Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter Social Security numbers on this form as it may be made public.

Form **990** (2018)

OMB No. 1545-0047

		enue Servi		► Information	about Form 990 and its	instruction	s is at www.ii	rs.gov/fo	rm990.		Inspec	ction				
A F	or th	e 2018	3 caler	ndar year, or tax year begi	nning 10/	/01 ,2018	3, and endin	ıg		09/	/30 ,20 19)				
			C Nam	e of organization					Employer id	entifica	ation number	-				
B c	heck if ap	oplicable:	THE	E MUNICIPAL ART SOC	IETY OF NEW YOR	K										
	Addre			g Business As					13-5562	2288						
	7	e change		ber and street (or P.O. box if mail is	not delivered to street address	s)	Room/suite	E	E Telephone number							
	+	nitial return 488 MADISON AVENUE 1900							(212) 935-3960							
	Termi	ı		or town, state or province, country,	and ZIP or foreign postal code)			<u>, , , , , , , , , , , , , , , , , , , </u>							
	Amen	nded		W YORK, NY 10022	• •			ا	Gross receip	ts \$	24,15	1,564				
		cation	F Nam	e and address of principal officer:	ELIZABETH GOI	DSTEIN			(a) Is this a gro							
	_ pendi	ing	488	8 MADISON AVENUE, N	EW YORK, NY 100	22		H	subordinates (b) Are all subord		cluded? Yes	s 🖂 N				
$\overline{}$	Tax-ex	empt sta		X 501(c)(3) 501(c) () (insert no.)	4947(a)(1)	or 52		• •		(see instructions)					
				MAS.ORG) (moore no.)	1017(4)(1)	01 02		(c) Group exem							
_				X Corporation Trust	Association Other		I Year o		• •		of legal domicile	e: NY				
	art I		nmary		7.0000iation Other p		L 1001 0	· ioiiiiatioi	= = = =	Otato c	or regar derinion	<u>. </u>				
				be the organization's mission o	or most significant activities	TO MA	KE NEW Y	ORK C	ITY MORE	LIV	JABLE					
ø	'			EDUCATION, DIALOGUI												
anc				G, DESIGN, AND PRESI	ERVATTON											
Governance	2			if the organization d			ed of more the									
Š				oting members of the governing						3. 3		19.				
<u>م</u>	4	Numb	or of in	dependent voting members of	the governing body (Part \	/L line 1h)				4		19.				
Activities &				of individuals employed in cale						5		34.				
Ĭ										6		25.				
Act	72	Total	inrolate	of volunteers (estimate if necesed business revenue from Part V	/III. column (C) line 12					7a						
				business taxable income from						7b						
	- 5	ivet ui	ii ciatec	business taxable income nom	1 01111 990-1, line 34		· · · · · · · ·		Prior Year	17.5	Current	Year				
	8	Contri	hutions	and grants (Part VIII line 1h)					2,065,78	32		15,094				
ne	9	Drogra	outions	and grants (Part VIII, line 1h)		COF	PY FOR		179,38			18,053				
Revenue				vice revenue (Part VIII, line 2g) _ ncome (Part VIII, column (A), line		PUBLIC I	NSPECTION		264,28			75,392				
Re						-90,78		-43,654								
	12			e (Part VIII, column (A), lines 5, e - add lines 8 through 11 (mus					2,418,66			94,885				
_	_			imilar amounts paid (Part IX, col					20,62			36,450				
	14			to or for members (Part IX, colu					20,02	0.		70 / 130				
	4-			er compensation, employee ben		2,338,72		2,491,40								
Expenses	160								65,00	_	65,0					
ben	10a	Total f	SIUITAI undroid	fundraising fees (Part IX, column	(D) line (25)	710 678			03,00	70.		75,000				
Ĕ	17	Othor	ovnono	sing expenses (Part IX, column ((D), lifte 25)				1,576,69	16	1 84	10,404				
				ses (Part IX, column (A), lines 11 es. Add lines 13-17 (must equal				1	4,001,04		-	33,262				
	18 19								1,582,38	_		51,623				
-S		Keven	ue iess	s expenses. Subtract line 18 from	II IIII e 12				ng of Current		End of Yo	-				
Net Assets or Fund Balances	20	Total	occoto (Part V line 16)					9,993,17			52,013				
Asse Bala	21	Total	iobilitio	Part X, line 16)					996,28			19,574				
nd/	22			s (Part X, line 26) fund balances. Subtract line 21					8,996,89			02,439				
	rt II			e Block	i itotti iiile 20				0,7550,05							
				/, I declare that I have examined th	nis return, including accompa	anving sched	fules and stater	nents and	to the hest of	f my kı	nowledge and	helief it i				
true	e, corre	ect, and	complete	e. Declaration of preparer (other than	n officer) is based on all inform	mation of wh	ich preparer ha	s any kno	wledge.							
Sig	ın) ;	Signatu	re of officer					Date							
He	re		J													
		🕨 :	Type or	print name and title												
				eparer's name	Preparer's signature		Date		Charle	if P	TIN					
Paid	t	AARO		SHAPIRO	,				Check self-employ	J "	P0133381	6				
Pre	parer			▶ BKD, LLP				1_			0160260					
Use	Only			-	אסקע אוויין אייסטע אוויין אייסטע	TV 10026					.867.400	0				
Mar	/ the II			is 1155 AVENUE OF THE AMER is return with the preparer show				Į P	hone no.		X Yes	T No				
ivia	LIII I		vavo ill	io rotarri with the preparer silow	,,, abovo, (ace illati actions	,,					1 44 Tes	1 INC				

For Paperwork Reduction Act Notice, see the separate instructions.

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Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	riefly describe the organization's mission: ATTACHMENT 1
_	
2	id the organization undertake any significant program services during the year which were not listed on the rior Form 990 or 990-EZ? "Yes," describe these new services on Schedule O.
3	id the organization cease conducting, or make significant changes in how it conducts, any program ervices?
4	"Yes," describe these changes on Schedule O. escribe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others le total expenses, and revenue, if any, for each program service reported.
4a	Code:) (Expenses \$1,388,794. including grants of \$5,450.) (Revenue \$218,053.) ATTACHMENT 2
4b	Code:) (Expenses \$217,913. including grants of \$) (Revenue \$) ATTACHMENT 3
4c	Code:) (Expenses \$ 1,358,924. including grants of \$31,000) (Revenue \$)
	ATTACHMENT 4
	ther program services (Describe in Schedule O.) Expenses \$ including grants of \$) (Revenue \$)
4e	otal program service expenses ▶ 2,965,631.

Form **990** (2018)

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Par	Checklist of Required Schedules		Yes	No
4	le the executation described in section E01/a)/2) or 4047/a)/4) (ather then a private foundation)? If "Vec"		res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		X	
_	complete Schedule A	1	X	
2		2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		Х
	candidates for public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١.	v	
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		37
	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			37
_	"Yes," complete Schedule D, Part I.	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			37
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	_	.,,	
	debt negotiation services? 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? If "Yes," complete Schedule D, Part V.	10	X	
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,"		3.5	
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			3.5
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			3.5
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	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			3.7
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
	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			3.7
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		.,,	
	Schedule D, Parts XI and XII.	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			3.7
	"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
	Did the organization maintain an office, employees, or agents outside of the United States?	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			37
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			37
	for any 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			v
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		3.5	
4.0	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		7,7	
4.0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			37
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease 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		
	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		Х
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		Х
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? If "Yes," complete Schedule L, Part II	26		Х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	20a		
D		206		х
_	Schedule L, Part IV	28b		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		Х
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			v
0.4	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			37
	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	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,			3.5
	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
_	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
_	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		3.5	
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			Ш.
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable <u>1a</u> 50			
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			
	reportable gaming (gambling) winnings to prize winners?	1c		
			~~~	

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 34			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
74	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country:			
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
E 0		5a		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	60		Х
	solicit any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C.L.		
