

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the **2012** calendar year, or tax year beginning **JUL 1, 2012** and ending **JUN 30, 2013**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MUSEUM OF THE CITY OF NEW YORK		D Employer identification number 13-1624098
	Doing Business As		E Telephone number 212-534-1672
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	City, town, or post office, state, and ZIP code NEW YORK, NY 10029		G Gross receipts \$ 14,146,980.
F Name and address of principal officer: BRIAN HERRIN SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
J Website: WWW.MCNY.ORG		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1923	M State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	47
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	47
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	179
	6 Total number of volunteers (estimate if necessary)	6	244
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	9,097,458.	8,991,870.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,687,835.	1,488,958.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	671,804.	1,167,665.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	77,449.	350,797.
		11,534,546.	11,999,290.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,427,806.	1,752,770.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,705,549.	6,619,776.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	48,000.	48,000.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,603,765.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,239,939.	5,320,220.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,421,294.	13,740,766.	
19 Revenue less expenses. Subtract line 18 from line 12	-1,886,748.	-1,741,476.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	45,345,733.	44,860,326.
	22 Net assets or fund balances. Subtract line 21 from line 20	675,866.	766,502.
	44,669,867.	44,093,824.	

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	BRIAN HERRIN, CHIEF FINANCIAL OFFICER				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	FREDERICK H. ROTHMAN				P01275277
	Firm's name ▶ LOEB & TROPER LLP	Firm's EIN ▶ 13-1517563			
Firm's address ▶ 655 THIRD AVENUE, 12TH FLOOR			Phone no. (212) 867-4000		
NEW YORK, NY 10017					

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O

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

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

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

4a (Code:) (Expenses \$ 4,864,044. including grants of \$) (Revenue \$ 639,867.)

EXHIBITIONS AND PUBLICATIONS: CAPITAL OF CAPITAL: NEW YORK'S BANKS AND THE CREATION OF A GLOBAL ECONOMY (MAY 21 - OCTOBER 21, 2012) EXPLORED HOW THE ECONOMIC DYNAMO THAT IS NEW YORK CITY WAS MADE POSSIBLE IN GREAT PART BY ITS INNOVATIVE AND CONTROVERSIAL BANKING SECTOR. RARE HISTORICAL OBJECTS AND IMAGES, INCLUDING BANKING INSTRUMENTS, ARCHITECTURAL RENDERINGS, AND ADVERTISEMENTS, TOLD A FASCINATING SAGA, REVEALING HOW NEW YORK'S GEOGRAPHY, HUMAN CAPITAL, AND POLITICAL ALIGNMENTS HELPED MAKE FINANCE A MAJOR COMPONENT NOT ONLY OF GOTHAM'S ECONOMY BUT ALSO OF ITS IDENTITY. A BOOK BASED ON THE EXHIBITION ENTITLED CAPITAL OF CAPITAL: MONEY, BANKING, AND POWER IN NEW YORK CITY, WAS CO-PUBLISHED WITH COLUMBIA UNIVERSITY PRESS.

4b (Code:) (Expenses \$ 2,215,340. including grants of \$) (Revenue \$ 218,199.)

COLLECTIONS CARE: THE MUSEUM IS MAKING OUR VAST COLLECTION OF NEW YORK CITY ICONOGRAPHY-ONE OF THE FINEST IN THE WORLD-ACCESSIBLE ONLINE THROUGH A COLLECTIONS PORTAL AT MCNY.ORG. MORE THAN 135,000 HIGH-RESOLUTION IMAGES, MOST OF WHICH HAVE NEVER BEFORE BEEN PUBLICLY AVAILABLE, ARE NOW AVAILABLE FOR VIEWING BY ANYONE IN THE WORLD POSSESSING AN INTERNET CONNECTION.

THE PORTAL ADVANCES KEY ORGANIZATIONAL OBJECTIVES BY INCREASING PUBLIC ACCESS TO THE MUSEUM'S COLLECTIONS AND ILLUMINATING THE HISTORY AND LIFE OF NEW YORK. SINCE ITS UNVEILING IN 2010, MORE THAN 436,000 INDIVIDUALS FROM 190 COUNTRIES HAVE VIEWED MORE THAN 6.2 MILLION PORTAL

4c (Code:) (Expenses \$ 938,964. including grants of \$) (Revenue \$ 343,340.)

EDUCATION: EDUCATION IS AT THE CORE OF THE CITY MUSEUM'S MISSION. DURING THE 2012/13 ACADEMIC YEAR, MORE THAN 43,000 STUDENTS AND TEACHERS WERE SERVED THROUGH THE SCHWARZ CENTER'S FIELD TRIPS, OUT-OF-SCHOOL-TIME PROGRAMS, AND PROFESSIONAL DEVELOPMENT WORKSHOPS. ABOUT 85% OF PARTICIPATING YOUNGSTERS WERE FROM UNDER-RESOURCED PUBLIC SCHOOLS. THE CENTER'S PROGRAMS ENABLED STUDENTS TO EXPLORE THE CITY'S UNFOLDING STORY AND THEIR OWN PLACE IN IT, FULFILLING A CORE ASPECT OF OUR MISSION: TO MAKE THE CITY'S HISTORY COMPELLING AND ACCESSIBLE TO YOUNG PEOPLE.

