAGE, AND TIES TO	OGETHER THE
LIVES OF A GROUP OF LEADING CITIZENS WHO ENJOYED FINANCIA	AL AND SOCIAL
BENEFITS THAT WERE BEYOND THE REACH OF MOST NEW YORKERS.	
ROZ CHAST: CARTOON MEMOIRS (APRIL 14 - OCT 16, 2016)	
ONE OF THE MOST DISTINCTIVE AND COMPLEX AMERICAN COMIC VO	DICES TO EMERGE
IN THE LAST FOUR DECADES IS THAT OF ARTIST AND NEW YORKER	R CARTOONIST
ROZ CHAST (B. 1954). SINCE THE 1970'S, BROOKLYN-BORN CHAS	ST HAS
CHRONICLED THE ANXIETIES, PLEASURES, AND PERILS OF CONTEN	
A BODY OF WORK THAT INCLUDES OVER 1,200 CARTOONS PUBLISHE	
	dule O (Form 990 or 990-EZ) (2015)

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YORKER AND OTHER MAGAZINES, SEVERAL ILLUSTRATED CHILDREN'	S BOOKS, AND
HER AWARD-WINNING 2014 VISUAL MEMOIR, CAN'T WE TALK ABOUT	SOMETHING
MORE PLEASANT? CHAST HAS DEVELOPED A UNIQUE VISUAL LANGUA	GE AND A
ROSTER OF FAMILIAR CHARACTERS THAT EXPLORE UNIVERSAL EXPE	RIENCES OF
SELF-DOUBT AND OF FINDING JOY IN SIMPLE THINGS.	

ROZ CHAST: CARTOON MEMOIRS FEATURES MORE THAN 200 WORKS BY THIS DISTINGUISHED ARTIST, SHOWCASING HER KEEN EYE FOR THE ABSURDITIES AND INSECURITIES THAT PERMEATE DAILY LIFE-INCLUDING MANY SITUATIONS THAT ARE PARTICULAR TO NEW YORK CITY. THE EXHIBITION WAS ORIGINALLY ORGANIZED BY THE NORMAN ROCKWELL MUSEUM IN STOCKBRIDGE, MASSACHUSETTS, AND IS A CO-PRESENTATION OF THE MUSEUM OF THE CITY OF NEW YORK AND THE NORMAN ROCKWELL MUSEUM.

FROM TEASPOONS TO TITANIC: RECENT ACQUISITIONS (AUG 4 - DEC 18, 2016) FROM TEASPOONS TO TITANIC: RECENT ACQUISITIONS SHOWCASES A SELECTION OF NEW ADDITIONS THE MUSEUM'S COLLECTION, INCLUDING A DECK CHAIR FROM RMS TITANIC, SOUVENIR SPOONS DEPICTING NEW YORK SCENES, WORKS BY SEVERAL NOTABLE PHOTOGRAPHERS, AND RICHARD HAAS'S PREPARATORY PAINTINGS FOR NEW YORK STREET MURALS-ALL OF WHICH SPEAK TO THE LIFE OF THE CITY.

IN THE SOUTH BRONX OF AMERICA: PHOTOGRAPHS BY MEL ROSENTHAL (MAY 7, 2016 - JAN 8, 2017)