_	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_	37	
	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Λ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		37
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> · · · · ·	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
. •	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.	-		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
. •	If "Yes," complete Form 4720, Schedule O.	-		
	,			

Page 6 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. Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 19			
	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 O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	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 direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	_	37	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			37
Cooti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	١	X
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	<i>.)</i> Yes	No
		10a		X
	Did the organization have local chapters, branches, or affiliates?	IVa		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	X	
11a		- Tu		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
b	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
C	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
. •	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Χ	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		<u> </u>
Sect	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NY,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.    V   Other (cyrlein in Schodule O)			
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
_	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record ROBERT LIBBEY 488 MADISON AVENUE #1900 NEW YORK, NY 10022 212-935-3960	s 🕨		

Form **990** (2018)

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

#### 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.

(A) Name and Title	(B) Average hours per week (list any	box,	not ch unles	s pe	ition more erson	e than c is both or/trust	an ee)	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)CHRISTY MACLEAR	1.00									
CHAIR	0.	Х		Х				0.	0.	0.
(2)RICHARD OLCOTT	1.00									
VICE CHAIR	0.	Х		Х				0.	0.	0.
(3)KENT SWIG	1.00									
TREASURER	0.	Х		Х				0.	0.	0.
(4)SUSAN FREEDMAN	1.00									
SECRETARY	0.	Х		Х				0.	0.	0.
(5)EARL WEINER	1.00									
GENERAL COUNSEL	0.	Х		Х				0.	0.	0.
(6)AMIT KHURANA	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(7)JOSEPH MCMILLAN	1.00									
DIRECTOR (THROUGH 2/19)	0.	X						0.	0.	0.
(8)GABRIEL CALATRAVA	1.00									
DIRECTOR	0.	X						0.	0.	0.
(9)ELIZABETH DILLER	1.00									
DIRECTOR	0.	X						0.	0.	0.
(10)LISA SMITH CASHIN	1.00									
DIRECTOR	0.	X						0.	0.	0.
(11)FREDERICK ISEMAN	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(12)SANTIAGO CALATRAVA	1.00									
DIRECTOR	0.	X						0.	0.	0.
(13)MICHAEL DONOVAN	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(14)CHARLES PLATT	1.00									
DIRECTOR	0.	X						0.	0.	0.

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Form 990 (2018) Page

Part VII Section A. Officers, Directors, Tru (A)	(B)	, <u></u>	٠,٣٠٥		) ()	<b>.</b>	9	(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for	e Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable	Reportable compensation from related organizations	am com	stimated nount of other pensation	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga and	om the anizatio d related anization	b
15) JILL LERNER	1.00											
DIRECTOR	0.	Х						0.	0.			0 .
16) DAVID SOLOMON	1.00											•
DIRECTOR	0.	Х						0.	0.			0 .
17) BARBARA KOZ PALEY	1.00	3.7						0				0
DIRECTOR	1.00	X						0.	0.			0 .
18) YEOHLEE TENG DIRECTOR	0.	X						0.	0.			0 .
19) CHRIS MCCARTIN	1.00	Λ						0.	0.			
DIRECTOR	0.	X						0.	0.			0
20) CARL REISNER	1.00	21						0.	0.			
DIRECTOR (THROUGH 9/19)	0.	Х						0.	0.			0 .
21) VIN CIPOLLA	1.00											
DIRECTOR	0.	Х						0.	0.			0 .
22) MARK FISCH	1.00											
DIRECTOR (THROUGH 2/19)	0.	Х						0.	0.			0
23) ELIZABETH GOLDSTEIN	40.00											
PRESIDENT	0.			Х				216,303.	0.		15,1	.55.
24) ROBERT LIBBEY	40.00											
VICE PRESIDENT FINANCE AND ADM	0.			Х				160,155.	0.		37,0	190
25) MEAGHAN BARON	40.00											
VICE PRESIDENT COMMUNICATIONS	0.					X		138,846.	0.		6,7	750
1b Sub-total							$\blacktriangleright$	0.	0.			0
c Total from continuation sheets to Part VII, S							<b>&gt;</b>	1,035,626.	0.		10,5	
d Total (add lines 1b and 1c)							<u> </u>	1,035,626.	0.	1	10,5	16.
2 Total number of individuals (including but not reportable compensation from the organization			liste 7	d al	OOV	e) who	o re	eceived more than	\$100,000 of			
3 Did the organization list any former offic											Yes	No X
employee on line 1a? If "Yes," complete Schede										3		Λ
4 For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	0,0	00?	If	"Yes	S,"	complete Schedu	le J for such	4	X	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? If "Ye Section B. Independent Contractors										5		Х

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 5		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 1

Part VII Section A. Officers, Directors, Tru		y ⊏iī	ıpıo			and F	ng			coni		
(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles r and	ss pe	ition more rson irect	than o	an ee)	(D)  Reportable compensation from the	(E) Reportable compensation from related organizations		othe compen	ated nt of er sation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	C)	from organiz and rel organiza	ation lated
26) THOMAS DEVANEY SENIOR DIRECTOR OF LAND USE AN	40.00					Х		128,855.		0.	18	8,827
27) TARA KELLY VICE PRESIDENT OF POLICY AND P	40.00					Х		138,878.		0.	17	,324
28) SEAN KELLIHER WEBMASTER	40.00					Х		109,822.		0.	13	,906
29) BRITT DENSMORE VICE PRESIDENT, DEVELOPMENT	40.00					Х		142,767.		0.	1	,464
1b Sub-total c Total from continuation sheets to Part VII, S	ection A						<b>&gt; &gt;</b>					
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but not reportable compensation from the organization</li> </ul>	limited to tl	nose					re	ceived more than	\$100,000 of			
3 Did the organization list any former office	er directo	ır or	tru	ıste	Δ	KAN A	mn	alovee or highes	t compensated	. [	Ye	es No
employee on line 1a? If "Yes," complete Schede	ule J for suc	ch ind	ividu	ual							3	Х
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,0	00?	lf	"Yes	,"	nd other compens complete Schedu	sation from the	7	4 2	ζ
5 Did any person listed on line 1a receive or for services rendered to the organization? If "You	accrue coi	mpen	satio	on f	ron	any	un				5	Х
Section B. Independent Contractors												
<ol> <li>Complete this table for your five highest com- compensation from the organization. Report of year.</li> </ol>											tax	
(A)	Irocc							(B)			(C)	

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation

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

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#### Part VIII Statement of Revenue

(B) Total revenue Related or Unrelated Revenue exempt business excluded from tax function revenue under sections revenue 512-514 Contributions, Gifts, Grants and Other Similar Amounts 101,124. 1b Membership dues 689,878. c Fundraising events d Related organizations 1d 1e e Government grants (contributions) f All other contributions, gifts, grants, 5,154,092 and similar amounts not included above . | 1f g Noncash contributions included in lines 1a-1f: \$ _ Total. Add lines 1a-1f 5,945,094 Program Service Revenue **Business Code** TOURS AND COURSES 561520 202,033 202,033 900099 16,020 16,020 REGISTRATION h С All other program service revenue 218,053 Total. Add lines 2a-2f . (including dividends, interest, Investment income 190,941 190,941. 0. Income from investment of tax-exempt bond proceeds . 5 1,299 1,299. (i) Real (ii) Personal 6a Gross rents **b** Less: rental expenses c Rental income or (loss) . . d Net rental income or (loss) . . . (ii) Other (i) Securities 7a Gross amount from sales of 17,693,231. assets other than inventory **b** Less: cost or other basis 15,608,780. and sales expenses 2,084,451. c Gain or (loss) 2,084,451 2,084,451. Gross income from fundraising Other Revenue 689,878. events (not including \$ _ of contributions reported on line 1c). 34,250 See Part IV, line 18 . . . . . . . . . . . a **b** Less: direct expenses c Net income or (loss) from fundraising events -113,649 -113,649 9a Gross income from gaming activities. See Part IV, line 19 a 0. **b** Less: direct expenses c Net income or (loss) from gaming activities _____ 10a Gross sales of inventory, returns and allowances Ω **b** Less: cost of goods sold Net income or (loss) from sales of inventory. Miscellaneous Revenue **Business Code** LICENSING 900099 66,612 66,612. 11a OTHER 900099 2,084 2,084 b С **d** All other revenue 68,696 e Total. Add lines 11a-11d Total revenue. See instructions. 8,394,885 218,053 2,231,738.

13-5562288

## Part IX Statement of Functional Expenses

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

000	Check if Schedule O contains a response or note to any line in this Part IX								
<u>Do</u>									
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21	32,450.	32,450.						
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22	4,000.	4,000.						
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign	0							
	individuals. See Part IV, lines 15 and 16	0.							