SCHOOL PROGRAMS, THE CENTER'S FLAGSHIP FIELD TRIPS FOR VISITING SCHOOL

4d Other program services (Describe in Schedule O.) (Expenses \$ 3,042,444. including grants of \$ 1,752,770.) (Revenue \$ 519,443.)

4e Total program service expenses 11,060,792.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O response

Table with columns for question number, description, sub-column (1a, 1b, 1c, 2a, 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b), Yes, and No. Includes values like 142, 0, 179, and various 'X' marks.

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 to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (47), 1b (47), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b (X).

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed NY
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: BRIAN HERRIN - (212) 534-1672 1220 FIFTH AVENUE, NEW YORK, NY 10029

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

Check if Schedule O contains a response to any question in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES G. DINAN CHAIR	1.00	X		X				0.	0.	0.
(2) NEWTON P.S. MERRILL VICE CHAIR & CHAIRMAN EMERITUS	1.00	X		X				0.	0.	0.
(3) THOMAS M. FLEXNER VICE CHAIR	1.00	X		X				0.	0.	0.
(4) RONAY MENSCHEL VICE CHAIR	1.00	X		X				0.	0.	0.
(5) JAMES E. QUINN VICE CHAIR	1.00	X		X				0.	0.	0.
(6) BRUNO QUINSON VICE CHAIR	1.00	X		X				0.	0.	0.
(7) LAWRENCE J. SIMON VICE CHAIR	1.00	X		X				0.	0.	0.
(8) JANE B. O'CONNELL TREASURER	1.00	X		X				0.	0.	0.
(9) MARTIN J. MCLAUGHLIN SECRETARY	1.00	X		X				0.	0.	0.
(10) ELIZABETH FARRAN TOZER ASSISTANT SECRETARY	1.00	X		X				0.	0.	0.
(11) DAVID GUIN COUNSEL	1.00	X		X				0.	0.	0.
(12) JEREMY H. BIGGS BOARD MEMBER	1.00	X						0.	0.	0.
(13) CAROLYN BRODY BOARD MEMBER	1.00	X						0.	0.	0.
(14) MICHAEL BRUNO BOARD MEMBER	1.00	X						0.	0.	0.
(15) JAMES E. BRUCKMAN BOARD MEMBER	1.00	X						0.	0.	0.
(16) JAMES CACIOPPO BOARD MEMBER	1.00	X						0.	0.	0.
(17) PAMELA CLOUD BOARD MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARVIN H. DAVIDSON BOARD MEMBER	1.00	X						0.	0.	0.
(19) TODD DEGARMO BOARD MEMBER	1.00	X						0.	0.	0.
(20) JAMES P. DRUCKMAN BOARD MEMBER	1.00	X						0.	0.	0.
(21) VERNON EVENSON BOARD MEMBER	1.00	X						0.	0.	0.
(22) BARBARA J. FIFE BOARD MEMBER	1.00	X						0.	0.	0.
(23) LAURA LOFARO FREEMAN BOARD MEMBER	1.00	X						0.	0.	0.
(24) LESLIE GODRIDGE BOARD MEMBER	1.00	X						0.	0.	0.
(25) LORNA GOODMAN BOARD MEMBER	1.00	X						0.	0.	0.
(26) JAMES HANLEY BOARD MEMBER	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								1,240,724.	0.	179,481.
d Total (add lines 1b and 1c)								1,240,724.	0.	179,481.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **7**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ENNEAD ARCHITECTS 320 WEST 13TH ST., NEW YORK, NY 10014	ARCHITECTS	852,413.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) SYLVIA HEMMINGWAY BOARD MEMBER	1.00	X					0.	0.	0.	
(28) JANE HOFFMAN BOARD MEMBER	1.00	X					0.	0.	0.	
(29) ROBERT JAIN BOARD MEMBER	1.00	X					0.	0.	0.	
(30) ROBERT A. JEFFE BOARD MEMBER	1.00	X					0.	0.	0.	
(31) STEPHEN A. KETCHUM BOARD MEMBER	1.00	X					0.	0.	0.	
(32) JOAN KHOURY BOARD MEMBER	1.00	X					0.	0.	0.	
(33) STANFORD G. LADNER BOARD MEMBER	1.00	X					0.	0.	0.	
(34) STEPHEN S. LASH BOARD MEMBER	1.00	X					0.	0.	0.	
(35) JAMES A. LEBENTHAL BOARD MEMBER	1.00	X					0.	0.	0.	
(36) NANCY MAHON BOARD MEMBER	1.00	X					0.	0.	0.	
(37) GURUDATTA NADKARNI BOARD MEMBER	1.00	X					0.	0.	0.	
(38) DANIEL J. OSHEYACK BOARD MEMBER	1.00	X					0.	0.	0.	
(39) TRACEY PONTARELLI BOARD MEMBER	1.00	X					0.	0.	0.	
(40) KATHRYN PROUNIS BOARD MEMBER	1.00	X					0.	0.	0.	
(41) VALERIE ROWE BOARD MEMBER	1.00	X					0.	0.	0.	
(42) MARY BURWELL SHORR BOARD MEMBER	1.00	X					0.	0.	0.	
(43) ANN SPENCE BOARD MEMBER	1.00	X					0.	0.	0.	
(44) MITCHELL S. STEIR BOARD MEMBER	1.00	X					0.	0.	0.	
(45) JEFFERY S. TABAK BOARD MEMBER	1.00	X					0.	0.	0.	
(46) DARYL BROWN UBER BOARD MEMBER	1.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 2,410,622.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 2,909,943.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 3,671,305.				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		8,991,870.			
	Program Service Revenue	2 a ADMISSIONS	Business Code 900099	639,867.	639,867.	
b EDUCATIONAL PROGRAMS		611710	343,340.	343,340.		
c MEMBERSHIP DUES		900099	287,552.	287,552.		
d LICENSING AND OTHER FEES		900099	218,199.	218,199.		
e						
f All other program service revenue						
g Total. Add lines 2a-2f			1,488,958.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		312,143.		312,143.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	316,192.			
		(ii) Personal				
		b Less: rental expenses	89,555.			
		c Rental income or (loss)	226,637.			
	d Net rental income or (loss)		226,637.		226,637.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	1,971,597.			
		(ii) Other	270,014.			
		b Less: cost or other basis and sales expenses	1,373,705.	12,384.		
		c Gain or (loss)	597,892.	257,630.		
	d Net gain or (loss)		855,522.		855,522.	
