Department of the Treasury

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

and ending JUN 30, 2018 Open to Public Inspection

OMB No. 1545-0047

B c	heck if pplicable:	C Name of organization	D Employer identifi	cation number
	Address change			
	Name change	Doing business as MUSEUM OF THE MOVING IMAGE	11-2	730714
	Initial return		suite E Telephone numbe	
	Final return/	36-01 35TH AVENUE	(718	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	7,943,421.
	Amende return		H(a) Is this a group re	eturn
	Applica-	F Name and address of principal officer: CARL GOODMAN	for subordinates	? Yes X No
	pending	SAME AS C ABOVE	H(b) Are all subordinates i	ncluded? Yes No
		mpt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) or 100 cm.	527 If "No," attach a	list. (see instructions)
		E ► WWW.MOVINGIMAGE.US	H(c) Group exemption	
			Year of formation: 1988	A State of legal domicile: NY
Pa		Summary	TE MITE MOTTING	TMACE
Se	1 B	riefly describe the organization's mission or most significant activities: MUSEUM (ADVANCES THE UNDERSTANDING, ENJOYMENT, AND A	OF THE MOVING	TMAGE YOU
Activities & Governance	-			
veri		Check this box if the organization discontinued its operations or disposed of lumber of voting members of the governing body (Part VI, line 1a)	1 _	30
G	1	lumber of voting members of the governing body (Fart VI, line 1a)	3	29
ŝ		otal number of individuals employed in calendar year 2017 (Part V, line 1a)		125
/itie		otal number of volunteers (estimate if necessary)		39
cţi		otal unrelated business revenue from Part VIII, column (C), line 12		0.
⋖		let unrelated business taxable income from Form 990-T, line 34		12,663.
			Prior Year	Current Year
<u>o</u>	8 C	Contributions and grants (Part VIII, line 1h)	3,929,936.	4,565,133.
enn		rogram service revenue (Part VIII, line 2g)	1,397,510.	1,940,886.
Revenue		vestment income (Part VIII, column (A), lines 3, 4, and 7d)	131.	151.
_	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	515,972.	762,196.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,843,549.	7,268,366.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	l	denefits paid to or for members (Part IX, column (A), line 4)	4,253,130.	4,525,133.
ses		dalaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	64,100.	114,600.
Expenses	loa P	rofessional fundraising fees (Part IX, column (A), line 11e) total fundraising expenses (Part IX, column (D), line 25) 569,861.	04,100.	114,000
EX		otal fundialising expenses (Fart IX, Column (A), lines 11a-11d, 11f-24e)	2,587,102.	3,377,052.
	1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,904,332.	8,016,785.
		levenue less expenses. Subtract line 18 from line 12	-1,060,783.	-748,419.
or			Beginning of Current Year	End of Year
let Assets or und Balances	20 T	otal assets (Part X, line 16)	6,184,137.	5,574,148.
t As d Be	21 T	otal liabilities (Part X, line 26)	2,019,920.	2,158,350.
<u>~</u> ⊥	22 N	let assets or fund balances. Subtract line 21 from line 20	4,164,217.	3,415,798.
		Signature Block		
		ies of perjury, I declare that I have examined this return, including accompanying schedules and s		y knowledge and belief, it is
true,	correct,	and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledge.	
٠.		Signature of officer	l Date	
Sigr		CARL GOODMAN, EXECUTIVE DIRECTOR	Date	
Her	e	Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check] PTIN
Paid		REDERICK MARTENS	l if	
	_	Firm's name LUTZ AND CARR, CPAS LLP	self-employ	13-1655065
	_	Firm's address 551 FIFTH AVENUE, SUITE 400	111110 EIN	
	ٔ ا	NEW YORK, NY 10176	Phone no. 21	2-697-2299
May	the IRS	S discuss this return with the preparer shown above? (see instructions)		X Yes No

Pai	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: MUSEUM OF THE MOVING IMAGE ADVANCES THE UNDERSTANDING, ENJOYMENT, AND	
	APPRECIATION OF THE ART, HISTORY, TECHNIQUE, AND TECHNOLOGY OF FILM,	
	TELEVISION, AND DIGITAL MEDIA BY PRESENTING EXHIBITIONS, EDUCATION	
	PROGRAMS, SIGNIFICANT MOVING-IMAGE WORKS, AND INTERPRETIVE PROGRAMS,	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X	No
Ū	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
7	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 \$ 3,613,326 • including grants of \$) (Revenue \$ 1,573,363	3.1
	THE MUSEUM PRESENTS EXHIBITIONS AND INSTALLATIONS THAT EXPLORE THE	
	CREATION OF MOVING IMAGES, AND MAINTAINS A COLLECTION OF ARTIFACTS THA	Т
	IS ONE OF THE MOST IMPORTANT OF ITS KIND. A NEW PERMANENT EXHIBITION	
	DEVOTED TO THE LIFE AND WORK OF THE LEGENDARY JIM HENSON OPENED IN JUL	īV
	2017. FEATURING OVER 300 ARTIFACTS, INCLUDING PUPPETS, CHARACTER	
	SKETCHES, STORYBOARDS, AND COSTUMES, THE EXHIBITION EXPLORES HENSON'S	
	GROUNDBREAKING WORK FOR FILM AND TELEVISION AND HIS TRANSFORMATIVE	
	IMPACT ON CULTURE. THE MUSEUM'S OTHER PERMANENT EXHIBITION, BEHIND TH	IE.
	SCREEN, IS A ONE-OF-A-KIND EXPERIENCE THAT IMMERSES VISITORS IN THE	
	CREATIVE AND TECHNICAL PROCESS OF PRODUCING, PROMOTING, AND PRESENTING	
	FILMS, TELEVISION SHOWS, AND DIGITAL ENTERTAINMENT. OCCUPYING 15,000	
	SQUARE FEET OF THE MUSEUM'S SECOND AND THIRD FLOORS, THE EXHIBITION	
4b	(Code:) (Expenses \$ 1,758,511 · including grants of \$) (Revenue \$ 352,416	<u>5 .</u>)
	SCREENINGS AND PUBLIC EVENTS:	
	EACH YEAR THE MUSEUM SCREENS MORE THAN 500 FILMS IN A MIX OF THE	
	CLASSIC AND THE CONTEMPORARY. WITH LIVE MUSIC FOR SILENT FILMS,	
	RESTORED PRINTS FROM THE WORLD'S LEADING ARCHIVES, AND OUTSTANDING NEW	<u> </u>
	FILMS FROM THE INTERNATIONAL FESTIVAL CIRCUIT, MUSEUM PROGRAMS ARE	
	RECOGNIZED FOR THEIR QUALITY AS WELL AS THEIR SCOPE. FROM THE GLOBAL	
	DISCOVERIES PRESENTED IN THE ANNUAL SHOWCASE FIRST LOOK, TO THE	
	ACTION-PACKED THRILLERS SHOWN IN THE POPULAR MONTHLY SERIES FIST AND	
	SWORD, TO THE ADVENTUROUS, UNPREDICTABLE, AND DYNAMIC DOCUMENTARIES	
	HIGHLIGHTED IN THE ONGOING PROGRAM ADVENTURES IN NONFICTION, SCREENING	3S
	IN FISCAL YEAR 2018 PRESENTED A PANORAMIC VIEW OF THE MOVING IMAGE.	
	OTHER ONGOING PROGRAMS OFFERED IN FY18 INCLUDED CHANGING THE PICTURE ((A
4c	(Code:) (Expenses \$ 1,155,967. including grants of \$) (Revenue \$ 325,348	3•)
	EDUCATION PROGRAMS	
	THE MUSEUM PROVIDES CURRICULUM-BASED EDUCATIONAL EXPERIENCES TO	
	APPROXIMATELY 50,000 STUDENTS EACH YEAR, AS WELL AS AN ARRAY OF	
	DYNAMIC, ENGAGING TOURS, TALKS, WORKSHOPS, AND SCREENINGS FOR CHILDREN	<u>1, </u>
	TEENS, FAMILIES, ADULTS, AND SENIORS. LEARNING ACTIVITIES INCLUDE	
	GUIDED TOURS OF THE MUSEUM'S EXHIBITIONS, FREE DESIGN JAMS AT WHICH	
	STUDENTS EXPERIMENT WITH DIGITAL TOOLS TO SOLVE DESIGN CHALLENGES, AND	<u> </u>
	INTENSIVE MULTI-DAY WORKSHOPS FOR HIGH-SCHOOL STUDENTS IN WHICH	
	PARTICIPANTS EXPERIMENT WITH STATE-OF-THE-ART DIGITAL AND ANALOG VIDEO	
	GAME DESIGN. ONGOING FAMILY-FRIENDLY PROGRAMMING INCLUDES	
	MORNINGS@MOMI, A BI-MONTHLY OPPORTUNITY FOR FAMILIES TO EXPLORE	
	EXHIBITIONS AND PARTICIPATE IN ART-MAKING PROJECTS BEFORE THE MUSEUM	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 6,527,804.	
	Form 990 (2	2017)