4	Benefits paid to or for members	0.							
5	Compensation of current officers, directors,	432,357.	277,362.	111,759.	43,236.				
	trustees, and key employees	432,337.	277,302.	111,739.	43,230.				
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and	0.							
7	persons described in section 4958(c)(3)(B)	1,759,287.	1,201,564.	254,091.	303,632.				
	Other salaries and wages	27.33723.1	1,201,001.	23173311					
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	53,102.	37,162.	6,508.	9,432.				
		95,400.	68,266.	9,845.	17,289.				
9	Other employee benefits	151,262.	102,409.	24,705.	24,148.				
10	Payroll taxes	•	,	,	·				
	Management	0.							
	Legal	92,840.	90,640.	2,200.					
	Accounting	2,240.		2,240.					
	Lobbying	1,579.			1,579.				
	Professional fundraising services. See Part IV, line 17	65,000.			65,000.				
	Investment management fees	3,011.		3,011.					
	Other. (If line 11g amount exceeds 10% of line 25, column								
	(A) amount, list line 11g expenses on Schedule O.)	397,690.	204,810.	142,365.	50,515.				
12	Advertising and promotion	16,395.	14,768.	120.	1,507.				
13	Office expenses	192,141.	126,535.	30,332.	35,274.				
14	Information technology	72,473.	27,684.	24,148.	20,641.				
15	Royalties	0.							
16	Occupancy	703,090.	476,016.	114,832.	112,242.				
17	Travel	22,566.	18,326.	3,701.	539.				
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials	0.	62 416	F1.4	0.00				
19	Conferences, conventions, and meetings	64,806.	63,416.	514.	876.				
20	Interest	0.							
21	Payments to affiliates	91,502.	61,949.	14,945.	14,608.				
22	Depreciation, depletion, and amortization	25,114.	17,002.	4,102.	4,010.				
23	Insurance	23,114.	17,002.	4,102.	4,010.				
24	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 O.)								
	RESTORATION	68,835.	68,835.						
_	TOURS AND GUIDES	46,570.	46,570.						
_	MISCELLANEOUS	39,552.	25,867.	7,535.	6,150.				
d									
	All other expenses								
	Total functional expenses. Add lines 1 through 24e	4,433,262.	2,965,631.	756,953.	710,678.				
_	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								
_	following SOP 98-2 (ASC 958-720)	0.							
					Form <b>990</b> (2019)				

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## Part X Balance Sheet

цe	ILA					
		Check if Schedule O contains a response or	note to any line in this Pa	art X		<u> </u>
				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		3,483.	1	97,966.
	2	Savings and temporary cash investments	11,099.	2	1,216,079.	
	3	Pledges and grants receivable, net		143,925.	3	61,900.
	4	Accounts receivable, net		26,055.	4	14,153.
	5	Loans and other receivables from current and fo	rmer officers, directors,			
		trustees, key employees, and highest com	npensated employees.			
				0.	5	0.
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified person				
		4958(f)(1)), persons described in section 4958(c)(3)(B), and sponsoring organizations of section 501(c)(9) volunt				
		organizations (see instructions). Complete Part II of Schedu	ile L	0.	6	0.
Assets	7	Notes and loans receivable, net		0.	7	0.
SS	8	Inventories for sale or use		0.	8	0.
_	9	Prepaid expenses and deferred charges		130,411.	9	38,591.
	_	Land, buildings, and equipment: cost or				
			0a 979,562.			
	b	Less: accumulated depreciation	<b>0b</b> 853,685.	210,482.	10c	125,877.
	11			9,143,790.	11	10,383,742.
	12	Investments - other securities. See Part IV, line 11		0.	12	0.
	13	Investments - program-related. See Part IV, line 11		0.	13	0.
	14	Intangible assets		0.	14	0.
	15	Other assets. See Part IV, line 11		323,934.	15	213,705.
	16	Total assets. Add lines 1 through 15 (must equal lin		9,993,179.	16	12,152,013.
	17	Accounts payable and accrued expenses		426,748.	17	306,189.
	18	Grants payable	0.	18	0.	
	19	Deferred revenue		0.	19	0.
	20	Tax-exempt bond liabilities		0.	20	0.
	21	Escrow or custodial account liability. Complete Part	IV of Schedule D	100,229.	21	106,385.
S	22	Loans and other payables to current and form				
Liabilities		trustees, key employees, highest compensa	ated employees, and			
abi		disqualified persons. Complete Part II of Schedule L		0.	22	0.
=	23	Secured mortgages and notes payable to unrelated		125,000.	23	0.
	24	Unsecured notes and loans payable to unrelated thi	rd parties	0.	24	0.
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines 1	7-24). Complete Part X			
		of Schedule D		344,303.	25	337,000.
	26	Total liabilities. Add lines 17 through 25		996,280.	26	749,574.
es		Organizations that follow SFAS 117 (ASC 958), cl complete lines 27 through 29, and lines 33 and 34				
Fund Balances	27	Unrestricted net assets		197,904.	27	2,527,539.
Bal	28	Temporarily restricted net assets		2,823,420.	28	2,899,325.
둳	29	Permanently restricted net assets		5,975,575.	29	5,975,575.
or Fui		Organizations that do not follow SFAS 117 (ASC 958), complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building, or equip			31	
Ä	32	Retained earnings, endowment, accumulated incom	ne, or other funds		32	
Net	33	Total net assets or fund balances	• • • • •	8,996,899.	33	11,402,439.
_	34	Total liabilities and net assets/fund balances		9,993,179.	34	12,152,013.
				•		Form <b>QQ</b> ( (2019)

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			94,8	
2	Total expenses (must equal Part IX, column (A), line 25)	2			33,2	
3	Revenue less expenses. Subtract line 2 from line 1	3			61,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			96,8	
5	Net unrealized gains (losses) on investments	5		-1,5	56,0	183.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
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		11,4	02,4	39.
Part	·					
	Check if Schedule O contains a response or note to any line in this Part XII					
					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," e	xplain	in			
	Schedule O.					
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 con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	ight			
	of the audit, review, or compilation of its financial statements and selection of an independent acc	counta	ınt?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	explair	n in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	n in			
	the Single 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 und		the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b		

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

## **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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2018
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

THE MUNICIPAL ART SOCIETY OF NEW YORK 13-5562288 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (iv) Is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2018

Total

Page 2 Schedule A (Form 990 or 990-EZ) 2018

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,689,672.	1,861,308.	1,732,160.	2,065,782.	ATCH 1 1,945,094.	11,294,016.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	3,689,672.	1,861,308.	1,732,160.	2,065,782.	1,945,094.	11,294,016.
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)						2,533,251.
6	Public support. Subtract line 5 from line 4						8,760,765.
	tion B. Total Support	(-) 0044	(1-) 0045	(-) 0040	(-1) 0047	(-) 0040	(f) T-4-1
	ndar year (or fiscal year beginning in)	(a) 2014 3,689,672.	( <b>b</b> ) 2015	(c) 2016	(d) 2017 2,065,782.	(e) 2018 1,945,094.	(f) Total
7 8	Amounts from line 4.  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	222,671.	1,861,308.	1,732,160.	160,638.	1,945,094.	923,203.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 2	16,501.	29,450.	435.		68,696.	115,082.
11	Total support. Add lines 7 through 10						12,332,301.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	1,129,169.