	8 a Gross income from fundraising events (not including \$ 2,410,622. of contributions reported on line 1c). See Part IV, line 18	a	322,700.			
b Less: direct expenses		430,431.				
c Net income or (loss) from fundraising events			-107,731.		-107,731.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a	473,506.				
	b Less: cost of goods sold	241,615.				
	c Net income or (loss) from sales of inventory		231,891.	231,891.		
Miscellaneous Revenue		Business Code				
11 a						
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions.		11,999,290.	1,720,849.	0.	1,286,571.	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,752,770.	1,752,770.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,080,831.	666,632.	126,036.	288,163.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,098,230.	3,075,521.	378,125.	644,584.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	391,559.	298,697.	35,234.	57,628.
9 Other employee benefits	636,872.	475,008.	56,030.	105,834.
10 Payroll taxes	412,284.	305,931.	37,434.	68,919.
11 Fees for services (non-employees):				
a Management				
b Legal	10,465.		10,465.	
c Accounting	32,077.		32,077.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	48,000.			48,000.
f Investment management fees	92,948.		92,948.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	742,245.	675,483.	46,217.	20,545.
12 Advertising and promotion				
13 Office expenses	1,048,603.	951,652.	22,848.	74,103.
14 Information technology	159,044.	133,920.	10,851.	14,273.
15 Royalties				
16 Occupancy	661,773.	597,424.	31,131.	33,218.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	671.		671.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,134,138.	901,274.	117,427.	115,437.
23 Insurance				
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.)				
a EXHIBITION DESIGN AND F	970,052.	911,193.	8,300.	50,559.
b				
c				
d				
e All other expenses	468,204.	315,287.	70,415.	82,502.
25 Total functional expenses. Add lines 1 through 24e	13,740,766.	11,060,792.	1,076,209.	1,603,765.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	1,508,538.	1	1,602,829.	
	2 Savings and temporary cash investments	1,696,903.	2	1,000,818.	
	3 Pledges and grants receivable, net	3,892,208.	3	2,012,067.	
	4 Accounts receivable, net		4		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	67,026.	8	84,526.	
	9 Prepaid expenses and deferred charges	70,926.	9	54,718.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 26,958,112.			
	b Less: accumulated depreciation	10b 6,147,978.	20,780,785.	10c	20,810,134.
	11 Investments - publicly traded securities	11,580,798.	11	12,851,023.	
	12 Investments - other securities. See Part IV, line 11	5,748,549.	12	6,444,211.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	45,345,733.	16	44,860,326.		
Liabilities	17 Accounts payable and accrued expenses	424,374.	17	631,305.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	251,492.	25	135,197.	
	26 Total liabilities. Add lines 17 through 25	675,866.	26	766,502.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	22,963,759.	27	23,180,680.	
	28 Temporarily restricted net assets	13,749,313.	28	11,850,060.	
	29 Permanently restricted net assets	7,956,795.	29	9,063,084.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	44,669,867.	33	44,093,824.	
34 Total liabilities and net assets/fund balances	45,345,733.	34	44,860,326.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,999,290.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,740,766.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,741,476.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	44,669,867.
5	Net unrealized gains (losses) on investments	5	1,165,433.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	44,093,824.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2012)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization MUSEUM OF THE CITY OF NEW YORK	Employer identification number 13-1624098
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, 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.)
- 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.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16,509,012.	10,439,230.	11,869,257.	9,097,458.	8,991,870.	56,906,827.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	16,509,012.	10,439,230.	11,869,257.	9,097,458.	8,991,870.	56,906,827.
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)						7,122,349.
6 Public support. Subtract line 5 from line 4.						49,784,478.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	16,509,012.	10,439,230.	11,869,257.	9,097,458.	8,991,870.	56,906,827.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	455,732.	418,438.	546,995.	554,977.	628,335.	2,604,477.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	476,986.					476,986.
11 Total support. Add lines 7 through 10						59,988,290.
12 Gross receipts from related activities, etc. (see instructions)					12	9,694,036.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	82.99	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	82.16	%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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