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)?		v	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
4	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			7.7
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	Х	
L	Schedule D, Parts XI and XII Was the experienting included in appealief and independent sudited financial attachments for the tay year?	12a	71	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	174		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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? If "Yes," complete Schedule G, Part I	17	X	<u></u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
		_	OOO.	

Part IV Checklist of Required Schedules (continued)

20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H 20b				Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic operations (Complete Schedule Parts I and III 21 X X X X X X X X X	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule (Parts I and II)	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
22 Did the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 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 Deember 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25s 24a Did the organization maintain an escrow account other than a refunding escrow at any time during the year of the companization maintain an escrow account other than a refunding escrow at any time during the year? Organization are some any tax-exempt bonds? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I (25a X) 25b Ix the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II (25b X) 25c Ix	21				
Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22			21		_X_
Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after Deember 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No!, 9 to line 25a b Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization minest as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d Did the organization as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d Did the organization as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d Did the organization as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d Did the organization as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d Did 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 proper any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, stuteses, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, or disqualified persons? If "Yes," complete Schedule L, Part IV Did the organization provide a grant or other assistance to an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Did the organization provide and provide separatio	22				37
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J and the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 244 and complete Schedule K. If "No", or of line 25a 24b 24b 25b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 24c 25b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 25c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24c 25d 25d Did the organization and at as an "on behalf of" issuer for bonds outstanding at any time during the year of defease any tax-exempt bonds? 35c Did the organization and at as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization and at as an "on behalf of" issuer for bonds outstanding at any time during the year of 25d Did the organization with a disqualified person during the year? 14 Pres, "complete Schedule L, Part I 25d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with 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 apart of the organization apart of the organization apart of the organization person and the surface of the organization persons? If "Yes," complete Schedule L, Part IV 25d Did the organization persons? If "Yes," complete Schedule L, Part IV 25d Did the organization organization apart of tomer officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 25d Did the organization organization ore indirect			22		
Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a 24b Did the organization mantain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25a Section 501(e)(3), 501(e)(4), and 501(e)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25a Section 501(e)(3), 501(e)(4), and 501(e)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustes, key employees, nighest compensated employees, or disqualified person if a prior year, "complete Schedule L, Part II" 25b X 27c X 28d Was the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, director, trustes, experibly or search of any of these persons? If "Yes," complete Schedule L, Part IV 27d Did the organization propriet a grant or other assistance to an officer, director, trustee, key employees, substantial contributions for applicable filing thresholds, conditions, and exceptions? 27d A nentry of which a current or former officer, director, trustee, or key employee (or a family member of a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an office	23				
Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Pes," arrawer lines 24b through 24d and complete Schedule K. If "No", go to fine 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 27c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 28d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 0.24c 28d 28d 28d 28d 28d 28d 28d 28			00	y	
stad day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K, If "No", go to line 25a 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? d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d) Did 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 spot or 990-EZ? If "yes," complete Schedule L, Part II D) Did the organization report any amount on Part X, line 6, 8, or 22 for receivables from or payables to any current or former officers, fusectors, trustees, key employees, highest compensated employees, or disqualified persons? If "yes," complete Schedule L, Part III D) Did 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? If "yes," complete Schedule L, Part IV D) Did the organization receive more than \$25,000 in non-cash contributions? If "yes," complete Schedule L, Part IV D) Did the organization receive more than \$25,000 in non-cash contributions? If "yes," complete Schedule L, Part IV D) Did the organization receive on officery, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or dissolve an	240	Did the erganization have a tay exampt hand issue with an outstanding principal amount of more than \$100,000 as of the	23	21	
Schedule K. If "No.", go to line 25a b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b Did the organization amantain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Ves," complete Schedule L, Part I gentle L, Part I gentl	2 1 a				
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? d Did the organization act as an 'on behalf Of' issuer for bonds outstanding at any time during the year? d Did the organization act as an 'on behalf Of' issuer for bonds outstanding at any time during the year? d Did the organization act as an 'on behalf Of' issuer for bonds outstanding at any time during the year? d Did the organization act as an 'on behalf Of' issuer for bonds outstanding at any time during the year? d Did the organization act as an 'on behalf Of' issuer for bonds outstanding at any time during the year? d Did the organization act as an 'on behalf Of' issuer for bonds outstanding at any time during the year? d Did the organization act as an 'on behalf Of' issuer for bonds outstanding at any time during the year? d Did the organization act as an 'on behalf Of' issuer for bonds outstanding at any time during the year? d Did the organization act as an 'on behalf Of' issuer for bonds outstanding at any time during the year? 24d 24d 22d 24d 22d 24d 25a Section 501(c)(3), 501(c)(4), 501(c)(2)) organization and excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified persons? If 'Yes," complete Schedule L, Part IV 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, or the organization set on any organization report any or other assistance to an officer, director, trustee, or the yemployee, or a family member thereofly was an officer, directo			24a		Х
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? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a	b				
any tax-exempt bonds? d tith de organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a 35c 35					
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c/Ql, 3nd 501(c/Ql), and 501(c/Q2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25b X 25b 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 sprior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II and that the transaction report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 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? If "Yes," complete Schedule L, Part IV 28 Did the organization as current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M, Part II 31 Did the organization inquidate, terminate, or dissolve and cease operations? 1f "Yes," complete Schedule M, Part II 31 Did the organization organization with a controlled entity within the meaning of section \$12(b)(13)? If "			24c		
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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-E2? If "Yes," complete Schedule L, Part I 25b X 27 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 In a family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part II 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 32 Did the organization sell and soll, 7701-3? If "Yes," complete Schedule R, Par	d		24d		
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-E2? If "Yes," complete Schedule L, Part II 25b X 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization engliable, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 X 32 Did the organization one liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II 31 X 33 Did the organization one of the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," c	25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b		transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 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, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a	b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 X X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X 28 A 24 A 24 A 25 A 25 A 25 A 25 A 25 A 25		that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?If "Yes," complete Schedule N, Part I 31 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organiz		Schedule L, Part I	25b		X
Complete Schedule L, Part II 26	26				
Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X 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? If "Yes," complete Schedule L, Part IV 28 X X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 X 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 line or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28 X X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X X 20					7.7
contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 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? If "Yes," complete Schedule L, Part IV 28 X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 A X 32 Did the organization oven 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 A X 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes," to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treate			26		_X_
of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	27				
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? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X 28b X 28b X 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 A X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 32 A Was the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes," to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 33 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related					v
instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 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 key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee? If "Yes," complete Schedule N 28b X 29 X 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?If "Yes," complete Schedule N, Part II 31 X 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b If "Yes," to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any tran	00		27		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 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? If "Yes," complete Schedule L, Part IV 28c	28				
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 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? If "Yes," complete Schedule L, Part IV. 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? The section 501(c)(3) organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 35 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, line 2 36 Was Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	•		282		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? If "Yes," complete Schedule L, Part IV 28c					
director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35 Did the organization have a controlled entity within the meaning of section \$12(b)(13)? 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 \$12(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			200		
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 A 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	·		28c		Х
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X	29		-		
contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Y 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?					
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 To did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			30	X	
If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 To did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31				
Schedule N, Part II 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI lines 11b and 19?		, , , , , , , , , , , , , , , , , , , ,	31		X
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b	32				
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		Schedule N, Part II	32		<u>X</u>
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	33				77
Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Y 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			33		
Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	34				v
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	25-				
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			ა ე		- 21
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	b		25h		
If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	36		330		
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</i> "Yes," <i>complete Schedule R, Part VI</i> 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	55		36		Х
and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37				
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			37		Х
	38				
			38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V								
				Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 83							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ib °							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re			v					
_	(gambling) winnings to prize winners?		1c	Х					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 125							
	filed for the calendar year ending with or within the year covered by this return		OL.	х					
D	If at least one is reported on line 2a, did the organization file all required federal employment tax return.		2b	-22					
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		3a	х					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b	X					
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		3D						
Ta	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		Х				
h	If "Yes," enter the name of the foreign country:	1000dill):	Tu						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FRAR)							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X				
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
-	any contributions that were not tax deductible as charitable contributions?		6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contribut								
	were not tax deductible?	•	6b						
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?		7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract?	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		7f		X				
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the							
			8						
9	Sponsoring organizations maintaining donor advised funds.								
а			9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b						
10	Section 501(c)(7) organizations. Enter:	40-							
a	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b							
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	ION							
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a							
a b	Gross income from other sources (Do not net amounts due or paid to other sources against	ı ıa							
D	amounts due or received from them.)	11b							
1 2 2	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	.ea						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state?		13a						
_	Note. See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c							
14a			14a		Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b						
			Form	990	(2017)				