13	First five years. If the Form 990 is for organization, check this box and stop here.	<u></u>					
Sec	tion C. Computation of Public Supp						
14	Public support percentage for 2018 (lin	ne 6, column (f)	divided by line	11, column (f)).		14	71.04%
15	Public support percentage from 2017					15	70.98 <b>%</b>
16a	331/3% support test - 2018. If the org						
	box and <b>stop here</b> . The organization qu	-		-			
b	331/3% support test - 2017. If the org						
4	this box and <b>stop here.</b> The organization	-		_			
1 <i>1</i> a	10%-facts-and-circumstances test - 2	_					
	10% or more, and if the organization					-	•
	Part VI how the organization meets the			<del>-</del>	-		
L	organization						
b	10%-facts-and-circumstances test - 2	-					
	15 is 10% or more, and if the organization						-
40	Explain in Part VI how the organization supported organization.						
18	Private foundation. If the organization instructions						
	instructions						· · · · · ·

Schedule A (Form 990 or 990-EZ) 2018 Page 3

#### Part III

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

Sec	tion A. Public Support			, ı	'	,	
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
·	unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either paid to						
	.						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons  Amounts included on lines 2 and 3						
J	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support		T		1	1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly						
12	Other income. Do not include gain or						
14	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	tion's first seco	nd third fourth	or fifth tax v	ear as a section	501(c)(3)
	organization, check this box and <b>stop here</b> .	J	•	, ,			` ` ` ' _
Sac	tion C. Computation of Public Supp						
15	Public support percentage for 2018 (line 8,			mn (f))		. 15	%
16	Public support percentage from 2017 Sche					16	
_	tion D. Computation of Investment					10	/0
	Investment income percentage for 2018 (lin			13 column (f))		17	%
17 18	Investment income percentage from 2017 S						
18						18	
туа	331/3% support tests - 2018. If the org						
	17 is not more than 331/3%, check thi		_				
b	331/3% support tests - 2017. If the orga				•		
	line 18 is not more than 331/3%, check		-	•		• • •	
20	Private foundation. If the organization of	ala not check	a box on line	14, 19a, or 19b	o, cneck this b	ox and see instr	uctions -

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## Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 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 12a or 12b 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79. 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.**
- 10 a 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.)

		Yes	No
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Part	V Supporting Organizations (continued)			- 5 -
ıaıı	Cupporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		163	140
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
	on B. Type I Supporting Organizations	110		
ocom	on b. Type I dapporting digunizations		Yes	No
			103	110
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? <i>If "Yes," explain in Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
	- The state of the		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		
Section	on D. All Type III Supporting Organizations			
	,, <u>,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, </u>		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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		
Section	on 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 year (see ins	tructi	ons).	
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	instru	ctions).	
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 <b>Part VI identify</b>			
	those supported organization(s) to which the organization was responsive: In Test, their in Test, their with 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			
	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			
	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 Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	Nov. 20, 1970 (expla	in in Part VI). <b>See</b>
instructions. All other Type III non-functionally integrated supporting organization	zations r	nust complete Sectio	ns A through E.
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year	
		(71) Their real	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 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		
Section 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-functionall	y integra	ted Type III supporting	g organization (see
instructions).	-		

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

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

Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
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 organization is resp	onsive	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2018

Excess from 2018

68,696.

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

					ATTAC	CHMENT 1	1
SCHEDULE A, PART II - OR	GANIZATIO	NS RECEIVIN	G ANY UNUSUA	AL GRAN	TS FOR	2018	
NAME OF CONTRIBUTOR		DATE	AMOUN'	Γ		EXPLA	NATION_
ANONYMOUS C/O FIDELITY C	H 11.	/14/2018	4,000,	000.	UNUSUAL A	ND UNEX	PECTED
TOTAL			4,000,	000.			
					ATTA	CHMENT 2	2
SCHEDULE A, PART II - OTI	HER INCOM	Ε					
DESCRIPTION	2014	2015	2016	2017	20	18	TOTAL
ICENSING						66,612.	66,612.
THER	16,501.	29,450.	435.			2,084.	48,470.

<u>16,501.</u> <u>29,450.</u> ____

TOTALS

## Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

#### Schedule of Contributors

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

2018

**Employer identification number** 

THE MUNICIPAL ART SOCIETY OF NEW YORK 13-5562288 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** [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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization THE MUNICIPAL ART SOCIETY OF NEW YORK

Employer identification number 13-5562288

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization THE MUNICIPAL ART SOCIETY OF NEW YORK

Employer identification number 13-5562288

Part II	Noncash Property	(see instructions)	Use duplicate copie	es of Part II if additiona	I space is needed
CII G III	140116a3111 10pc1ty	1300 111311 401101137.	. Use auplicate copi		i space is riceacu.

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

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization THE MUNICIPAL ART SOCIETY OF NEW YORK **Employer identification number** 13-5562288 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I

(e) Transfer of gift

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

#### SCHEDULE C (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

**Open to Public** Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

Tax)	(see separate instructions), ther		Tax) (see separate in	nstructions) or Form 990-E	EZ, Part V, line 35c (Prox
	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III.		<u> </u>	
	e of organization			' '	ntification number
	MUNICIPAL ART SOCIE			13-5562	
	•	organization is exempt under			
1	•	organization's direct and indirect p	political campaign ac	ctivities in Part IV. (see in	structions for
	definition of "political campa	,			
2		xpenditures (see instructions)			
3	Volunteer hours for political	campaign activities (see instruction	ns)		
Par		organization is exempt under s			
1	Enter the amount of any exc	cise tax incurred by the organizatio	n under section 495	5 ▶\$	
2	Enter the amount of any exc	cise tax incurred by organization m	anagers under secti	on 4955 ► \$	
3		a section 4955 tax, did it file Form			
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				
	t I-C Complete if the c	organization is exempt under	section 501(c), ex	cept section 501(c)(3	).
1		expended by the filing organization			
•		ng organization's funds contributed			
2	527 exempt function activities	es			
3	line 17b	enditures. Add lines 1 and 2. En		▶\$	
4 5	Enter the names, addresses organization made payment the amount of political cont	e Form 1120-POL for this year? and employer identification numbes. For each organization listed, entitle tributions received that were promoted or a political action committee (	er (EIN) of all section ter the amount paid aptly and directly de	on 527 political organization from the filing organization livered to a separate po	ations to which the filing ation's funds. Also ente ditical organization, such
	<b>(a)</b> Name	<b>(b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2018

Schedule C (Form 990 or 990-EZ) 2018 THE MUNICIPAL ART SOCIETY OF NEW YORK	13-5	562288 Page <b>2</b>
Part II-A Complete if the organization is exempt under section 501(c)(3) and section 501(h)).	d filed Form 5768 (elec	tion under
A Check ► if the filing organization belongs to an affiliated group (and list in Part IV eaddress, EIN, expenses, and share of excess lobbying expenditures).	each affiliated group memb	per's name,
B Check ▶ if the filing organization checked box A and "limited control" provisions ap	ply.	
Limits on Lobbying Expenditures  (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	1,579.	
c Total lobbying expenditures (add lines 1a and 1b)	1,579.	

g Grassroots nontaxable amount (enter 25% of line 1f) 92,916.

h Subtract line 1g from line 1a. If zero or less, enter -0
i Subtract line 1f from line 1c. If zero or less, enter -0
i Ut there is no consequent at the state of the plant of the state of the first 4700.

Yes X No

4,431,683.

#### 4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	(e) Total			
2a Lobbying nontaxable amount	424,897.	356,089.	350,052.	371,663.	1,502,701.			
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					2,254,052.			
c Total lobbying expenditures	882.	883.	6,597.	1,579.	9,941.			
d Grassroots nontaxable amount	106,224.	89,022.	87,513.	92,916.	375,675.			
e Grassroots ceiling amount (150% of line 2d, column (e))				_	563,513.			
f Grassroots lobbying expenditures								

Schedule C (Form 990 or 990-EZ) 2018

Page 3 Schedule C (Form 990 or 990-EZ) 2018

Pa	t II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	l For	m 5768	3		
Eor	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a)			(b)		
		Yes	No		Amou	ınt	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local						
	legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of:						
а	Volunteers?						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.						
С	Media advertisements?						
d	Mailings to members, legislators, or the public?						
е	Publications, or published or broadcast statements?						
f	Grants to other organizations for lobbying purposes?						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?						
h :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i	Other activities?						
j 2a	Total. Add lines 1c through 1i						
za b	If "Yes," enter the amount of any tax incurred under section 4912						
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		•				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Ī				
Pa	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	c)(5),	or s	ection			
	501(c)(6).						
				-		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from				3		
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes."				line	3, is	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amour	nts c	of				
	political expenses for which the section 527(f) tax was paid).						
а	Current year			2a			
b	Carryover from last year			2b			
С	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	S		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	of th	e				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lol	obyin	g				
_	and political expenditure next year?			5			
5 Pa	Taxable amount of lobbying and political expenditures (see instructions)			3			
	<b>t IV</b> Supplemental Information ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated	arou	n liet	)· Part II	_Δ lir	nge 1	and
	the descriptions required for Fatt 177, line 1, Fatt 1B, line 4, Fatt 16, line 3, Fatt 177 (affiliated be instructions); and Part II-B, line 1. Also, complete this part for any additional information.	giou	p not	<i>)</i> , 1 art 1	, , iii	103 1	ana
`							
PAF	T II-A, LINE 1B						
THE	SOCIETY PAID \$1,579 OF PRO-RATA SHARE OF SALARIES FOR LOBBYING						
AC:	IVITY.						