EXPENSE RECOVERIES

Multiple horizontal lines for providing detailed explanations for other income.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Name of the organization

Employer identification number

MUSEUM OF THE CITY OF NEW YORK

13-1624098

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	_____ _____ _____	\$ <u>452,251.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	_____ _____ _____	\$ <u>1,402,553.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>	_____ _____ _____	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>	_____ _____ _____	\$ <u>1,477,280.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

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

Name of organization MUSEUM OF THE CITY OF NEW YORK	Employer identification number 13-1624098
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

MUSEUM OF THE CITY OF NEW YORK

Employer identification number

13-1624098

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,956,795.	8,548,442.	8,102,697.	5,873,733.	3,987,326.
b Contributions	500,403.		746,409.	1,915,853.	1,886,407.
c Net investment earnings, gains, and losses	831,931.	158,723.		313,111.	
d Grants or scholarships					
e Other expenditures for facilities and programs	226,045.	750,370.	50,000.		
f Administrative expenses			250,664.		
g End of year balance	9,063,084.	7,956,795.	8,548,442.	8,102,697.	5,873,733.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 100.00 %
 - c Temporarily restricted endowment _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		21,777,339.	4,004,089.	17,773,250.
c Leasehold improvements		64,506.	26,444.	38,062.
d Equipment		522,752.	365,180.	157,572.
e Other		4,593,515.	1,752,265.	2,841,250.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				20,810,134.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) KING STREET LIMITED		
(B) PARTNERSHIP	2,601,460.	END-OF-YEAR MARKET VALUE
(C) OFFSHORE FUNDS	3,842,751.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	6,444,211.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASE OBLIGATIONS	3,960.
(3) DEFERED RENT EXPENSE	131,237.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	135,197.

2. FIN 48 (ASC 740) Footnote. 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

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

1	Total revenue, gains, and other support per audited financial statements	1	13,984,984.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	1,165,433.
b	Donated services and use of facilities	2b	823,654.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	89,555.
e	Add lines 2a through 2d	2e	2,078,642.
3	Subtract line 2e from line 1	3	11,906,342.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	92,948.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	92,948.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	11,999,290.

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

1	Total expenses and losses per audited financial statements	1	14,561,027.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	823,654.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	89,555.
e	Add lines 2a through 2d	2e	913,209.
3	Subtract line 2e from line 1	3	13,647,818.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	92,948.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	92,948.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	13,740,766.

Part XIII Supplemental Information

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

PART III, LINE 1A: THE MUSEUM'S COLLECTION, WHICH WAS ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS SINCE ITS INCEPTION, IS NOT RECOGNIZED AS AN ASSET ON THE ACCOMPANYING BALANCE SHEET. COLLECTION ITEMS ARE EXPENSED WHEN ACQUIRED. CONTRIBUTED COLLECTION ITEMS ARE NOT REFLECTED IN THE ACCOMPANYING FINANCIAL STATEMENTS. DETAILED INVENTORY RECORDS, HOWEVER, ARE MAINTAINED FOR COLLECTIONS. THE VALUE OF THE COLLECTION IS NOT READILY DETERMINABLE AND THE MUSEUM DOES NOT INSURE THE COLLECTION FOR THE COST OF ITS REPLACEMENT.

Part XIII Supplemental Information (continued)

PART III, LINE 4: THE MUSEUM HAS VARIOUS COLLECTIONS WHICH IT USES FOR ITS DIFFERENT EXHIBITIONS AND PROGRAMS THROUGHOUT THE YEAR.

PART V, LINE 4: THE MUSEUM HAS DONOR-RESTRICTED ENDOWMENT FUNDS ESTABLISHED TO HELP FUND VARIOUS PROJECTS AT THE MUSEUM

PART X, LINE 2: UNCERTAINTY IN INCOME TAXES - THE MUSEUM HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. PERIODS ENDING JUNE 30, 2010 AND SUBSEQUENT REMAIN SUBJECT TO EXAMINATION BY APPLICABLE TAXING AUTHORITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES INCLUDED ON FORM 990, PART VII, LINE 6B 89,555.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES INCLUDED ON FORM 990, PART VII, LINE 6B 89,555.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public
Inspection

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

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN -			INVESTMENTS		6,444,211.
3 a Sub-total	0	0			6,444,211.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			6,444,211.