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

ACCESSIBLE ITS VAST COLLECTIONS OF OBJECTS RELATED TO THE HISTORY OF

NEW YORK CITY. A MAJOR MULTI-YEAR DIGITIZATION PROJECT IS PROVIDING

 THE PUBLIC ACCESS TO MANY PREVIOUSLY HIDDEN TREASURES IN THE

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Schedule O (Form 990 or 990-EZ) (2015) Name of the organization	Employer identification numbe
MUSEUM OF THE CITY OF NEW YORK	13-1624098
COLLECTIONS, WITH A LEVEL OF CONNOISSEURSHIP, SCHOLARSH	IP AND ANALYSIS
THAT HAS ANIMATED THE PUBLIC'S UNDERSTANDING OF THE CITY	Y AND ITS
PEOPLE.	
DURING FY2016, THE CITY MUSEUM SAW VIGOROUS ACTIVITY IN	COLLECTIONS
MANAGEMENT, AND RECEIVED GENEROUS SUPPORT TO ACCOMPLISH	PROJECTS WITH
LONG-TERM IMPACT FOR OUR AUDIENCES. COLLECTION ASSESSMEN	NTS ARE ONGOING
IN SEVERAL DEPARTMENTS, INCLUDING COSTUMES AND TEXTILES	, MANUSCRIPTS
AND EPHEMERA, PAINTINGS, AND THEATER MATERIALS. WE ARE	CONTINUING TO
INVENTORY AND CATALOG OBJECTS FROM ALL COLLECTIONS, INC.	LUDING
SCULPTURE, FURNITURE AND DECORATIVE ARTS, PHOTOGRAPHY, 2	AND TOYS, IN
ADDITION TO THE DEPARTMENTS PREVIOUSLY MENTIONED WITH A	CTIVE
ASSESSMENTS UNDERWAY-ENSURING THAT EVERY OBJECT HAD AN A	ACCURATE RECORD
IN THE MUSEUM DATABASE. WITH AN ESTIMATED THREE-QUARTER	MILLION
COLLECTION OBJECTS IN TOTAL-FROM DANCE CARDS AND MENUS	TO A POLICE
WAGON AND MODEL OF THE EMPIRE STATE BUILDING-THE MUSEUM	NOW HAS RECORDS
FOR OVER HALF A MILLION, AND DURING THIS PERIOD, 17,749	OBJECTS WERE
CATALOGUED. TO SUPPORT THIS EFFORT, THE MUSEUM EMBARKED	D UPON THE
SECOND YEAR OF A PROJECT TO MIGRATE TO A NEW COLLECTION	S MANAGEMENT
SYSTEM (CMS) WITH SUPPORT OF \$121,242 FROM THE IMLS, AND	D THE MUSEUM
BEGAN USING THE NEW SYSTEM, MUSEUMPLUS, IN APRIL.	
AS PART OF THIS ONGOING WORK, WE CREATED NEARLY 14,527	DIGITAL IMAGES
EXPANDING PUBLIC AND SCHOLARLY ACCESS TO OUR HOLDINGS.	THE MUSEUM
COMPLETED A PROJECT FUNDED BY AN \$150,000 GRANT FROM TH	E INSTITUTE OF
MUSEUM AND LIBRARY SERVICES (IMLS) TO DIGITIZE OUR THEAD	TER PRODUCTION
PHOTOGRAPHS, AND SUPPLEMENTED WITH SUPPORT FROM THE FRE	DERICK LOEWE
FOUNDATION, JEROME ROBBINS FOUNDATION, AND CHARINA ENDO	WMENT FUND. A
\$150,000 GRANT FROM THE LUCE FOUNDATION, A \$148,000 GRAM	NT FROM THE
	FOUNDATION hedule O (Form 990 or 990-EZ) (201
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Schedule O (Form 990 or 990-EZ) (2015) Name of the organization	Pa
MUSEUM OF THE CITY OF NEW YORK	13-1624098
PROVIDED FOR A RANGE OF WORK ON OUR RENOWNED SILVER	