Schedule C (Form 990 or 990-EZ) 2018 Page 4

Part IV **Supplemental Information** (continued)

### **SCHEDULE D** (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.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Nam	e of the organization	Employer identification number
TH	E MUNICIPAL ART SOCIETY OF NEW YORK	13-5562288
Pa	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
4		(,,
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	
_	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fun	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for an	
	conferring impermissible private benefit?	Yes No
Pa	Conservation Easements.	
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		f a historically important land area
		f a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а		2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
		2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	ted by the organization during the
	tax year <b>&gt;</b>	
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	
	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 conse	ervation easements during the year
	<b>&gt;</b>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing cor	nservation easements during the year
	<b>▶</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financia	I statements that describes the
	organization's accounting for conservation easements.	
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reworks of art, historical treasures, or other similar assets held for public exhibition, education public service, provide, in Part XIII, the text of the footnote to its financial statements that described in the control of the service in the control of the footnote to its financial statements.	evenue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education public service provide in Part XIII, the text of the footnote to its financial statements that described and the control of the footnote to its financial statements that described and the footnote to its financial statements that described and the footnote to its financial statements that described and the footnote to its financial statements that described and the footnote to its financial statements that described and the footnote to its financial statements that described and the footnote to its financial statements that described and the footnote to its financial statements that described and the footnote to its financial statements that described and the footnote to its financial statements that described and the footnote to its financial statements that described and the footnote to its financial statements that described and the footnote to its financial statements that described and the footnote to its financial statements that described and the footnote to its financial statements.	ation, or research in furtherance of ribes these items
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its rev	
Ŋ	works of art, historical treasures, or other similar assets held for public exhibition, educations and the similar assets held for public exhibition, educations are similar assets.	
	public service, provide the following amounts relating to these items:	, 1
	(i) Revenue included on Form 990, Part VIII, line 1	<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar as	
	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	
b	Assets included in Form 990, Part X	<b>▶</b> \$

Page 2 Schedule D (Form 990) 2018

Pa	rt III Organizations Maintaini	ng Collections of	Art, Histor	ical Trea	sures, o	r Other	Similar As	ssets (d	continued)	)
3	Using the organization's acquisition	n, accession, and c	other record	ls, check	any of th	e follow	ing that ar	e a sigr	ificant use	e of its
	collection items (check all that app	ly):								
а	Public exhibition		d		exchange	e prograi	ms			
b	Scholarly research		е	Other _						
С	Preservation for future gene									
4	Provide a description of the organ	nization's collections	and explai	in how th	ey furthe	r the or	ganization's	exemp	t purpose	in Part
_	XIII.						-41	_		
5	During the year, did the organization							_	Yes	No
Pa	assets to be sold to raise funds rath rt IV		allieu as pai	t of the of	gariizatioi	15 COIIEC	SHOTT?		res	No
Га	Complete if the organiza 990, Part X, line 21.		s" on Forn	n 990, Pa	art IV, line	9, or r	eported an	amour	nt on Form	n
1a	Is the organization an agent, truste	e, custodian or othe	er intermedi	ary for co	ntributions	s or othe	r assets not			
	included on Form 990, Part X?							[	Yes	X No
b	If "Yes," explain the arrangement i	n Part XIII and comp	olete the follo	owing table	ə:					
								Amount		
С	Beginning balance									
	Additions during the year									
e	Distributions during the year									
f	Ending balance  Did the organization include an am					uotodial	account lich	ilit. 2	X Yes	No
	If "Yes," explain the arrangement i	•	•							X
	rt V Endowment Funds.	Trait Alli. Check lie	ere ii tire ex	piariationi	ias been p	novided	UII F AIT XIII			71
ıa	Complete if the organiza	ition answered "Ye	es" on Forn	n 990. Pa	art IV. line	<del>.</del> 10.				
	geniprote ii ure organii.	(a) Current year	(b) Prior		(c) Two yea		(d) Three ye	ars back	(e) Four yea	ars back
10	Beginning of year balance	8,265,015.		,025.		450.	10,909			3,321.
1a b	Contributions	3,875,000.			-	-	-			5,554
C	Net investment earnings, gains,									
·	and losses	677,534.	924	,862.	994	263.	856	,387.	-1,11	7,280.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	2,616,115.	1,165	,872.	2,482	2,688.	1,771	,662.	44	1,870
f	Administrative expenses									
g	End of year balance	10,201,434.	8,265	,015.	8,506	,025.	9,994	,450.	10,90	9,725.
2 a	Provide the estimated percentage Board designated or quasi-endown	nent ▶ 24.8200	end balance _%	(line 1g, c	olumn (a)	) held as	:			
b	Permanent endowment ▶ 58.5									
С	Temporarily restricted endowment									
•	The percentages on lines 2a, 2b, a	·						L .		
3a	Are there endowment funds not in	the possession of tr	ie organizat	ion that a	re neid ar	ia aamir	ilstered for t	ne	Ye	s No
	organization by:  (i) unrelated organizations								3a(i)	X
	(ii) related organizations								3a(ii)	X
b	If "Yes" on line 3a(ii), are the relate								3b	
4	Describe in Part XIII the intended u	•								
Pa	rt VI Land, Buildings, and Equ Complete if the organize	<b>lipment.</b> ation answered "Ye	es" on Forr			e 11a. S	See Form	990, Pa	rt X, line	10.
	Description of property	(a) Cost or (invest		(b) Cost or (oth			cumulated eciation	(d	) Book value	
1a	Land	,	,	(5111	- /	2001				
b	Buildings									
С	Leasehold improvements			3	88,691.		19,188.		19	,503.
d	Equipment				1,485.		82,471.			,014.
<u>e</u>	Other				19,386.		52,026.			,360.
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Forn	n 990, Part )	X, column	(B), line 1	0c.)	▶		125	,877.

Page 3 Schedule D (Form 990) 2018

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.  (a) Description of security or category (b) Book value  (f) Financial affectivities	Part VII	Investments - Other Securities.	"Yes" on Form 990	Part IV line 11h See Form 990 Part X line 12
(Including name of security) (I) Financial derivatives				
(2) Closely-held equity interests		(including name of security)	(b) Book value	
(3) Other (A) (B) (B) (C) (C) (D) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C				
(A) (B) (C) (C) (C) (C) (C) (E) (F) (G) (G) (H) (Total. (Column (p) muse equal Form 990, Part X, col. (B) line 12.) ▶    Part XIII   Invostments - Program Related.				
(E) (C) (D) (E) (F) (G) (H) Total, (Column (b) must equal Form 990, Part X, col. (B) line 15.).  (a) Description of investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-d-year sharked value  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total, (Column (b) must equal Form 990, Part X, col. (B) line 15.).  (a) Description (b) Book value  (c) Book value (d) Method of valuation: Cost or end-d-year sharked value (e) Method of valuation: Cost or end-d-year sharked value (f) (g) Method of valuation: Cost or end-d-year sharked value (g) Method of valuation: Cost or end-d-year sharked value (h) Book value (f) (g) (g) Total, (Column (b) must equal Form 990, Part X, col. (B) line 15.).  Part X  Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (e) Description of liability (b) Book value (f) Edevral income taxes (g) DEFERRED RENT (g) Book value				
(C) (D) (E) (F) (G) (H) (Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►    Part VIII   Investments - Program Related.				
(C) (E) (F) (G) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F				
(E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶    Part VIII				
(G) (G) (H) Total. (Column (b) must equal Form 990. Part X, col. (B) fine 12.) ▶    Part VIII   Investments - Program Related.				
(G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶    Part VIII   Investments - Program Related.				
(a) Description of invest equal Form 990, Part X, cot. (B) line 12.) ►  Part VIII investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value  (b) Book value (c) Method of valuation: Cost or end-of-year market value  (c) Method of valuation: Cost or end-of-year market value  (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f				
Part V   Investments - Program Related.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value  (d) (3) (4) (5) (6) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10		n (b) must equal Form 990, Part X, col. (B) line 12.)		