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)* Yes No

Schedule F (Form 990) 2012

Part V Supplemental Information

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

Multiple horizontal lines for supplemental information.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		CHAIRMAN'S LEADERSHIP AWINTER BALL (event type)	(event type)	4 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	1,231,650.	555,150.	946,522.	2,733,322.
	2	Less: Contributions	1,129,250.	446,350.	835,022.	2,410,622.
	3	Gross income (line 1 minus line 2)	102,400.	108,800.	111,500.	322,700.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes			864.	864.
	6	Rent/facility costs	49,860.	104,131.	15,218.	169,209.
	7	Food and beverages	77,612.		100,131.	177,743.
	8	Entertainment	48,720.	1,500.	18,385.	68,605.
	9	Other direct expenses	1,570.	2,030.	10,410.	14,010.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(430,431)
	11	Net income summary. Combine line 3, column (d), and line 10				-107,731.

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

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

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

MUSEUM OF THE CITY OF NEW YORK

Employer identification number

13-1624098

Part I 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 the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEAPORT MUSEUM NEW YORK 12 FULTON STREET NEW YORK, NY 10038	13-2596500	501(C)(3)	1,402,553.	350,217.	FMV OF CONTRIBUTED EXPENSES	SALARIES AND RELATED BENEFITS, LEGAL AND OTHER	TO SUPPORT THE OPERATIONS OF SEAPORT MUSEUM OF NEW YORK

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **1.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2012)

SEE PART IV FOR COLUMN (G) DESCRIPTIONS

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: ALL EXPENSES PAID ON BEHALF OF THE SEAPORT MUSEUM WERE PROCESSED THROUGH MCNY, AND WERE ONLY PROCESSED AFTER PROPER SUPPORT WAS PRESENTED

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

MUSEUM OF THE CITY OF NEW YORK

Employer identification number

13-1624098

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>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</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	4b	4c							
			X							
			X							
			X							
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p>										
<p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5a	5b								
			X							
			X							
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6a	6b								
			X							
			X							
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7		X							
<p>8 Were any amounts reported in 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</p>	8		X							
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

Schedule J (Form 990) 2012

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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CARL DREYER CFO AND VP ADMINISTRATION	(i)	144,295.	0.	0.	11,368.	22,465.	178,128.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SUSAN HENSHAW JONES PRESIDENT & DIRECTOR	(i)	363,316.	0.	0.	18,250.	5,000.	386,566.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SARAH HENRY DEPUTY DIRECTOR AND CHIEF	(i)	207,490.	0.	0.	15,832.	21,224.	244,546.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SUSAN MADDEN SVP OF EXTERNAL AFFAIRS	(i)	201,003.	0.	0.	14,963.	6,360.	222,326.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

MUSEUM OF THE CITY OF NEW YORK

Employer identification number

13-1624098

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

THE MUSEUM OF THE CITY OF NEW YORK PRESENTS AND INTERPRETS THE PAST,
PRESENT AND FUTURE OF NEW YORK CITY AND CELEBRATES ITS HERITAGE OF
DIVERSITY, TOLERANCE, OPPORTUNITY, AND PERPETUAL TRANSFORMATION.

FOUNDED IN 1923 AS A PRIVATE, NON-PROFIT CORPORATION, THE MUSEUM SERVES
THE PEOPLE OF NEW YORK AND VISITORS FROM ACROSS THE COUNTRY AND AROUND
THE WORLD THROUGH EXHIBITIONS, COLLECTIONS, PUBLICATIONS, AND SCHOOL
AND PUBLIC PROGRAMS.

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

THE MUSEUM OF THE CITY OF NEW YORK PRESENTS AND INTERPRETS THE PAST,
PRESENT AND FUTURE OF NEW YORK CITY AND CELEBRATES ITS HERITAGE OF
DIVERSITY, TOLERANCE, OPPORTUNITY, AND PERPETUAL TRANSFORMATION.

FOUNDED IN 1923 AS A PRIVATE, NON-PROFIT CORPORATION, THE MUSEUM SERVES
THE PEOPLE OF NEW YORK AND VISITORS FROM ACROSS THE COUNTRY AND AROUND
THE WORLD THROUGH EXHIBITIONS, COLLECTIONS, PUBLICATIONS, AND SCHOOL
AND PUBLIC PROGRAMS.

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

FROM FARM TO CITY: STATEN ISLAND, 1661-2012 (SEPTEMBER 13, 2012 -
FEBRUARY 10, 2013) USED MAPS, PHOTOGRAPHS, AND ARTIFACTS TO EXPLORE
STATEN ISLAND'S TRANSFORMATION FROM A FARMING CENTER TO A RURAL
RETREAT, A SERIES OF RAPIDLY BUILT RESIDENTIAL COMMUNITIES, A CENTER
FOR INDUSTRY AND, INCREASINGLY, A DENSE URBAN ENVIRONMENT. A COMPANION
WEB SITE, MAPPING STATEN ISLAND, ALLOWS VISITORS TO TRACE THE ISLAND'S

Name of the organization MUSEUM OF THE CITY OF NEW YORK	Employer identification number 13-1624098
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DEVELOPMENT OVER TIME AND TO IMAGINE ALTERNATE VISIONS AND ROADS NOT TAKEN.