COLLECTION-INCLUDING DIGITIZATION, CATALOGING, CONSERVAT	ION, AND
IMPROVED STORAGE FOR MORE THAN 2,000 PIECES MADE BY NEW	YORK
SILVERSMITHS OVER THREE CENTURIES. ADDITIONAL GRANT SUP	PORT FROM THE
GLADYS KRIEBLE DELMAS FOUNDATION PROVIDED FOR A PROCESSI	NG A COLLECTION
OF PAMPHLETS RELATED TO A BROAD RANGE OF ORGANIZATIONS,	EVENTS, AND
INDIVIDUALS AFFILIATED WITH NEW YORK CITY. THE MUSEUM C	OMPLETED THE
SECOND PHASE OF A PROJECT TO CATALOGUE, DIGITIZE, AND CR	EATE A PUBLICLY
ACCESSIBLE DATABASE FOR NEW YORK CITY'S ARCHEOLOGICAL CO	LLECTIONS WITH
SUPPORT FROM THE LANDMARKS PRESERVATION COMMISSION (LPC)	-ITEMS OF WHICH
WILL APPEAR IN OUR FORTHCOMING CORE EXHIBITION -WITH A \$	275,000 GRANT
FROM THE LPC.	
THE MUSEUM ALSO CONTINUED TO PROCESS, DIGITIZE, CATALOG,	AND REHOUSE
OUR EPHEMERA COLLECTIONS CONTAINING PAMPHLETS, INVITATIO	
SASHES, AND MORE, SUPPORTED BY A \$125,000 GRANT FROM THE	
ENDOWMENT FOR THE HUMANITIES (NEH), AS WELL AS MAKE PROG	
PROJECT TO DIGITIZE AND CATALOG A SUPERB COLLECTION OF H	
HAVE BEEN LARGELY HIDDEN AND NEVER BEFORE AVAILABLE TO T	
LATE 2015, THE MUSEUM WAS AWARDED A GRANT FROM THE IMLS	
CATALOG A COLLECTION OF NEARLY 550 MID-CENTURY WOMEN'S G	ARMENTS, WHICH
BEGAN IN JANUARY 2016.	
WE CONTINUED OUR ONLINE ACCESS WITH A WEEKLY BLOG FOR CO	LLECTIONS
STAFF TO WRITE ABOUT OBJECTS AND PROJECTS OF PARTICULAR	INTEREST, WHICH
ATTRACTED 154,606 VISITS DURING THE PERIOD. IN ADDITION,	WE CONTINUE TO
SHARE NEW COLLECTIONS INFORMATION VIA THE "CATABLOG"-ONL	INE FINDING
AIDS FOR RESEARCH AND SCHOLARLY ACCESS TO PREVIOUSLY INA	CCESSIBLE
ARCHIVAL COLLECTIONS, WHICH DREW 9,134 VISITS. OVER THE	PAST YEAR, THE
MUSEUM CONTINUED A MAJOR, MULTI-YEAR INITIATIVE TO CATAL	
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OUR RICH COLLECTIONS AND MAKE THEM ACCESSIBLE ON A USER	-FRIENDLY
COLLECTIONS PORTAL AT COLLECTIONS.MCNY.ORG WHERE THEY M	AY BE STUDIED
AND ENJOYED BY ANYONE, ANYWHERE IN THE WORLD WITH AN IN	TERNET
CONNECTION. SINCE THE PORTAL LAUNCHED IN 2010, MORE THAT	N 860,000 UNIQUE
VISITORS FROM EVERY COUNTRY IN THE WORLD HAVE VISITED T	HE SITE. THE
NUMBER OF OBJECTS ACCESSIBLE ONLINE HAS GROWN SIGNIFICA	NTLY TO NEARLY
185,000, TRACKING OVER 2.25 MILLION PAGE VIEWS DURING T	HE PERIOD.
CONTINUING ON PREVIOUS YEARS' IMPLEMENTATION OF A COLLE	CTING PLAN FOR
PHOTOGRAPHY AND INTERIM COLLECTING GUIDELINES FOR BOOKS	, MANUSCRIPTS,
AND EPHEMERA, THE BOARD ALSO APPROVED A COLLECTING PLAN	FOR THE THEATER