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 13)  (a) Description (b) Book value  (b) Book value  (c) Method of valuation: Cost or end-of-year market value  (d) (e) (f) (g)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 13)  (a) Description (b) Book value  (b) Book value  (c) (d) (d) (e) (f) (g) (g)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X  Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value (l) Federal income taxes (2) DEFERRED RENT (337,000.  (3) (4) (5) (6) (7) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  337,000.	Part VIII	Investments - Program Related.		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (9) (1) (1) (1) (1) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10		Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c. See Form 990, Part X, line 13.
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (b) Book value  (c) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶  Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) DEFERRED RENT (337,000.  (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶  337,000.		(a) Description of investment	(b) Book value	
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (6) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) DEFERRED RENT 337, 000.  (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 337, 000.				Cost or end-of-year market value
(4) (5) (6) (7) (8) (9)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (44) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) DEFERRED RENT 337,000. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 337,000.				
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) DEFERRED REINT 337,000. (3) (4) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 337,000.	-			
(5) (6) (7) (8) (9)  Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 15.	-			
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) DEFERRED RENT 337,000.  (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 337,000.	-			
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) DEFERRED RENT 337,000.  (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 337,000.				
(8) (9)  Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) must equal Form 990, Part X, line 15.  (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) DEFERRED RENT 337,000. (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 337,000.				
(9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes   (2) DEFERRED RENT   337,000.  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 337,000.				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶    Part IX				
Part IX         Other Assets.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.           (a) Description         (b) Book value           (1)         (2)           (3)         (4)           (5)         (6)           (7)         (8)           (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).         ▶           Part X         Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.           1.         (a) Description of liability         (b) Book value           (1) Federal income taxes         (2) DEFERRED RENT         337,000.           (3)         (4)         (5)           (6)         (7)         (8)           (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)         337,000.		n (h) must equal Form 990 Part X col (B) line 13 )		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) DEFERRED RENT 337,000. (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (1) Fodderal income taxes (2) DEFERRED RENT 337,000. (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) Fodderal income taxes (2) DEFERRED RENT 337,000.				
(a) 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 15.). ▶  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2) DEFERRED RENT 337,000.  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 337,000.	I dit ix		"Yes" on Form 990	Part IV. line 11d. See Form 990. Part X. line 15.
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  ▶  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  ▶  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  ▶  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  ▶  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶  337,000.				
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) DEFERRED RENT 337,000. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 337,000.	(1)			
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) DEFERRED RENT 337,000. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 337,000.				
(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)				
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) DEFERRED RENT 337,000. (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 337,000.				
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) DEFERRED RENT 337,000. (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 337,000.	(5)			
(8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) DEFERRED RENT 337,000. (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 337,000.				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) DEFERRED RENT 337,000. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 337,000.	(7)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) DEFERRED RENT 337,000. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 337,000.	(8)			
Part X         Other Liabilities.           Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.           1. (a) Description of liability (b) Book value           (1) Federal income taxes           (2) DEFERRED RENT 337,000.           (3) (4) (5) (6) (7) (8) (9)           (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 337,000.				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) DEFERRED RENT 337,000. (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 337,000.			ine 15.)	<u></u> ▶
line 25.         1. (a) Description of liability       (b) Book value         (1) Federal income taxes       337,000.         (2) DEFERRED RENT       337,000.         (3)       (4)         (5)       (6)         (7)       (8)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       337,000.	Part X			D. 4.11/1   1
(1) Federal income taxes (2) DEFERRED RENT (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 337,000.			"Yes" on Form 990	r, Part IV, line 11e or 11f. See Form 990, Part X,
(2) DEFERRED RENT (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 337,000.	1.	(a) Description of liability	(b) Book valu	le
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 337,000.	_ ,			
(4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 337,000.		RRED RENT	337,	000.
(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 337,000.				
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 337,000.				
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 337,000.				
(8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 337,000.				
(9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 337,000.				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 337,000.				
		4)	225	200
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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Schedule D (Form 990) 2018 Page **4** 

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	6,835,791.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	-1,556,083.
3	Subtract line 2e from line 1	3	8,391,874.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	-	
b	Other (Describe in Part XIII.)	4c	3,011.
С 5	Add lines <b>4a</b> and <b>4b</b>	5	8,394,885.
Part			0,000,000
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	4,430,251.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	4,430,251.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 3,011.	-	
b	Other (Describe in Part XIII.)	4.	3,011.
c	Add lines 4a and 4b	4c 5	4,433,262.
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<u> </u>	1,133,202.
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
	PAGE 5		

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Page 5

### Part XIII Supplemental Information (continued)

SCHEDULE D, PART IV, LINE 2B

THE SOCIETY HOLDS FUNDS FOR OUTSIDE GROUPS TO MAINTAIN TWO WAR MEMORIALS IN NYC.

SCHEDULE D, PART V, LINE 4

THE INTENDED USES FOR THE ENDOWMENT FUNDS ARE AS FOLLOWS:

DORIS C. FREEDMAN ENDOWMENT FUND

THE INVESTMENT INCOME AND CAPITAL APPRECIATION EARNED FROM THIS FUND ARE TEMPORARILY RESTRICTED FOR THE SUPPORT AND MAINTENANCE OF THE DORIS C. FREEDMAN GALLERY. AMOUNTS RECEIVED IN EXCESS OF SUPPORT AND MAINTENANCE ARE AVAILABLE FOR UNRESTRICTED PURPOSES. NET ASSETS WERE \$235,868 AT SEPTEMBER 30, 2019 AND 2018.

MUNICIPAL ART SOCIETY ENDOWMENT FUND

THE INVESTMENT INCOME AND CAPITAL APPRECIATION EARNED FROM THIS FUND MAY BE USED BY THE SOCIETY FOR ITS UNRESTRICTED PURPOSES. NET ASSETS WERE \$1,868,490 AT SEPTEMBER 30, 2019 AND 2018.

BRENDAN GILL PRIZE FUND

THIS FUND WAS ESTABLISHED TO GENERATE INVESTMENT INCOME AND CAPITAL APPRECIATION THAT ARE TEMPORARILY RESTRICTED TO PROVIDE AN ANNUAL GIFT IN RECOGNITION OF AN INDIVIDUAL'S ARTISTIC ACCOMPLISHMENT IN NEW YORK CITY THAT REFLECTS CREATIVE WORK AND THE SPIRIT OF THE CITY. NET ASSETS WERE \$182,829 AT SEPTEMBER 30, 2019 AND 2018.

RALPH C. MENAPACE FELLOWSHIP

THE INVESTMENT INCOME AND CAPITAL APPRECIATION EARNED FROM THIS FUND ARE TEMPORARILY RESTRICTED TO PAY THE COST OF A FELLOW TO PERFORM VARIOUS LEGAL SERVICES FOR THE SOCIETY. NET ASSETS WERE \$497,398 AT SEPTEMBER 30, 2019 AND 2018.

#### Part XIII Supplemental Information (continued)

TUCKER ASHWORTH FELLOWSHIP

INVESTMENT INCOME AND CAPITAL APPRECIATION EARNED FROM THIS FUND ARE TEMPORARILY RESTRICTED FOR A FELLOWSHIP TO A COLLEGE STUDENT OR RECENT GRADUATE TO ASSIST IN A PROJECT USING THE SOCIETY'S RESOURCES. NET ASSETS WERE \$35,706 AT SEPTEMBER 30, 2019 AND 2018.

WOODRUFF/WORTH MONUMENT FUND

THE INVESTMENT INCOME AND CAPITAL APPRECIATION GENERATED BY THIS FUND ARE TEMPORARILY RESTRICTED TO PROVIDE MAINTENANCE FOR THE GENERAL WORTH MONUMENT LOCATED IN MANHATTAN. NET ASSETS WERE \$36,000 AT SEPTEMBER 30, 2019 AND 2018.

JANET C. ROSS FUND

PER DONOR STIPULATION, ON AN ANNUAL BASIS, 4% OF THE AVERAGE BALANCE OF THE JANET C. ROSS FUND FOR THE TWENTY CALENDAR QUARTERS ENDED ON THE JUNE 30 PRIOR TO THE BEGINNING OF EACH FISCAL YEAR IS TO BE USED BY THE SOCIETY FOR UNRESTRICTED PURPOSES. THE SOCIETY IS ALLOWED TO USE THE CORPUS OF THE FUND WHEN INVESTMENT INCOME AND CAPITAL APPRECIATION ARE INSUFFICIENT TO COVER THE SPEND RATE POLICY. NET ASSETS WERE \$3,119,284 AT SEPTEMBER 30, 2019 AND 2018.