THE WORLD OF D.D. AND LESLIE TILLET (OCTOBER 17, 2012 - FEBRUARY 3, 2013) BROKE NEW GROUND AS THE FIRST RETROSPECTIVE OF THE EXTRAORDINARY CAREERS OF THIS HUSBAND AND WIFE DESIGN TEAM, WHO WERE KEY FIGURES IN SHAPING AMERICA'S POST-WAR TEXTILE DESIGN AND FASHION INDUSTRIES. VISITORS EXPERIENCED A VISUAL FEAST, WITH OVER 100 ARTIFACTS, GARMENTS, AND PHOTOGRAPHS TRACING THE TILLETTS' FOUR-DECADE LONG CAREERS. THE EXHIBITION RECEIVED STRONG PRESS COVERAGE, INCLUDING IN THE TIMES, WHICH RAN A LENGTHY APPRECIATION OF THE TILLETTS.

STEPHEN BURROWS: WHEN FASHION DANCED (MARCH 22 - JULY 28, 2013) WAS A SURVEY OF THE CAREER OF THE FIRST AFRICAN AMERICAN DESIGNER TO ACHIEVE INTERNATIONAL ACCLAIM. THE SPECTACULARLY DESIGNED SHOW IMMERSSED VISITORS IN BURROWS' DYNAMIC STYLE, BRINGING TOGETHER VINTAGE DRESSES AND OUTFITS AS WELL AS ORIGINAL DESIGN DRAWINGS, PHOTOGRAPHS, AND VIDEO FOOTAGE. IT RECEIVED RAVE REVIEWS, INCLUDING FROM THE HUFFINGTON POST, WHICH CALLED IT "A FEAST FOR THE EYES AND A MUST-SEE FOR ANY FASHION LOVER." THE EXHIBITION'S ACCOMPANYING BOOK WAS THE FIRST FREE STANDING MONOGRAPH TO BE PUBLISHED ON THE CAREER OF THIS INFLUENTIAL DESIGNER.

MAKING ROOM: NEW MODELS FOR HOUSING NEW YORKERS (JANUARY 23 - SEPTEMBER 15, 2013) SHOWCASED INNOVATIVE DESIGN SOLUTIONS TO BETTER ACCOMMODATE NEW YORK'S CHANGING, AND SOMETIMES SURPRISING, DEMOGRAPHICS. EXAMPLES OF HOUSING THAT COULD MEET THE NEEDS OF THE CITY'S RISING NUMBER OF SINGLE PEOPLE INCLUDED A FULL-SIZED, FLEXIBLY FURNISHED MICRO-STUDIO APARTMENT OF JUST 325 SQUARE FEET, A SIZE CURRENTLY PROHIBITED IN MOST

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

A BEAUTIFUL WAY TO GO: NEW YORK'S GREEN-WOOD CEMETERY (MAY 15 - OCTOBER 13, 2013) COMMEMORATED THE 175TH ANNIVERSARY OF THIS NATIONAL LANDMARK. ORIGINAL ARTIFACTS, MAPS, DRAWINGS, DOCUMENTS, AND PHOTOGRAPHS TOLD GREEN-WOOD'S MULTIFACETED STORY: ITS LANDSCAPE, ART, AND ARCHITECTURE, AND THE LIVES OF ITS MANY ILLUSTRIOUS RESIDENTS.

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

PAGES. DURING FY2013, THE MUSEUM UPLOADED 20,000 ADDITIONAL IMAGES AND RECORDS TO THE PORTAL; NEWLY AVAILABLE ITEMS INCLUDE PORTIONS OF THE FOLLOWING COLLECTIONS:

RECENTLY DIGITIZED AND UPLOADED ITEMS FROM THE MUSEUM'S PHOTOGRAPHY COLLECTION INCLUDE 2,838 IMAGES DERIVED FROM 20 SCRAPBOOKS THAT CONTAIN HISTORIC IMAGES OF NEW YORK FROM THE MID-19TH THROUGH THE MID-20TH CENTURIES. THESE PHOTOGRAPHS DOCUMENT THE HOMES OF PROMINENT LOCAL CITIZENS (I.E. ANDREW CARNEGIE), THE BUILDING OF THE CITY'S PARKS, TRANSPORTATION SYSTEMS AND INFRASTRUCTURE, AS WELL AS VIEWS OF NEW YORK'S WATERFRONT, CIVIC EVENTS, STREET SCENES AND QUOTIDIAN LIFE. A MULTI-YEAR PROJECT COMPLETED DURING FY2013 WAS THE CONSERVATION, DIGITIZATION, CATALOGING AND UPLOADING OF THE MUSEUM'S WURTS BROTHERS PHOTOGRAPHY COLLECTION, WHICH DOCUMENTS THE EXPLOSIVE GROWTH OF NEW YORK'S BUILT ENVIRONMENT FROM 1895 TO 1965; 7,388 EXAMPLES OF ARCHITECTURAL PHOTOGRAPHY BY THE WURTS BROTHERS STUDIO WERE ADDED TO THE PORTAL DURING THIS PERIOD.