COLLECTION. AS A NATURAL OUTCOME OF OUR COLLECTIONS ASS	ESSMENT, SUCH
PLANS ESTABLISH CRITERIA APPROPRIATE TO OUR MANDATE, AN	D PROVIDE A
FRAMEWORK FOR CONSIDERING NEW ACQUISITIONS IN RELATION	TO OBJECTS
ALREADY ACCESSIONED. CONSERVATION AND PRESERVATION PROJ	ECTS INCLUDED
TREATMENT OF 87 THEATRICAL BROADSIDES AND REHOUSING OF	THE ENTIRE
COLLECTION OF 350, FUNDED BY THE NEW YORK STATE LIBRARI	ES PRESERVATION
AND CONSERVATION PROGRAM; CONSERVATION OF A TRAVELING M	EDICINE CHEST
OWNED BY STATESMAN AND DIPLOMAT RUFUS KING (1755-1827),	THROUGH A THE
CONSERVATION TREATMENT GRANT PROGRAM OF THE GREATER HUD	SON HERITAGE
NETWORK, WITH PUBLIC FUNDING FROM THE NEW YORK STATE CO	UNCIL ON THE
ARTS; AND CONSERVATION AND CLEANING OF NINE EASEL PORTR.	AITS AND 25
FRAMES, AND 29 MINIATURE WITH MUSEUM FUNDS AND A BEQUES	T FROM THE JOHN
P. STRANG TRUST, IN PREPARATION FOR THE EXHIBITION PICT	URING PRESTIGE
(FEBRUARY - SEPTEMBER 2016); AS WELL AS FOR LOANS TO OT	HER
INSTITUTIONS, INCLUDING THE NEW YORK PUBLIC LIBRARY FOR	PERFORMING ARTS
AND THE GRACIE MANSION CONSERVANCY.	
DURING THIS PERIOD, THE MUSEUM ACQUIRED A NUMBER OF OBJ	ECTS FOR THE
COLLECTION, INCLUDING 112 SILVER SOUVENIR SPOONS; 36 PH	
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Name of the organization MUSEUM OF THE CITY OF NEW YORK	Employer identification numb 13-1624098
LUCY ASHJIAN OF HARLEM, TIMES SQUARE, AND AROUND THE B	OWERY; A
SELECTION OF PHOTOGRAPHS OF MOSQUES IN NEW YORK CITY B	
PHOTOGRAPHS OF BROOKLYN BY LEO GOLDSTEAN FROM THE 1960	
PHOTOGRAPHS FROM JANETTE BECKMAN, JOE CONZO, AND MARTH	A COOPER INCLUDED
IN HIP-HOP REVOLUTION: PHOTOGRAPHS BY JANETTE BECKMAN,	
MARTHA COOPER (APRIL -SEPTEMBER 2015).	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLIS	HMENTS:
ATTENDANCE FOR FIELDTRIPS, OUT-OF-SCHOOL TIME PROGRAMS	, PROFESSIONAL
DEVELOPMENT, AND FAMILY PROGRAMS WAS 46,024 CHILDREN A	ND ADULTS.
APPROXIMATELY 80% OF PARTICIPANTS WERE FROM UNDER-RESO	URCED SCHOOLS.
ADULT GROUP TOURS SERVED AN ADDITIONAL 4,436 PEOPLE.	
FIELDTRIPS MAKE UP THE BULK OF OUR CENTER'S ATTENDANCE	. WE OFFERED
PROGRAMS IN THE MUSEUM'S GALLERIES INCLUDING THE LONG-	TERM EXHIBITION
ACTIVIST NEW YORK AND THE TEMPORARY EXHIBITIONS JACOB	A. RIIS:
REVEALING NEW YORK'S OTHER HALF, FOLK CITY: NEW YORK A	ND THE FOLK MUSIC
REVIVAL, AFFORDABLE NEW YORK: A HOUSING LEGACY, AND SA	VING PLACE: FIFTY
YEARS OF NEW YORK CITY LANDMARKS. ADDITIONALLY, WE OFF	ERED HISTORY LAB