### SCHEDULE G (Form 990 or 990-EZ)

## **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2018

Open to Public

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest instructions. Inspection Internal Revenue Service Name of the organization Employer identification number THE MUNICIPAL ART SOCIETY OF NEW YORK 13-5562288 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events C In-person solicitations d

or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X Yes No

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees,

(i) Name and address of individual or entity (fundraiser)			(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No			
1 GRACE UNDER PRESSURE (DBA						
BUCKLEY HALL EVENTS)	GALA		X	724,128.	65,000.	659,128.
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total			<b></b>	724,128.	65,000.	659,128.
3 List all states in which the organiz registration or licensing.	ation is registered	or license	d to solicit			
NY,						

_	edule G (Form 990 or 990-EZ) 2018  rt II Fundraising Events. Comple	NICIPAL ART SOCIE			-5562288  Page <b>2</b> Iine 18, or reported
	more than \$15,000 of fundration events with gross receipts greaters.	aising event contribut			
		(a) Event #1 GALA	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
a)		(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1 Gross receipts	724,128.			724,128
ď	<ul><li>2 Less: Contributions</li><li>3 Gross income (line 1 minus</li></ul>	689,878.			689,878
	line 2)	34,250.			34,250
	4 Cash prizes				
	5 Noncash prizes				
nses	6 Rent/facility costs	42,705.			42,705
<b>Direct Expenses</b>	7 Food and beverages	74,790.			74,790
Direct	8 Entertainment				
_	9 Other direct expenses	30,404.			30,404
	10 Direct expense summary. Add lin	147,899			
Da	11 Net income summary. Subtract li  rt III Gaming. Complete if the org				-113,649
Га	\$15,000 on Form 990-EZ, lin		ies on ronn 990,	rait IV, IIIIe 19, Of	reported more than
evenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
ě					

1 Gross revenue				
e Guari prizea				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	Yes %	Yes% No	Yes% No	
7 Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)		
8 Net gaming income summary. Su	btract line 7 from line	1, column (d)	<b>&gt;</b>	
Is the organization licensed to con	duct gaming activities	in each of these state		Yes No
If   \( \frac{1}{2} = 0 \] = \( \text{in} \]			uring the tax year?	. Yes No
	4 Rent/facility costs  5 Other direct expenses	4 Rent/facility costs  5 Other direct expenses	4 Rent/facility costs  5 Other direct expenses	A Rent/facility costs  5 Other direct expenses

Sched	ule G (Form 990 or 990-EZ) 2018
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party > \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ►\$
	Description of services provided ▶
	Director/officer
17	Mandatory distributions:
	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
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 ▶ \$
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2018

## SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

OMB No. 1545-0047
2018

Schedule I (Form 990) (2018)

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Open to Public Inspection

Name of the organization Employer identification number THE MUNICIPAL ART SOCIETY OF NEW YORK 13-5562288 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of 1 (a) Name and address of organization (b) EIN (h) Purpose of grant (if applicable) or government grant cash assistance noncash assistance or assistance (1) NEW YORKERS FOR PARKS FIGHT FOR LIGHT 55 BROAD STREET 23RD FLOOR 13-6167879 501(C)(3) 25,000. CAMPAIGN (2) (3) (4) (5) (6) (7) (8) (9) (10)(11)(12)1. 

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

Page 2

Schedule I (Form 990) (2018)

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	_
	Part III can be duplicated if additional space is needed.	

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
_1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 2

THE GRANTS WERE MONITORED THROUGH EXTENSIVE CONVERSATIONS WITH THE

GRANTEES AS WELL AS DOCUMENTATION.

#### **SCHEDULE J** (Form 990)

**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE MUNICIPAL ART SOCIETY OF NEW YORK

Employer identification number 13-5562288

Part	Questions Regarding Compensation					
			Yes	No		
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or charter travel  Housing allowance or residence for personal use					
	Travel for companions Payments for business use of personal residence					
	Tax indemnification and gross-up payments Health or social club dues or initiation fees					
	Discretionary spending account Personal services (such as maid, chauffeur, chef)					
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment					
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	10				
-	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line					
	1a?	2				
•						
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.					
	X Compensation committee X Written employment contract					
	Independent compensation consultant  X Compensation survey or study					
	X Form 990 of other organizations X Approval by the board or compensation committee					
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:					
а	Receive a severance payment or change-of-control payment?	4a		X		
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х		
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any					
	compensation contingent on the revenues of:					
а	The organization?	5a		X		
b	Any related organization?	5b		X		
	If "Yes" on line 5a or 5b, describe in Part III.					
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any					
	compensation contingent on the net earnings of:					
а	The organization?	6a		X		
b	Any related organization?	6b		X		
	If "Yes" on line 6a or 6b, describe in Part III.					
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			37		
_	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		X		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject					
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe					
	in Part III	8		X		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
	Regulations section 53.4958-6(c)?	9				

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

Schedule J (Form 990) 2018

THE MUNICIPAL ART SOCIETY OF NEW YORK 13-5562288

Schedule J (Form 990) 2018 Page 2

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(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
ELIZABETH GOLDSTEIN	(i)	216,303.	0.	0.		15,155.	231,458.	
1 ^{PRESIDENT}	(ii)	0.	0.	0.				
ROBERT LIBBEY	(i)	160,155.	0.	0.	8,606.	28,484.	197,245.	
$2^{ ext{VICE}}$ PRESIDENT FINANCE AND ADM	(ii)	0.	0.	0.				
TARA KELLY	(i)	138,878.	0.	0.	7,000.	10,324.	156,202.	
VICE PRESIDENT OF POLICY AND P	(ii)	0.	0.	0.				
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
_13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

THE MUNICIPAL ART SOCIETY OF NEW YORK 13-5562288

Schedule J (Form 990) 2018

### Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 1B

THE PAYMENT WAS PART OF AN EMPLOYMENT CONTRACT APPROVED BY THE BOARD.

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

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

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

13-5562288

THE MUNICIPAL ART SOCIETY OF NEW YORK

FORM 990, PART VI, SECTION A, LINE 2
SANTIAGO CALATRAVA AND GABRIEL CALATRAVA HAVE A FAMILY RELATIONSHIP.

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

THE FORM 990 IS PRESENTED TO THE MANAGEMENT PERSONNEL UPON COMPLETION AND REVIEW, AND THEN SUBMITTED TO THE AUDIT COMMITTEE OR EXECUTIVE COMMITTEE FOR REVIEW. THE FORM 990 IS THEN SENT ELECTRONICALLY TO MEMBERS OF THE ORGANIZATIONS GOVERNING BODY FOR COMMENTS AND APPROVAL. ANY COMMENTS ARE THEN GROUPED, SUMMARIZED AND PROVIDED TO MANAGEMENT PERSONNEL FOR CHANGES. EACH ISSUE IS DOCUMENTED AND ADDRESSED PRIOR TO FILING THE RETURN.