ITEMS FROM THE MUSEUM'S PRINTS COLLECTION RECENTLY DIGITIZED AND MADE

Name of the organization MUSEUM OF THE CITY OF NEW YORK	Employer identification number 13-1624098
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AVAILABLE ON THE PORTAL INCLUDE 289 WORKS ON PAPER FROM THE J. CLARENCE DAVIES COLLECTION, ONE OF THE LARGEST VISUAL DOCUMENTATION COLLECTIONS OF ANY AMERICAN CITY. WORKS RECENTLY SCANNED AND UPLOADED THAT ORIGINATE FROM THE MUSEUM'S THEATER COLLECTION INCLUDE OVER 2,000 ITEMS FROM OUR EXTENSIVE YIDDISH THEATER HOLDINGS, INCLUDING PRODUCTION STILLS, POSTERS, AND SHOW PROGRAMS. ALSO DIGITIZED DURING THIS PERIOD WERE 53 SCRAPBOOKS-CONTAINING 2,500 INDIVIDUAL PAGES-THAT DOCUMENT ETHEL MERMAN'S WORK ON THE STAGE AND SCREEN. CREATED AND MAINTAINED BY HER FATHER, THE SCRAPBOOKS CHART HER CAREER THROUGH SUCH ICONIC PRODUCTIONS AS ANYTHING GOES, ANNIE GET YOUR GUN, AND GYPSY AND MAKE UP THE ONLY KNOWN COMPREHENSIVE COLLECTION DOCUMENTING THE STAR'S PROFESSIONAL LIFE.

DURING FY2013, 202 HIGH DEFINITION DIGITAL IMAGES WERE MADE OF SIGNIFICANT HOLDINGS FROM OUR FURNITURE AND DECORATIVE ARTS COLLECTION. THESE INCLUDE ONE OF THE MUSEUM'S CROWN JEWELS: A SUITE OF EMPIRE FURNITURE BY DUNCAN PHYFE COMMISSIONED IN 1827 BY THE PROMINENT NEW YORK MERCHANT STEPHEN WHITNEY.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: GROUPS, CONTINUED TO ADDRESS THE PERSISTENT, CITY-WIDE PROBLEM OF STUDENT UNDERACHIEVEMENT IN SOCIAL STUDIES. THE CITY'S MOST AT-RISK CHILDREN WERE PROVIDED WITH CONTENT-RICH ACTIVITIES DURING THE 2012/13 ACADEMIC YEAR, ENHANCING LEARNING IN SOCIAL STUDIES, BUILDING CRITICAL THINKING SKILLS, AND NURTURING INTERESTS IN HISTORY AND CREATIVE EXPRESSION. THESE PROGRAMS SERVED A TOTAL OF 18,313 STUDENTS AND 3,510 EDUCATORS.

Name of the organization MUSEUM OF THE CITY OF NEW YORK	Employer identification number 13-1624098
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WITH THE SUPPORT OF THE PINKERTON FOUNDATION, THE SCHWARZ CENTER INSTITUTED A PILOT SUMMER INTERNSHIP PROGRAM IN FY2013 THAT SERVED 13 YOUNG ADULTS OF DIVERSE BACKGROUNDS-AGED 18 - 22 - WHO WERE WORKING TOWARD THEIR G.E.D, OR WHO WERE UNABLE TO AFFORD POST-SECONDARY SCHOOL EDUCATION. THE INTERNSHIP INCLUDED FOUR MONTHS OF RIGOROUS TRAINING THAT INTRODUCED THEM TO THE STUDY AND PRACTICE OF MUSEUM EDUCATION AND PREPARED THEM TO LEAD FIELD TRIPS AND FAMILY PROGRAMS AT THE CENTER DURING THE SUMMER MONTHS, WHEN THEY SERVED 5,002 YOUNGSTERS, 826 EDUCATORS, AND 467 FAMILY MEMBERS/CAREGIVERS.

DURING FY2013, THE SCHWARZ CENTER OFFERED 26 FAMILY PROGRAMS TO CHILDREN AND THEIR PARENTS AND CAREGIVERS. THESE INCLUDED HANDS-ON ART AND HISTORY WORKSHOPS, PERFORMANCES, STORYTELLING, AND FAMILY-FRIENDLY EXHIBITION TOURS AND SCAVENGER HUNTS, WHICH TOOK PLACE ON WEEKENDS AND SCHOOL VACATION DAYS. THROUGH PARTNERSHIPS WITH NEW YORK CITY'S DEPARTMENT OF HOMELESS SERVICES (DHS) AND THE ADMINISTRATION FOR CHILDREN'S SERVICES (ACS), FAMILIES LIVING IN THE CITY'S SHELTER SYSTEM AND YOUNGSTERS WHO HAVE BEEN REMOVED FROM THEIR HOMES BY CHILD PROTECTIVE SERVICES DUE TO ABUSE AND/OR MALTREATMENT PARTICIPATED IN FAMILY PROGRAMS ALONGSIDE MAINSTREAM MUSEUM AUDIENCES.