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

	Check if Schedule O contains a response or note to any line in this Part VI			$\lfloor X \rfloor$								
Sec	tion A. Governing Body and Management											
			Yes	No								
1a	Enter the number of voting members of the governing body at the end of the tax year la											
	If there are material differences in voting rights among members of the governing body, or if the governing											
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.											
b	Enter the number of voting members included in line 1a, above, who are independent 1b 29											
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other											
	officer, director, trustee, or key employee?	2		X								
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision											
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X								
5	Did the organization become aware during the year of a significant diversion of the organization's assets?											
6	Did the organization have members or stockholders?	6		X								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or											
	more members of the governing body?	7a		X								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or											
	persons other than the governing body?	7b		X								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:											
а	The governing body?	8a	X									
b	Each committee with authority to act on behalf of the governing body?	8b	X									
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the											
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X								
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)											
			Yes	No								
10a	Did the organization have local chapters, branches, or affiliates?	10a		X								
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,											
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b										
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х									
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		X									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13											
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х									
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe											
	in Schedule O how this was done	12c	Х									
13	Did the organization have a written whistleblower policy?	13	X									
14	Did the organization have a written document retention and destruction policy?	14	X									
15	Did the process for determining compensation of the following persons include a review and approval by independent											
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?											
а	The organization's CEO, Executive Director, or top management official	15a	X									
b	Other officers or key employees of the organization	15b	Х									
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).											
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			37								
	taxable entity during the year?	16a		X								
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation											
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's											
	exempt status with respect to such arrangements?	16b										
	tion 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) and the section 501(c)(3)s only) and 500-T (Section 501(c)(3)s only) and 500-T (Sec	availab	ie									
	for public inspection. Indicate how you made these available. Check all that apply.											
40	X Own website Another's website X Upon request Other (explain in Schedule O)											
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinan	cıal									
00	statements available to the public during the tax year.											
20	State the name, address, and telephone number of the person who possesses the organization's books and records: ►											
	36-01 35TH AVENUE, ASTORIA, NY 11106											

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	box	not c	ss pe	ition more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) IVAN L. LUSTIG	1.00	х		X				0.	0.	0.
CO-CHAIRMAN (2) MICHAEL BARKER	1.00	^		Λ				0.	0.	0.
CO-CHAIRMAN	1.00	Х		х				0.	0.	0.
(3) WARRINGTON HUDLIN	1.00	^		Δ				0.	0.	0.
VICE-CHAIRMAN AND SECRETARY	1.00	Х		Х				0.	0.	0.
(4) STUART MATCH SUNA	1.00	<u> </u>		22				0.	0.	•
VICE-CHAIRMAN	1.00	x		х				0.	0.	0.
(5) MICHAEL PALITZ	1.00							•	•	
TREASURER		x		х				0.	0.	0.
(6) CARL GOODMAN	40.00							•	•	
EXECUTIVE DIRECTOR		х		х				272,258.	0.	34,540.
(7) HERBERT S. SCHLOSSER	1.00							,		·
CHAIRMAN EMERITUS		х						0.	0.	0.
(8) ADAM BARTOS	1.00									
TRUSTEE		Х						0.	0.	0.
(9) MATTHEW C. BLANK	1.00									
TRUSTEE		Х						0.	0.	0.
(10) ELLIN DELSENER	1.00									
TRUSTEE		Х						0.	0.	0.
(11) JOSEPH FICALORA	1.00									
TRUSTEE		Х						0.	0.	0.
(12) JO-ANN FOX-WEINGARTEN	1.00									
TRUSTEE		Х						0.	0.	0.
(13) MICHAEL GORDON	1.00									
TRUSTEE		Х						0.	0.	0.
(14) LINDA LEROY JANKLOW	1.00							_	_	_
TRUSTEE		Х						0.	0.	0.
(15) JON KAMEN	1.00								_	
TRUSTEE	1 00	Х				_	<u> </u>	0.	0.	0.
(16) JEFFREY KATZENBERG	1.00								_	_
TRUSTEE	1 00	Х				_		0.	0.	0.
(17) GEORGE S. KAUFMAN	1.00	\ \ \							^	_
TRUSTEE 732007 11-28-17		Х						0.	0.	0 • Form 990 (2017)