PROGRAMS THAT TOOK PLACE IN OUR CLASSROOMS, SUCH AS TH	E GRID: URBAN
PLANNING IN NEW YORK CITY, NEW YORK CITY BRIDGES, LIFE	IN NEW
AMSTERDAM, MANNAHATTA: THE LENAPE AND THE LAND, BRONX '	TALES, WHO IS NEW
YORK?, AND GETTING AROUND: HOW TRANSPORTATION SHAPED T	HE CITY. DURING
THE SCHOOL YEAR, FULL-TIME AND PER DIEM MUSEUM EDUCATO	RS LED THE
FIELDTRIPS. IN THE SUMMER MONTHS, INTERNS LED THE PROG	RAMS. THESE YOUNG
ADULTS (18-24 YEARS OLD) WERE CONSIDERED DISCONNECTED	YOUTH-THEY ' D
FALLEN OFF TRACK IN CONTINUING THEIR EDUCATION (IN MAN	Y CASES FINISHING
HIGH SCHOOL) OR IN FINDING EMPLOYMENT. 8 INTERNS COMPL	ETED THE SPRING
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Name of the organization MUSEUM OF THE CITY OF NEW YORK	Employer identification num 13-1624098
CO-LED, OR TAUGHT 64 EDUCATION PROGRAMS, REACHING 1,563	
479 ADULT CAREGIVERS.	
FAMILY PROGRAMS SERVED 6,329 CHILDREN AND ADULTS. 1106 PA	ARTICIPANTS OF
OUR TOTAL SERVED CAME TO US FROM SHELTERS LOCATED THROUGH	
126 PROGRAMS WERE OFFERED INCLUDING REVEALING RIIS: FAMI	
HALLOWEEN SPOOKY CITY, NATIVE AMERICAN HERITAGE MONTH CE	
TEDDY BEARS FOR TEDDY ROOSEVELT, CARDS FOR THE HOLIDAZE,	
FAMILY PROJECT, HARLEM SWING: BLACK HISTORY MONTH FAMILY	
IN TIME: COSTUME DESIGN, OFF THE WALL: FAMILY THEATER WO	
ANNUAL EARTH DAY CELEBRATION, LGBTQ FAMILY DAY, AND CARI	
HERITAGE CELEBRATION. ADDITIONALLY, WE BEGAN OFFERING PRO	OGRAMS FOR
TODDLERS.	
SATURDAY ACADEMY, IN PARTNERSHIP WITH THE GILDER LEHRMAN	INSTITUTE OF
AMERICAN HISTORY, HAPPENED DURING FALL 2015. THIS 6 SESS	ION, FREE
ELECTIVE PROGRAM IN AMERICAN HISTORY AND SAT PREPARATION	SERVED ALMOST
200 MIDDLE AND HIGH SCHOOL STUDENTS. STUDENTS CAME MAINLY	Y FROM EAST AND
CENTRAL HARLEM AND THE SOUTH BRONX AND PARTICIPATED IN P	ROGRAMS LIKE
PHOTOGRAPHY IN AMERICA: HISTORY THROUGH THE LENS, FOLK M	USIC DURING
TIMES OF CRISIS IN 20TH CENTURY AMERICA, AFFORDABLE HOUS	ING IN NEW YORK
CITY FROM 1930 TO TODAY, IN THEIR OWN WORDS: THE HISTORY	OF SOCIAL
ACTIVISM IN NEW YORK CITY, AND MIGRATIONS TO NEW YORK: T	HE MAKING OF A
MULTICULTURAL CITY. THE SAT SKILLS PREPARATION COURSE WAS	S ADMINISTERED
BY BELL CURVES. 63% OF PARTICIPANTS WHO HAD TAKEN THE TE:	ST BEFORE
INCREASED THEIR SCORES BY AN AVERAGE OF 140.7 POINTS; 45	& OF THESE
STUDENTS IMPROVED BY 120 POINTS OR MORE. IN SPRING 2016,	ONLY AN SAT
CLASS WAS OFFERED. 57% OF PARTICIPANTS WHO HAD TAKEN THE	TEST BEFORE
INCREASED THEIR SCORES. ONE STUDENT IMPROVED THEIR SCORE	BY 190 POINTS.