SATURDAY ACADEMY IS A SIX-WEEK PROGRAM PROVIDING CENTRAL AND EAST HARLEM STUDENTS IN GRADES 8 - 12 WITH FREE SAT PREPARATION AND AMERICAN HISTORY CLASSES. FOR THE 2013/14 ACADEMIC YEAR, THE ACADEMY OPERATED AT FULL CAPACITY SERVING A TOTAL OF 496 STUDENTS. THERE WAS SUBSTANTIVE EVIDENCE DURING FY2013 OF THE SUCCESS OF THE ACADEMY'S SAT PREP COURSES: 63% OF PARTICIPANTS WHO HAD TAKEN THE TEST BEFORE INCREASED THEIR SCORES BY AN AVERAGE OF 140.7 POINTS; 45% OF THESE STUDENTS

Name of the organization MUSEUM OF THE CITY OF NEW YORK	Employer identification number 13-1624098
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IMPROVED BY 120 POINTS OR MORE.

NEIGHBORHOOD EXPLORERS WAS A FREE AFTER-SCHOOL PROGRAM FOR STUDENTS IN GRADES 6 - 8 WHO LEARNED ABOUT ARCHITECTURE, URBAN PLANNING, AND DESIGN BY EXPLORING EAST HARLEM AND BY CREATING SPECIAL PROJECTS, WHICH WERE PRESENTED TO THEIR PEERS, FAMILIES, AND MEMBERS OF THE COMMUNITY AT CULMINATING EVENTS. NEIGHBORHOOD EXPLORERS ACTIVITIES REACHED 875 YOUTHS AND ADULTS DURING THIS PERIOD.

IN FY2013, THE SCHWARZ CENTER'S PROFESSIONAL DEVELOPMENT WORKSHOPS CONTINUED TO BE UTILIZED BY EDUCATORS TO MAINTAIN PROFESSIONAL CERTIFICATION FROM THE NEW YORK CITY DEPARTMENT OF EDUCATION. THE 2,844 WORKSHOP ATTENDEES LEARNED CONTENT ABOUT A VARIETY OF NEW YORK CITY TOPICS AND EXPLORED STRATEGIES FOR EFFECTIVELY USING PRIMARY AND SECONDARY SOURCES IN THE CLASSROOM.

FORM 990, PART VI, SECTION A, LINE 2: MR. QUINSON AND MS. GOODMAN HAVE A FAMILY RELATIONSHIP.

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

FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS PRESENTED TO THE BOARD FOR REVIEW PRIOR TO BEING FILED.

FORM 990, PART VI, SECTION B, LINE 12C: EACH MEMBER, TRUSTEE, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD-DELEGATED POWERS SHALL ANNUALLY SIGN A CONFLICT OF INTEREST FORM. IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO

Name of the organization MUSEUM OF THE CITY OF NEW YORK	Employer identification number 13-1624098
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DISCLOSE ALL MATERIAL FACTS TO THE TRUSTEES AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE GOVERNING BOARD OR COMMITTEE MEETING, BUT AFTER THE PRESENTATION, HE/SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST. THE CHAIRMAN OR THE GOVERNING BOARD OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER EXERCISING DUE DILIGENCE, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE WHETHER MCNY CAN OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED TRUSTEES WHETHER THE TRANSACTION OR ARRANGEMENT IS IN MCNY'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE. IN CONFORMITY WITH THE ABOVE DETERMINATION IT SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT. ANY DECISION BY A COMMITTEE SHALL BE SUBJECT TO REVIEW AND DETERMINATION BY THE GOVERNING BOARD SHOULD IT ELECT TO DO SO.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS

232212
01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization

MUSEUM OF THE CITY OF NEW YORK

Employer identification number

13-1624098

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS
AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST

FORM 990, PART XII LINE 2C

THE PROCESS HAS NOT CHANGED

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS											
1	BUILDING AND IMPROVEMENTS	VARIABLE	SSL	.000	16	21,777,339.			21,777,339.	3,587,290.		416,799.
	* 990 PAGE 10 TOTAL											
	BUILDINGS					21,777,339.		0.	21,777,339.	3,587,290.	0.	416,799.
2	FURNITURE & FIXTURES	VARIABLE	SSL	.000	16	2,739,368.			2,739,368.	1,301,065.		378,231.
	FURNITURE AND EQUIPMENT	VARIABLE	SSL	.000	16	2,739,368.			2,739,368.	1,301,065.		378,231.
	* 990 PAGE 10 TOTAL											
	FURNITURE & FIXTURES					2,739,368.		0.	2,739,368.	1,301,065.	0.	378,231.
3	MACHINERY & EQUIPMENT	VARIABLE	SSL	.000	16	522,752.			522,752.	353,049.		12,131.
	* 990 PAGE 10 TOTAL											
	MACHINERY & EQUIPMENT					522,752.		0.	522,752.	353,049.	0.	12,131.
64	OTHER CONSTRUCTION IN PROGRESS	VARIABLE	SSL	.000	16	1,854,147.			1,854,147.	56,754.		16,215.
65	LEASEHOLD IMPROVEMENTS	VARIABLE	SSL	.000	16	64,506.			64,506.	19,993.		6,451.
	* 990 PAGE 10 TOTAL											
	OTHER					1,918,653.		0.	1,918,653.	76,747.	0.	22,666.
	* GRAND TOTAL 990 PAGE 10 DEPR					26,958,112.		0.	26,958,112.	5,318,151.	0.	829,827.