732007 11-28-17

	990 (2017) AMERICAN									11-2/30	/ <u>1 4</u>	Pa	age 8
Par	VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	/ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)			
	(A)	(B)				C)			(D)	(E)	(F		
	Name and title	Average	(do	not c	Pos	itior more	than	one	Reportable	Reportable	Es	stimate	∍d
		hours per	box	, unle	ss pe	erson	is bot or/trus	h an	compensation	compensation	an	nount	of
		week (list any	\vdash	1	I	T	T	100,	from the	from related organizations	000	other pensa	ation
		hours for	direct				-		organization	(W-2/1099-MISC)		om th	
		related	ee or	stee			nsate		(W-2/1099-MISC)	(,,		anizat	
		organizations	Individual trustee or director	nstitutional trustee		oyee	Highest compensated employee				an	d relat	.ed
		below	ividua	itutio	Officer	key employee	hest c	Former			orga	anizati	ons
		line)	<u>P</u>	lus	₩	Key	Hig	윤					
	HELEN LEE	1.00	١,,										0
TRUS		1 00	Х			<u> </u>			0.	0.			0.
	MATTHEW LOEB	1.00	X						0.	0.			0
TRUS		1.00	1			<u> </u>			0.	0.			0.
TRUS	JOHN T. MCGUIRE	1.00	X						0.	0.			0.
	WALTER MOSELY	1.00	<u> </u>			\vdash				0.			<u> </u>
TRUS		1.00	X						0.	0.			0.
	THOMAS J. O'DONNELL	1.00	122	\vdash						· ·			<u>.</u>
TRUS			x						0.	0.			0.
	DENNIS PAUL	1.00	 										
TRUS	TEE		x						0.	0.			0.
(24)	RICHARD PLEPLER	1.00											
TRUS	TEE		X						0.	0.			0.
(25)	LISA ROSENBLUM	1.00											
TRUS	TEE		Х						0.	0.			0.
(26)	HAL ROSENBLUTH	1.00											
TRUS	TEE		Х						0.	0.			0.
	Sub-total								272,258.	0.		4,5	
	Total from continuation sheets to Part V								498,328.	0.		9,2	
	Total (add lines 1b and 1c)							<u> </u>	770,586.	0.	14	3,7	73.
2	Total number of individuals (including but i	not limited to th	nose	liste	ed a	bove	e) wh	no r	eceived more than \$100	0,000 of reportable			_
	compensation from the organization											Yes	5 No
•	Did the comparisation list and former an office		4_	- l					h:-ht			res	NO
3	Did the organization list any former officer										3		x
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the s										3		25
7	and related organizations greater than \$15	-		-					•	-	4	Х	
5	Did any person listed on line 1a receive or										_		

Х rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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
BG HACKER 4 PRODUCTION, INC. 66 MADISON AVENUE, NEW YORK, NY 10016	CONSULTING DIRECTOR OF EVENTS	128,440.
or improve in the control in the con	01 212115	223,223

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 AMERICAN	MUSEUM	OF	: '.	LHF	<u>1</u>	MO1	/ T I	NG IMAGE	11-273	0714
Part VII Section A. Officers, Directors, Tr	ustees, Key Eı	mplo	oyee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)		_		C)			(D)	(E)	(F)
Name and title	Average			Pos		1		Reportable	Reportable	Estimated
	hours	(cl		eck all th		hat apply)		compensation	compensation	amount of
	per							from	from related	other
	week	١				oyee		the	organizations	compensation
	(list any	recto				empl		organization	(W-2/1099-MISC)	from the
	hours for related	or di	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	ruste	l frus		ee/	npen				organizations
	below	ndividual trustee or director	Institutional trustee	_	oldm	Highest compensated employee	in 1			organization o
	line)	Indivi	Institi	Officer	Key employee	Highe	Former			
(27) JOSHUA W. SAPAN	1.00									
TRUSTEE		Х						0.	0.	0.
(28) HENRY S. SCHLEIFF	1.00									
TRUSTEE		Х						0.	0.	0.
(29) HON. CLAIRE SHULMAN	1.00									
TRUSTEE		Х						0.	0.	0.
(30) ANDREW H. TISCH	1.00									
TRUSTEE		Х						0.	0.	0.
(31) JEFFREY ZUCKER	1.00									
TRUSTEE		Х						0.	0.	0.
(32) LISE SUINO (TO OCT 2017)	40.00									
CHIEF FINANCIAL OFFICER				Х				135,836.	0.	28,978.
(33) LISA GIUFFRE (AS OF JUN 2018)	40.00									
DEPUTY DIR. FOR ADMINISTRATION/CFO				Х				0.	0.	0.
(34) DAVID SCHWARTZ	40.00									
CHIEF CURATOR						Х		114,889.	0.	40,901.
(35) WENDELL WALKER	40.00									
DEPUTY DIRECTOR FOR OPERATIONS						Х		121,352.	0.	26,266.
(36) FRED BAEZ	35.00									
CHIEF PROJECTIONIST						Х		126,251.	0.	13,088.
		-								
		1								
			_	\vdash		_				
		1								
		_	_	\vdash		_	<u> </u>			
		-								
Tatalita Dart VIII. Ocation A. P d								498,328.		109,233.
Total to Part VII, Section A, line 1c								430,340.		103,433.

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Related or Unrelated Total revenue from tax under exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 317,703. **b** Membership dues 762,512. c Fundraising events d Related organizations 1d 1,861,838. e Government grants (contributions) f All other contributions, gifts, grants, and $|_{1f}|_{1,623,080}$ similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ 4,565,133 h Total. Add lines 1a-1f Business Code 1,643,053.1,643,053. 2 a ADMISSIONS 713990 Program Service Revenue b TRAVELING EXHIBITIONS 713990 230,000. 230,000. 45,583. 22,250. c PROGRAM FEES 713990 45,583. 22,250. d FACILITY USAGE FEES 713990 f All other program service revenue 1,940,886. g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 151 151. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 703,153 6 a Gross rents 251,198. **b** Less: rental expenses 451,955. c Rental income or (loss) 451,955. 451,955. **d** Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue 762,512. of including \$ contributions reported on line 1c). See Part IV, line 18 a 200,149 Other b Less: direct expenses b 200,149. 0. c Net income or (loss) from fundraising events 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 a 468,378 and allowances ь 223,708. **b** Less: cost of goods sold 244,670. 244,670. c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 900099 11 a OTHER INCOME 65,571 65,571 b d All other revenue 65,571. e Total. Add lines 11a-11d 268,366.2,251,127 452,106. Total revenue. See instructions.