IN ADDITION TO THEIR SAT PREP CLASSES, STUDENTS WERE ENC	OURAGED TO TAKE
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Name of the organization MUSEUM OF THE CITY OF NEW YORK	Employer identification num 13-1624098
HALF AN HOUR TOURS HIGHLIGHTING DIFFERENT EXHIBITIONS EAC	H WEEK SO THAT
STUDENTS COULD INTERACT WITH THE MUSEUM ON A MORE PERSONA	L LEVEL
OUTSIDE OF SAT CLASSES. ON AVERAGE 30 STUDENTS STAYED TO	TAKE THE TOURS
AND ENJOYED GETTING TO KNOW THE MUSEUM.	
NEW YORK CITY HISTORY DAY, A MULTI-MONTH HISTORICAL RESEA	RCH PROGRAM
FOR MIDDLE AND HIGH SCHOOL STUDENTS CITYWIDE CULMINATED I	N A CONTEST TO
EVALUATE STUDENT PROJECTS BASED ON THE THEME "EXPLORATION	, ENCOUNTER,
EXCHANGE IN HISTORY" IN FY16. THE FREDERICK A.O. SCHWARZ	EDUCATION
CENTER PARTNERED FOR ITS SECOND YEAR WITH THE NEW YORK CI	TY DEPARTMENT
OF EDUCATION AND THE EXECUTIVE DIRECTOR OF SOCIAL STUDIES	AND THE
CURRICULUM, INSTRUCTION AND PROFESSIONAL DEVELOPMENT OFFI	CE. WITH THEIR
SUPPORT (VIA OUTREACH AND FUNDING), EDUCATORS NEW TO THE	NATIONAL
HISTORY DAY PROGRAM WERE RECRUITED TO PARTICIPATE IN A WO	RKSHOP SERIES
THAT INTRODUCED THE METHODOLOGY AND BEST PRACTICES OF HIS	TORICAL
RESEARCH THROUGH THE LENS OF THE NHD JUDGE. THANKS TO THE	IR TRAINING,
THESE EDUCATORS WERE BETTER PREPARED TO PARTICIPATE WITH	THEIR
STUDENTS. 413 STUDENTS ATTENDED THE CONTEST DAY HELD ON S	UNDAY, MARCH
6, 2016, WITH AN ADDITIONAL 800 PARENTS, TEACHERS AND VOL	UNTEER JUDGES
SUPPORTED THEM FOR A TOTAL OF ALMOST 1,200 PARTICIPANTS C	ELEBRATING THE
DAY. 39 PUBLIC, PRIVATE, PAROCHIAL AND HOMESCHOOLS PARTIC	IPATED. 72
STUDENTS FROM NEW YORK CITY HISTORY DAY ADVANCED TO THE S	TATE AND 5
ENTRIES ADVANCED TO THE NATIONAL HISTORY DAY COMPETITION.	PARTICIPATING
STUDENTS, EDUCATORS, AND JUDGES RECEIVED TICKETS TO THE G	AME AND
WINNERS PARTICIPATED IN AN ON-FIELD PREGAME CEREMONY.	
IN FALL 2015 AND SPRING 2016, THE MUSEUM OF THE CITY OF N	EW YORK'S
FREDERICK A.O. SCHWARZ EDUCATION CENTER OFFERED STUDENTS	OF ALL AGES AN
OPPORTUNITY TO LEARN ABOUT THE HISTORY OF NEW YORK CITY T	HROUGH THE ART
OF PHOTOGRAPHY AND THE CRAFT OF FASHION DESIGN. ELEMENTAR	
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STUDENTS JOINED US FROM SCHOOLS THROUGHOUT MANHATTAN INCL	UDING THE
NIGHTINGALE-BAMFORD SCHOOL, THE TRINITY SCHOOL, AND P.S.	6, THE LILLIE
DEVEREAUX BLAKE SCHOOL FOR AFTERSCHOOL AND PHOTO CAMPS. I	N ADDITION,
THE MUSEUM WELCOMED STUDENTS IN GRADES 3 THROUGH 5 FROM F	PUBLIC SCHOOLS
ACROSS THE CITY FOR A STEM MATTERS, THE SCIENCE OF PHOTOG	RAPHY CAMP.