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

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY THAT IS APPLICABLE

TO ALL DIRECTORS, OFFICERS AND KEY EMPLOYEES. EACH COVERED PERSON IS

REQUIRED TO RECEIVE A COPY OF THE POLICY AND TO DISCLOSE ANY CONFLICT

OF INTEREST TO THE CHAIRPERSON OF THE AUDIT COMMITTEE OR TO THE

CHAIRPERSON OF THE BOARD. AFTER ANY DISCUSSION OF THE CONFLICTING

INTEREST BETWEEN THE INTERESTED PERSON AND THE BOARD OR A COMMITTEE

OF THE BOARD AND THE GENERAL COUNSEL OF THE ORGANIZATION, THE GENERAL

COUNSEL SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. IF THE GENERAL

COUNSEL IS THE INDIVIDUAL WITH THE POTENTIAL CONFLICT OF INTEREST,

THE PRESIDENT AND THE EXECUTIVE DIRECTOR SHALL CONSULT WITH EACH

OTHER AND DECIDE IF A CONFLICT EXISTS. IF A CONFLICT OF INTEREST IS

13-5562288

DETERMINED TO EXIST, THE INTERESTED PERSON SHALL LEAVE THE MEETING

DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR

ARRANGEMENT INVOLVING THE CONFLICT OF INTEREST AND IS PROHIBITED FROM

MAKING ANY ATTEMPT TO INFLUENCE IMPROPERLY THE DELIBERATION OR VOTING

ON THE MATTER GIVING RISE TO THE CONFLICT. EACH DIRECTOR AND OFFICER

IS REQUIRED TO SIGN AN ANNUAL STATEMENT ACKNOWLEDGING THE OBLIGATION

TO DISCLOSE ANY CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15A

THE ORGANIZATION HAS AN EXECUTIVE COMPENSATION COMMITTEE OF INDEPENDENT TRUSTEES, WHICH PERIODICALLY REVIEWS THE REASONABLENESS OF THE COMPENSATION OF THE PRESIDENT AND OTHER EXECUTIVE OFFICERS. THE COMMITTEE'S REVIEW PROCESS INCLUDES A COMPARISON WITH AVAILABLE COMPARABILITY DATA. THE COMMITTEE'S DELIBERATIONS AND DECISIONS ARE SUBSTANTIATED IN CONTEMPORANEOUS MINUTES. THIS PROCESS WAS FOLLOWED IN 2019.

FORM 990, PART VI, SECTION B, LINE 15B

THE EXECUTIVE COMPENSATION COMMITTEE REVIEWED THE REASONABLENESS OF EXECUTIVE OFFICERS' COMPENSATION DURING 2019.

FORM 990, PART VI, SECTION C, LINE 19

THE SOCIETY MAKES THEIR FORM 990 AVAILABLE WITH GUIDESTAR.ORG AND ON

THEIR WEBSITE. AUDITED FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON ITS

WEBSITE AND UPON REQUEST.

Employer identification number

13-5562288

ATTACHMENT 1

#### FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

FOR MORE THAN 125 YEARS, THE MUNICIPAL ART SOCIETY OF NEW YORK (MAS)

HAS WORKED TO EDUCATE AND INSPIRE NEW YORKERS TO ENGAGE IN THE

BETTERMENT OF OUR CITY. THROUGH THREE CORE CAMPAIGN AREAS, MAS

PROTECTS NEW YORK'S LEGACY SPACES, ENCOURAGES THOUGHTFUL PLANNING

AND URBAN DESIGN, AND FOSTERS INCLUSIVE NEIGHBORHOODS ACROSS THE

FIVE BOROUGHS.

ATTACHMENT 2

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

MAS WORKS ON THE GROUND IN ALL FIVE BOROUGHS MOBILIZING NEW YORKERS ON ISSUES THAT AFFECT OUR CITY FROM SIDEWALK TO SKYLINE. IN FY 2019, OUR LIVABLE NEIGHBORHOODS PROGRAM TRAINED MORE THAN 350 LOCAL STAKEHOLDERS IN FOUR NEIGHBORHOODS TO SERVE AS LAND USE ADVOCATES FOR THEIR COMMUNITIES. OUR ANNUAL JANE'S WALK WEEKEND BROUGHT MORE THAN 5,500 NEW YORKERS AND VISITORS ONTO THE STREETS FOR 275 FREE NEIGHBORHOOD WALKS CELEBRATING URBAN LIFE. AND OUR RENOWNED TOUR GUIDES OFFERED MORE THAN 550 TOURS EXPLORING THE ART, ARCHITECTURE, AND CULTURAL HISTORY OF NEW YORK'S FIVE BOROUGHS. OUR SIGNATURE ANNUAL CONFERENCE, THE SUMMIT FOR NEW YORK CITY, BROUGHT TOGETHER HUNDREDS OF NEW YORKERS TO EXPLORE PRESENT-DAY CONCERNS ABOUT THE ISSUES CENTRAL TO OUR LONG HISTORY OF ADVOCACY, FROM PRESERVING THECHARACTER OF RAPIDLY CHANGING NEIGHBORHOODS TO EXAMINING THE FUTURE OF OUR PUBLIC REALM IN THE AGE OF THE AUTONOMOUS VEHICLE. IN HONOR OF MAS'S 125TH ANNIVERSARY, WE HOSTED A THREE-MONTH PUBLIC EXHIBITION AT THE

Schedule O (Form 990 or 990-EZ) 2018 Page 2

Name of the organization

THE MUNICIPAL ART SOCIETY OF NEW YORK

Employer identification number

13-5562288

ATTACHMENT 2 (CONT'D)

CENTER FOR ARCHITECTURE LOOKING BACK AT OUR HISTORY OF ADVOCACY ON BEHALF OF THE CITY OF NEW YORK.

ATTACHMENT 3

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

MAS PROTECTS HISTORIC AND CULTURAL LANDMARKS, NEIGHBORHOOD

CHARACTER, LEGACY BUSINESSES, AND PUBLIC ART THROUGH VALUES-BASED

PRESERVATION. IN FY 2019, WE TESTIFIED OR MADE RECOMMENDATIONS ON

MORE THAN 15 HISTORIC PRESERVATION ISSUES, INCLUDING THE OVERHAUL

OF RULES GOVERNING THE ACTIVITIES OF THE LANDMARKS PRESERVATION

COMMISSION, THE FUTURE OF MANHATTAN'S GARMENT DISTRICT, THE

DEMOLITION OF THE UNION CARBIDE BUILDING, AND THE ROLE OF

MONUMENTS IN PUBLIC SPACES. OUR ADOPT-A-MONUMENT AND ADOPT-A-MURAL

PROGRAM CONTINUED ITS WORK CONSERVING PUBLIC ART IN ALL FIVE

BOROUGHS, INCLUDING THE UNVEILING OF OUR LATEST RESTORATION: THE

TOMBS ANGEL MONUMENT NOW INSTALLED AT 60 CENTRE STREET AND THE

MAINTENANCE OF OF MORE THAN 20 OUTDOOR STATUES DURING THE SUMMER

OF 2019.

ATTACHMENT 4

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

PLANNING MAS PROMOTES DIVERSE NEIGHBORHOODS, EFFICIENT AND
RELIABLE INFRASTRUCTURE, AFFORDABLE HOUSING, AND INVITING OPEN
SPACE THROUGH COMPREHENSIVE, COMMUNITY-BASED URBAN PLANNING. IN
CONJUNCTION WITH OUR 2018 SUMMIT, MAS RELEASED A REPORT EXPOSING

Name of the organization
THE MUNICIPAL ART SOCIETY OF NEW YORK

Employer identification number 13-5562288

ATTACHMENT 4 (CONT'D)

VAST MISCALCULATIONS IN THE CITY ENVIRONMENTAL QUALITY REVIEW
PROCESS, WITH A FOCUS ON THE AFTERMATH OF THE REZONINGS IN LONG
ISLAND CITY AND DOWNTOWN BROOKLYN. WE ACTIVELY PARTICIPATED IN THE
PUBLIC REVIEW PROCESS FOR REZONINGS IN THE BAY STREET CORRIDOR,
GOWANUS, BUSHWICK, AND MORE. WE CONTINUED OUR LEGAL CHALLENGES
AGAINST THE CITY AIMED AT PREVENTING DANGEROUS LAND USE PRECEDENTS
WITH CITY-WIDE IMPLICATION, INCLUDING OUR ARTICLE 78 PRECEEDINGS
ON PARKS ALIENATION IN THE MARX BROTHERS PLAYGROUND CASE AND ON
GERRYMANDERED ZONING LOTS IN THE 200 AMSTERDAM AVENUE CASE. AND WE
GATHERED A STEERING COMMITTEE OF EXPERTS TO STUDY THE IMPACT OF
PRIVATE DEVELOPMENT ON LIGHT AND AIR IN THE PUBLIC REALM, TO
INFORM OUR FIGHT FOR LIGHT CAMPAIGN THAT WOULD LAUNCH IN OCTOBER
2019.

ATTACHMENT 5

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

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

UNION SQUARE EVENTS LLC 640 WEST 28TH STREET NEW YORK, NY 10001 CATERING 108,643.