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). X Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising expenses (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 152,708. 67,200. 427,538. 207,630. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and 3,216,066 227,707. 2,811,934. 176,425. persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include 247,606. 6,206. 268,247. 14,435. section 401(k) and 403(b) employer contributions) 264,691. 231,165. 25,394. 8,132. Other employee benefits 9 45,557. 20,412. 348,591. 282,622. Payroll taxes 10 Fees for services (non-employees): a Management 10,536. 10,536. Legal 40,670. 40,670. Accounting Lobbying 114,600. 114,600. Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 886,925. 94,950 51,200. 1,033,075 column (A) amount, list line 11g expenses on Sch O.) 15,705. 15,705. Advertising and promotion 12 125,654. 96,901. 18,817. 9,936. 13 Office expenses 14 Information technology 15 Royalties 457,404. 452,428. 4,976. 16 Occupancy 66,391. 58,809. 7,582. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 45,342. 45,342. 20 Payments to affiliates _____ 21 54,257. 387,133. 332,876. Depreciation, depletion, and amortization 22 125,817. 119,520. 6,297. 23 Other expenses. Itemize expenses not covered 24 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.) 916. PURCHASED SERVICES 306,815. 221,158. 84,741. REPAIRS AND MAINTENANCE 164,642. 152,801. 5,649. 6,192. **EXHIBITION EQUIPMENT** 156,601. 146,485. 7,486. 2,630. 2,360. 150,595. SUPPLIES AND MATERIALS 143,613. 4,622. 174,548. 112,108. 290,672. 4,016. e All other expenses Total functional expenses. Add lines 1 through 24e 8,016,785. 6,527,804. 919,120. 569,861. 25 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)

<u>Par</u>	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			312,143.	1	211,677
	2	Savings and temporary cash investments		327,305.	2	411,566	
	3	Pledges and grants receivable, net	551,568.	3	534,444		
	4	Accounts receivable, net			4		
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensa					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
_ι		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use			32,035.	8	37.114
	9	B ::			406,854.	9	37,114 197,034
		Land, buildings, and equipment: cost or other	I		,		,
		basis. Complete Part VI of Schedule D	10a	9,605,551.			
	h	Less: accumulated depreciation	10h	5,423,238.	4,554,232.	10c	4,182,313
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal	6,184,137.	16	5,574,148		
	17	Accounts payable and accrued expenses			882,138.	17	1,082,783
	18	Grants payable		18			
	19	Deferred revenue			490,489.	19	561,143
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
,	22	Loans and other payables to current and former					
ן פֿ		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
ן בֿ	23	Secured mortgages and notes payable to unrela			600,000.	23	500,000
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa				27	
	20	parties, and other liabilities not included on lines					
		Oak and de D		-	47,293.	25	14,424
	26	Total liabilities. Add lines 17 through 25			2,019,920.	26	2,158,350
		Organizations that follow SFAS 117 (ASC 958					
ဂ္ဂ		complete lines 27 through 29, and lines 33 an					
ဗို ၂	27	Unrestricted net assets			2,813,572.	27	2,465,828
ala	28	Temporarily restricted net assets			1,300,645.	28	899,970
<u> </u>	29				50,000.	29	50,000
<u> </u>		Organizations that do not follow SFAS 117 (A					
5		and complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30	
אַ אַ	31	Paid-in or capital surplus, or land, building, or ed				31	
ן אַ	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances			4,164,217.	33	3,415,798
		Total liabilities and net assets/fund balances			6,184,137.	34	5,574,148

Form **990** (2017)

FOIL	1990 (2017) IMBRECIM HODDON OF THE HOVENS TIMED		2750	,	гац	ye ız
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		, 26		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,01		
3	Revenue less expenses. Subtract line 2 from line 1	3		-74		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	,16	4,2	17.
5	Net unrealized gains (losses) on investments	5				
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	3	,41	5,7	98.
Pa	rt XIII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	- 1			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	- 1			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis		- 1			
b	Were the organization's financial statements audited by an independent accountant?			2b	<u> </u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,			
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit			
	Act and OMB Circular A-133?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired aud	dit			
	or guidita, explain why in Schodula O and deparibe any stone taken to undergo quah guidita			26		I

732012 11-28-17

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization AMERICAN MUSEUM OF THE MOVING IMAGE **Employer identification number** 11-2730714

Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.		
The	organ	ization is not a private found	ation because it is: (For lines 1 through 12, o	heck only	one box.)			
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(I)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) .							
4	一	A medical research organiz						the hospital's name	
		city, and state:	a oporatoa oo.	njanionon mini a moopina		00000		,	
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a d	overnmental unit describ	ned in	
J		section 170(b)(1)(A)(iv). (C		inege of drillversity owner	a or operar	ica by a g	overnmental and accord	JCG II1	
6				antal unit described in	aaatian 17	70/L\/4\/A\	6.4		
6	X	A federal, state, or local gov						من ام مانام مانام مانام	
7	21	An organization that norma		riliai part of its support i	rom a gov	emmentai	unit or from the general	public described in	
_		section 170(b)(1)(A)(vi). (C		4\\4\\-2\\ (O					
8	H	A community trust describe				al tar a said	on attack with a law of source.		
9		An agricultural research org				-		-	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	je or	
40		university:	lh	th 00 4 /00/ -f it					
10	ш	An organization that norma							
		activities related to its exen							
		income and unrelated busin		(less section 511 tax) tr	om busine	sses acqu	lired by the organization	aπer June 30, 1975.	
		See section 509(a)(2). (Cor	. ,	i valvota taat fan av lalia aa	.f C	ti F(20/-1/41		
11	Н	An organization organized	-	•	-				
12	ш	An organization organized a	· ·	•	-		•		
		more publicly supported or						Sheck the box in	
_		lines 12a through 12d that	• •			-	· · · · · ·	. mission m	
а		Type I. A supporting orga	· · · · · · · · · · · · · · · · · · ·		•	•			
		the supported organization			а тајопцу (or the dire	ctors or trustees of the s	supporting	
L		organization. You must o			tion with it		ad arganization(a) by ba	win a	
b		Type II. A supporting org	· ·					-	
		control or management o			ame perso	nis triat co	ontrol of manage the sup	pported	
_		organization(s). You mus Type III functionally inte			in connoc	tion with	and functionally integrat	od with	
C		its supported organization					•	eu wiiii,	
d		Type III non-functionally		•				ization(s)	
u		that is not functionally int	•					• •	
		requirement (see instruct	-	-	-		-	11/6/1633	
۵		Check this box if the orga	•						
٠		functionally integrated, or					r type i, type ii, type iii		
f	Ente	er the number of supported of		nany integrated eappoin	ing organi.				
a		ride the following information		d organization(s).					
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	
				abovo (oco morracrione))					
F-4-									

14140424 759420 112730714

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017

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

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

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	4986070.	4290979.	5016497.	3929936.	4565133.	22788615.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge		40000			1=1=1			
4	Total. Add lines 1 through 3	4986070.	4290979.	5016497.	3929936.	4565133.	22788615.		
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)						301,954.		
	Public support. Subtract line 5 from line 4.						22486661.		
	ction B. Total Support				-	-			
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total 22788615.		
	Amounts from line 4	4986070.	4290979.	5016497.	3929936.	4565133.	22/88615.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,	200 620	440 006	F00 000	415 500	702 204	0070050		
	and income from similar sources	309,632.	442,026.	502,298.	415,592.	703,304.	2372852.		
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	22 201	E1 767	12 056	71 226	65 571	265 021		
	assets (Explain in Part VI.)	33,301.	51,767.	43,856.	71,326.		265,821. 25427288.		
11	Total support. Add lines 7 through 10		,				729,619		
12	Gross receipts from related activities,						, 129,019.		
13	First five years. If the Form 990 is for				-		. □		
Sec	organization, check this box and storection C. Computation of Publ		rcentage				<u></u>		
	Public support percentage for 2017 (l		_	column (f))		14	88.44 %		
15	Public support percentage from 2016					15	83.20 %		
	33 1/3% support test - 2017. If the o								
	stop here. The organization qualifies	•		•		•			
b	33 1/3% support test - 2016. If the o								
	and stop here. The organization qual	•				•			
17a	10% -facts-and-circumstances tes								
	and if the organization meets the "fac	J					*		
	meets the "facts-and-circumstances"		•	-	•	•			
b	10% -facts-and-circumstances tes								
	more, and if the organization meets the								
	,		•		•				
18	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