SEVENTH AND EIGHTH GRADERS PARTICIPATED IN PHOTOGRAPHY AN	ID FASHION
HISTORY AFTERSCHOOL THROUGH THE PROGRAM, TEEN THURSDAYS,	A NEW YORK
CITY DEPARTMENT OF EDUCATION AFTERSCHOOL INITIATIVE TO PA	IR CULTURAL
INSTITUTIONS WITH MIDDLE SCHOOLS ACROSS THE FIVE BOROUGHS	. HIGH SCHOOL
STUDENTS JOINED US THROUGH A PARTNERSHIP WITH THE JACOB A	A. RIIS
NEIGHBORHOOD SETTLEMENT HOUSE IN LONG ISLAND CITY, QUEENS	5.
ALL PHOTOGRAPHY PARTICIPANTS LEARNED ABOUT A VARIETY OF F	PHOTOGRAPHIC
TECHNIQUES AND PROCESSES, INCLUDING POINT-OF-VIEW, CYANOT	YPE PRINTS,
PORTRAITURE, AND STREET PHOTOGRAPHY. THROUGHOUT THE COURS	SES, STUDENTS
VIEWED AND DISCUSSED PHOTOGRAPHS BOTH FROM THE MUSEUM'S C	COLLECTION AND
THOSE TAKEN BY EACH OTHER. AT THE END OF THE ELEMENTARY A	ND MIDDLE
SCHOOL AFTERSCHOOL COURSES, THESE BUDDING PHOTOGRAPHERS C	URATED THEIR
BEST PHOTOGRAPHS FOR A STUDENT INSTALLATION HERE AT THE M	IUSEUM.
STUDENTS PARTICIPATING IN THE AFTERSCHOOL FASHION HISTORY	CLASS LEARNED
ABOUT THE DEVELOPMENT OF AMERICAN SPORTSWEAR FROM THE 193	0S THROUGH
1950S. THEY WENT BEHIND-THE-SCENES TO SEE COSTUME COLLECT	TION PIECES NOT
ON VIEW TO THE PUBLIC, TOOK A TRIP TO THE GARMENT DISTRIC	T TO BUY THEIR
OWN FABRICS, AND MET WITH A WORKING DESIGNER TO LEARN ABO	OUT THE FIELD
TODAY. AS A CULMINATING PROJECT, THEY DESIGNED AND CREAT	ED AN ORIGINAL
SHIRT THAT PAID HOMAGE TO AMERICAN DESIGNS OF THE 1930S,	40S, AND 50S,
AS WELL AS RESPONDED TO THE NEEDS OF THEIR DAILY LIVES. S	TUDENTS
DISPLAYED THEIR CREATIONS DURING A FASHION SHOW AND PRESE	ENTATION.
2,384 TEACHERS PARTICIPATED IN PROFESSIONAL DEVELOPMENT A	
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Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization MUSEUM OF THE CITY OF NEW YORK	Employer identification number 13-1624098
IN FY16. EDUCATORS HAD THE OPPORTUNITY TO JOIN US FOR 3 F	REE
HISTORIAN-LED LECTURES, 3 FREE CURATOR-LED EXHIBITION OPE	N HOUSES, 13
WORKSHOPS AND 8 P-CREDIT COURSES TEACHING CONTENT AND PRI	MARY SOURCE
ANALYSIS FOR TEACHERS TO TURNKEY IN THEIR CLASSROOMS. ADD	ITIONALLY, THE
CENTER HELD THE 4TH ANNUAL TEACHING SOCIAL ACTIVISM CONFE	RENCE WHICH
WELCOMED OVER 150 EDUCATORS AND ACTIVISTS FROM ACROSS THE	COUNTRY TO
LEARN ABOUT CONTENT AND PEDAGOGY BEING USED IN THE SOCIAL	STUDIES
CLASSROOM THAT FOCUSSES ON SOCIAL ACTIVISM. AN ADDITIONAL	2,783
VISITORS USED OUR SPACES TO HOST EDUCATIONAL EVENTS, SUCH	AS DANCING
DREAMS.	
FORM 990, PART VI, SECTION A, LINE 2:	