Schedule A (Form 990 or 990-EZ) 2017

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

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

Section A. Public Support	, ,	,				
Calendar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
· · · · · · · · · · · · · · · · · · ·						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge				 	 	
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons					-	
b 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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				-	-	
or loss from the sale of capital						
assets (Explain in Part VI.)				-	-	
13 Total support. (Add lines 9, 10c, 11, and 12.)			1.6		=======================================	<u> </u>
14 First five years. If the Form 990 is for	· ·			•	. , . ,	·
						> L
Section C. Computation of Public					l l	
15 Public support percentage for 2017 (lin					15	<u>%</u>
16 Public support percentage from 2016					16	<u>%</u>
Section D. Computation of Inves					T I	
17 Investment income percentage for 20			ne 13, column (f))		17	<u>%</u>
18 Investment income percentage from 2					18	<u>%</u>
19a 33 1/3% support tests - 2017. If the	organization did r	not check the box	on line 14, and line	e 15 is more than (33 1/3%, and line	17 is not
more than 33 1/3%, check this box an	d stop here. The	e organization qual	ifies as a publicly	supported organiz	ation	▶□
b 33 1/3% support tests - 2016. If the o	•			•		
line 18 is not more than 33 1/3%, chec	ck this box and st	op here. The orga	nization qualifies	as a publicly supp	orted organization	▶⊒
20 Private foundation If the organization	did not chack a	hay an line 1/1 10	a or 10h chack t	hie hay and eag in	etructione	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
-		
2		
За		
3b		
Зс		
4a		
74		
4b		
4c		
5a		
Fh		
5b 5c		
6		
_		
7		
8		
9a		
34		
9b		
0-		
9с		
10a		
10b		
m 990 or 9	90-F <i>7</i>	2017

Par	t IV Supporting Organizations _(continued)			
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec	tion b. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	INO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	•		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstruction	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
L	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	or to supported organizations: in 100, describe in Fait VI the fole played by the organization in this regard.	LOD	1	

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations	J
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust or	n Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must c	omplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	$\neg \neg$		
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional		ted Type III supporting ord	ganization (see
	instructions).			•

Schedule A (Form 990 or 990-EZ) 2017

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Organia	anizations _(continued)	
Secti	on D -	- Distributions		,	Current Year
1	Amou	ınts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou	ints paid to perform activity that directly furthers exemp	ot purposes of supported		
	organ				
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amou	ınts paid to acquire exempt-use assets			
5	Qualif	fied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	butions to attentive supported organizations to which the	ne organization is responsive	е	
	(provi	de details in Part VI). See instructions.			
9	Distrib	butable amount for 2017 from Section C, line 6			
10	Line 8	3 amount divided by line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distrib	butable amount for 2017 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2017 (reason-			
	able o	cause required- explain in Part VI). See instructions.			
3	Exces	ss distributions carryover, if any, to 2017			
а					
b	From	2013			
С	From	2014			
d	From	2015			
е	From	2016			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2017 distributable amount			
i	Carry	over from 2012 not applied (see instructions)			
j	Rema	ainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	butions for 2017 from Section D,			
	line 7:	: \$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2017 distributable amount			
С	Rema	ainder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2017, if			
	-	Subtract lines 3g and 4a from line 2. For result greater			
		zero, explain in Part VI. See instructions.			
6		aining underdistributions for 2017. Subtract lines 3h			
		b from line 1. For result greater than zero, explain in			
		VI. See instructions.			
7		ss distributions carryover to 2018. Add lines 3j			
	and 4				
8		down of line 7:			
		ss from 2013			
		ss from 2014			
		ss from 2015			
d	Exces	ss from 2016			

Schedule A (Form 990 or 990-EZ) 2017

e Excess from 2017

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

	501(c)(4), (5), or (6) organiza	tions: Complete Part III			
Name of orga		tions. Complete Fait III.		En	ployer identification number
Ü		N MUSEUM OF THE	MOVING IMAG		11-2730714
Part I-A	Complete if the org	ganization is exempt un	der section 501(c	or is a section 527	
2 Political	campaign activity expendit	zation's direct and indirect politi tures ign activities		>	*\$
Part I-B	Complete if the org	ganization is exempt un	der section 501(c)(3).	
1 Enter the		incurred by the organization un			· \$
2 Enter the	e amount of any excise tax	incurred by organization manag	gers under section 495	55	- \$
3 If the or	ganization incurred a sectio	n 4955 tax, did it file Form 4720	o for this year?		Yes No
4a Was a c	orrection made?				Yes No
	describe in Part IV.				
Part I-C	Complete if the org	ganization is exempt un	der section 501(c), except section 50	11(c)(3).
 Enter the exempt Total ex line 17b Did the final paragraph Enter the made paragraph contribution 	e amount of the filing organ function activities empt function expenditures filing organization file Form e names, addresses and er ayments. For each organizations received that were pr	d by the filing organization for so ization's funds contributed to o so and a solution. S. Add lines 1 and 2. Enter here 1120-POL for this year? Imployer identification number (Extion listed, enter the amount part of the solution of the solution listed, enter the amount part of the solution listed is needed, programmed the solution listed in the solution listed is needed, programmed the solution listed in the solution listed is needed, programmed the solution listed in the solution listed is needed, programmed the solution listed in the solution listed is needed, programmed the solution listed in the solution listed is needed, programmed the solution listed is needed, programmed the solution listed in the solution listed is needed.	and on Form 1120-POI EIN) of all section 527 p did from the filing organ a separate political organ	L, political organizations to waization's funds. Also ente ganization, such as a separation and the second	Yes No hich the filing organization rethe amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fron filing organization's funds. If none, enter -	contributions received and
		l	1		

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

Schedule C (Form 990 or 990-EZ) 2017

LHA

732041 11-09-17

128,721.

129,306.

Schedule C (Form 990 or 990-EZ) 2017

519,541.

779,312.

137,710.

d Grassroots nontaxable amounte Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

123,804.

Schedule C (Form 990 or 990-EZ) 2017 AMERICAN MUSEUM OF THE MOVING IMAGE 11-273071 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(k	o)
of the	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5) or se	ction	
. u.	501(c)(6).	311 00 1(0)(
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 5				
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members			t III-A, III	1e 3, IS
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
С					
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	oolitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group actions); and Part II-B, line 1. Also, complete this part for any additional information.	list); Part II-	A, lines 1 a	and 2 (see	
ırısırı	actions), and Part II-b, line 1. Also, complete this part for any additional information.				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

AMERICAN MUSEUM OF THE MOVING IMAGE

Employer identification number 11-2730714

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	•	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pai			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied 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
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
	year▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements in		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	e 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 conservati		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stater	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
h	Assets included in Form 990. Part X		> \$

732051 10-09-17

Schedule D (Form 990) 2017

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

Scho	dulo D) (Form 990) 2017 AMERIC	AN MUSEUM	ייי יוּ	IE MOVT	NG TMZ	AGE.		11-27	30714	1 pa	ngo 2
	t III	Organizations Maintaining										ige Z
3		the organization's acquisition, acces										
Ü	_	k all that apply):	33ion, and other reco	ido, cric	on any or the	ionownig ti	iat arc a si	grinicarit	use of its	CONCOLIO	i itorii	,
а		Public exhibition		дΧ	Loan or excl	hange prog	rams					
b		Scholarly research		u <u></u>	Other	nange prog	iaiiis					
c		Preservation for future generations		·								
4		de a description of the organization's	collections and expl	ain how	they further th	ne organiza	tion's ever	mnt nurn	nse in Parl	· XIII		
5		g the year, did the organization solici							osc iiii aii	. //		
J		sold to raise funds rather than to be				•				Yes	X	No
Par	t IV	Escrow and Custodial Arra										110
		reported an amount on Form 990, I	-		ic organization	TI AIISWOICE	1 103 011		J, 1 ait iv,			
1a		e organization an agent, trustee, cust		-					_	7	_	1
	on Fo	orm 990, Part X?								Yes		No
b	If "Ye	s," explain the arrangement in Part X	III and complete the	following	table:							
										Amount		
	-	nning balance										
d	Addit	ions during the year						1d				
е	Distri	butions during the year						1e				
f	Endin	ng balance						1f		,		
2 a	Did th	ne organization include an amount or	n Form 990, Part X, Iir	ne 21, for	escrow or cu	ustodial acc	ount liabili	ity?	L	Yes		No
		s," explain the arrangement in Part X										
Par	t V	Endowment Funds. Complet	e if the organization	answered	d "Yes" on Fo							
			(a) Current year	- ` ` `	Prior year	(c) Two ye		(d) Three <u>y</u>	ears back/	(e) Four		
1a		nning of year balance		<u>'- </u>	50,000.	!	50,000.		50,000.		50,	000.
b	Contr	ributions										
С	Net in	nvestment earnings, gains, and losse	s									
d	Grant	ts or scholarships										
е	Other	expenditures for facilities										
	and p	programs										
f	Admi	nistrative expenses										
g	End c	of year balance	50,000	٠.	50,000.	ļ.	50,000.		50,000.		50,	000.
2	Provi	de the estimated percentage of the c		nce (line	1g, column (a	i)) held as:						
а	Board	d designated or quasi-endowment 🕨	•	%								
b	Perm	anent endowment ▶ 100.00										
С	Temp	orarily restricted endowment 🕨	.00%									
	The p	percentages on lines 2a, 2b, and 2c s	hould equal 100%.									
За	Are th	nere endowment funds not in the pos	ssession of the organ	ization th	nat are held a	nd administ	tered for th	ne organi:	zation	_		
	by:										Yes	No
	(i) u	nrelated organizations								3a(i)		X
		elated organizations										X
b	If "Ye	s" on line 3a(ii), are the related organ	izations listed as req	uired on	Schedule R?					3b		
4		ribe in Part XIII the intended uses of t		dowmen ⁻	t funds.							
Par	t VI	∐Land, Buildings, and Equip	ment.									
		Complete if the organization answer	ered "Yes" on Form 9	90, Part	IV, line 11a. S	See Form 99	0, Part X,	line 10.				
		Description of property	(a) Cost or	other	(b) Cost	or other	(c) Ac	ccumulate	ed	(d) Book	value	- <u>-</u>
			basis (inves	stment)	basis ((other)	dep	oreciation				
1a	Land											
		ings										
		ehold improvements				6,553.		518,6		4,117	7 , 93	14.
d	Equip	oment			2,86	8,998.	$\lfloor 2, \overline{8} \rfloor$	304,5	99.	64	1,39	99.

Schedule D (Form 990) 2017

4,182,313.

e Other

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

AMEDICAN MI	CEIN OF TH	E MOUTING TWA	D 11	2720714	
Schedule D (Form 990) 2017 AMERICAN MUST	SEUM OF TH	E MOVING IMAG	<u>E 11</u>	2730714	Page
Complete if the organization answered "Yes"	on Form 990 Part IV	/ line 11h See Form 990	Part Y line 12		
(a) Description of security or category (including name of security)	(b) Book value		aluation: Cost or en	d-of-vear market v	value
(1) Financial derivatives	(a) Don raide	(0)		<u> </u>	
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					,
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶					
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes"	on Form 990, Part I	/, line 11c. See Form 990,	Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or en	d-of-year market v	value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.					
Complete if the organization answered "Yes"		/, line 11d. See Form 990,	Part X, line 15.		
	Description			(b) Book va	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	15)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	ə 15.)		>	L	
Complete if the organization answered "Yes"	on Form 000 Port IV	/ line 11e or 11f Coe Form	n 000 Part V lina 2	Ē	
(-) Description of Balanta.	on i onn 990, Fail i	(b) Book value	11 990, Fait ∧, III le 23	J.	
(a) Description of liability (1) Federal income taxes		(a) Book value			
(2) CAPITAL LEASE OBLIGATION		14,424.			
(3)					

<u>1. </u>	(a) Description of hability	(b) book value
(1)	Federal income taxes	
(2)	CAPITAL LEASE OBLIGATION	14,424.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	14,424.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

Part XI	Recond	ciliation	of Revenue	per Aud	ited Fina	ncial Stat	tements \	With F	Revenue	per R	leturn.

Pa				
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	7,268,366.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	7,268,366.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
			1 - 1	0.
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	<u>2.)</u>	5	7,268,366.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial S	tatements With Expe	5	7,268,366.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, I	2.) tatements With Expe ine 12a.	nses per Retu	7,268,366. rn.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial S	2.) tatements With Expe ine 12a.	nses per Retu	7,268,366.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, I	2.) tatements With Expe ine 12a.	nses per Retu	7,268,366. rn.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements	tatements With Experime 12a.	nses per Retu	7,268,366. rn.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	tatements With Experime 12a.	nses per Retu	7,268,366. rn.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	tatements With Experiments 12a.	nses per Retu	7,268,366. rn.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 It XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2.) tatements With Experiments 12a. 2a 2b 2c	nses per Retu	7,268,366. rn. 8,016,785.
Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 t XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2) tatements With Experime 12a. 2a 2b 2c 2d	nses per Retu	7,268,366. rn. 8,016,785.
Pa 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII) Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other (Describe in Part XIII.)	2) tatements With Experime 12a. 2a 2b 2c 2d	nses per Retu	7,268,366. rn. 8,016,785.
Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII) Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2) tatements With Experime 12a. 2a 2b 2c 2d	nses per Retu	7,268,366. rn. 8,016,785.
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 It XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	tatements With Experime 12a. 2a 2b 2c 2d	nses per Retu	7,268,366. rn. 8,016,785.
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 It XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2.) tatements With Experiments 12a. 2a 2b 2c 2d 4a	nses per Retu	7,268,366. rn. 8,016,785. 0. 8,016,785.
5 Pa 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 t XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2) tatements With Experime 12a. 2a 2b 2c 2d 2d 4a 4b	nses per Retu	7,268,366. rn. 8,016,785.