MR. QUINSON AND MS. GOODMAN HAVE A FAMILY RELATIONSHIP.

MR. DINAN, MR. JAIN AND MR. VRATTOS HAVE A BUSINESS RELATIONSHIP

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

THE FORM 990 WAS EMAILED TO THE AUDIT AND FINANCE COMMITTEES FOR REVIEW AND APPROVAL. ONCE APPROVED BY THE AUDIT AND FINANCE COMMITTEES, THE 990 WAS EMAILED TO THE REMAINED OF THE BOARD FOR REVIEW PRIOR TO BEING FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH MEMBER, TRUSTEE, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD-DELEGATED POWERS SHALL ANNUALLY SIGN A CONFLICT OF INTEREST FORM. IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE TRUSTEES AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER DISCLOSURE OF THE FINANCIAL 502212 09-02-15 62 11590508 733030 2467 2015.05050 MUSEUM OF THE CITY OF NEW Y 2467\_1

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Name of the organization MUSEUM OF THE CITY OF NEW YORK	Employer identification number 13-1624098
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 SHA	LL DECIDE IF A
CONFLICT OF INTEREST EXISTS. AN INTERESTED PERSON MAY MA	KE A PRESENTATION
AT THE GOVERNING BOARD OR COMMITTEE MEETING, BUT AFTER TH	E PRESENTATION,
HE/SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF,	AND THE VOTE ON,
THE TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CON	FLICT OF INTEREST.
THE CHAIRMAN OR THE GOVERNING BOARD OR COMMITTEE SHALL, I	F APPROPRIATE,
APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGAT	E ALTERNATIVES TO
THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER EXERCISIN	G DUE DILIGENCE,
THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE WHETHER	MCNY CAN OBTAIN
WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION O	R 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 REA	SONABLY 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 MCN	Y'S BEST INTEREST,
FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABL	E. IN CONFORMITY
WITH THE ABOVE DETERMINATION IT SHALL MAKE ITS DECISION A	S TO WHETHER TO
ENTER INTO THE TRANSACTION OR ARRANGEMENT. ANY DECISION	BY A COMMITTEE
SHALL BE SUBJECT TO REVIEW AND DETERMINATION BY THE GOVER	NING BOARD SHOULD
IT ELECT TO DO SO.	

FORM 990, PART VI, SE	CTION C, LINE 19:	
THE MUSEUM OF THE CIT	OF NEW YORK MAKES ITS	GOVERNING DOCUMENTS, CONFLICT
OF INTEREST POLICY, A	ID FINANCIAL STATEMENTS	AVAILABLE TO THE GENERAL
PUBLIC UPON REQUEST		
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Name of the organization	THE CITY OF NE	W YORK			Employer i 13-1	dentification num .624098
FORM 990, PART XII LINE 2	2C					
THE PROCESS HAS NOT CHANG	GED					
		64				990 or 990-EZ) (20
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