Part XIII Supplemental Information.

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

PART III, LINE 1A:

COLLECTION OF ARTIFACTS:

THE MUSEUM COLLECTS HISTORIC AND CONTEMPORARY ARTIFACTS ASSOCIATED WITH THE PRODUCTION, PROMOTION AND EXHIBITION OF MOTION PICTURES, TELEVISION, VIDEO AND DIGITAL MEDIA. COLLECTION ITEMS ACQUIRED EITHER THROUGH PURCHASE OR DONATION ARE NOT CAPITALIZED. PURCHASES OF COLLECTION ITEMS ARE RECORDED AS DECREASES IN UNRESTRICTED NET ASSETS. A DESCRIPTION OF THE CONTENTS OF THE COLLECTION IS KEPT BY THE REGISTRAR AND IS CURRENTLY INSURED FOR A VALUE OF APPROXIMATELY \$4,000,000 PLUS \$1,000,000 FOR ITEMS ON LOAN.

PART III, LINE 4:

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

AMERICAN MUSEUM OF THE MOVING IMAGE

Employer identification number 11 – 2730714

					1== 2730	<u> </u>
Part I Fundraising Activities required to complete this pa	5. Complete if the organization ansvrt.	wered "Y	es" o	n Form 990, Part IV,	line 17. Form 990-E2	Z filers are not
 1 Indicate whether the organization rail a X Mail solicitations b X Internet and email solicitation c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written key employees listed in Form 990, F b If "Yes," list the 10 highest paid ind compensated at least \$5,000 by the 	e X Solicit f X Solicit g X Speci or oral agreement with any individu Part VII) or entity in connection with ividuals or entities (fundraisers) pur	tation of tation of ial fundra ual (includ n profess	non-g gover aising ding o ional t	overnment grants nment grants events fficers, directors, tru fundraising services?	stees, or X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
ELINORE ANTELL - 345 SOUTH	+	Yes	No			
END AVENUE, #5B, NEW YORK, NY	FUNDRAISING CONSULTING	163	X	0.	51,600.	0.
BARBARA BANTIVOGLIO - 102	TONDAMIBING CONDUCTING				31,000.	
SUMMERTON DRIVE, BLUFFTON, SC	FUNDRAISING CONSULTING		х	0.	63,000.	0.
Total					114,600.	
Total	on is registered or licensed to solic	it contrib	utions	l s or has been notifie	· · · · · · · · · · · · · · · · · · ·	 egistration
or licensing.						
NY						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2017

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

		or furidialsing everit contributions and give		FLZ, III les Tarid ob. List	eventa with gross receip	ns greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events
			FALL GALA	SPRING GALA	NONE	(add col. (a) through
a)			(event type)	(event type)	(total number)	col. (c))
anue						
Revenue	1	Gross receipts	420,478.	542,183.		962,661.
_	2	Less: Contributions	339,748.	422,764.		762,512.
	3	Gross income (line 1 minus line 2)	80,730.	119,419.		200,149.
	4	Cash prizes				
	ľ	5.45.5 p. 1.55				
"	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	80,730.	119,419.		200,149.
	8	Entertainment				
	9	Other direct expenses				
		Direct expense summary. Add lines 4 through	. ,		>	200,149.
Pa	11 rt	Net income summary. Subtract line 10 from li Gaming. Complete if the organization is	ne 3, column (d)	000 Part IV line 10 or		0.
•		\$15,000 on Form 990-EZ, line 6a.	answered les on on	1990, Fait IV, IIIle 19, 01	reported more than	
		ψ.ο,οοο οπ. οπ. οοο = ,ο οα.	/-> Discour	(b) Pull tabs/instant	(-) Oth	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Zeve						
_	1	Gross revenue				
	2	Cash prizes				
ses	_	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	_	Other direct expenses				
	<u> </u>	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No 70	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
						_
		ter the state(s) in which the organization condu	_			
		the organization licensed to conduct gaming a		states?		Yes No
O	II "	No," explain:				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes No
b	lf "	Yes," explain:				

732082 09-13-17

Schedule G (Form 990 or 990-EZ) 2017

	2730714 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	
Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
Name ▶	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount	
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
Name ▶	
Address	
16 Gaming manager information:	
Name ▶	
Gaming manager compensation ▶ \$	
Description of complete provided	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes No
retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	
organization's own exempt activities during the tax year \$\buildred{\subset}\$\$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part	III, lines 9, 9b, 10b, 15b,
15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAIS	ERS:
(I) NAME OF FUNDRAISER: ELINORE ANTELL	
(I) ADDRESS OF FUNDRAISER: 345 SOUTH END AVENUE, #5B, NEW YORK	, NY 10280
	<u>, </u>
(I) NAME OF FUNDRAISER: BARBARA BANTIVOGLIO	
	20010
(I) ADDRESS OF FUNDRAISER: 102 SUMMERTON DRIVE, BLUFFTON, SC	29910

Schedule G	i (Form 990 or 990-EZ)	AMERICAN	MUSEUM	OF	THE	MOVING	IMAGE	11-2730714 Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation (continue	ed)					

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

AMERICAN MUSEUM OF THE MOVING IMAGE

Employer identification number 11-2730714

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

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

Schedule J (Form 990) 2017

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred benefits		(E) Total of columns	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	berients	(B)(i)-(D)	reported as deferred on prior Form 990	
(1) CARL GOODMAN	(i)	271,016.	0.	1,242.	34,479.	61.	306,798.	0.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.		0.	
(2) LISE SUINO (TO OCT 2017)	(i)	135,481.	0.	355.	20,432.	8,546.		0.	
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.		0.		0.	
(3) DAVID SCHWARTZ	(i)	113,727.	0.	1,162.		23,332.		0.	
CHIEF CURATOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

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

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open To Public Inspection

AMERICAN MUSEUM OF THE MOVING IMAGE

Attach to Form 990.

Employer identification number 11 - 2730714

Pa	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported Form 990, Part VIII, I	on	(d) Method of de noncash contribu			s
1	Art - Works of art			, ,					
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X	3	123,2	211.				
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts	X	9		0.				
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other ()								
27	Other ()								
28	Other ()				-				
29	Number of Forms 8283 received by the organization completed Form 828		-		. ا			0	
	for which the organization completed Form 828	33, Part IV,	Donee Acknowled	gement2	9			Yes	No
202	During the year, did the organization receive by	, contributio	on any proporty ro	oortod in Part I lines :	Lthrough	28 that it		res	NO
Sua	must hold for at least three years from the date								
	exempt purposes for the entire holding period?			· · · · · · · · · · · · · · · · · · ·			30a		Х
h	If "Yes," describe the arrangement in Part II.						30a		
31	Does the organization have a gift acceptance p	olicy that r	equires the review	of any nonstandard o	ontributi	ons?	31	х	
	Does the organization hire or use third parties of					01101			
u	contributions?			· ·			32a		Х
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is chec	ked,			
	describe in Part II.	(5) 10	-71 3. 1 2001	,	,	,			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2017

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

OMB No. 1545-0047

Inspection

Name of the organization

AMERICAN MUSEUM OF THE MOVING IMAGE

Employer identification number 11-2730714

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: HISTORY, TECHNIQUE, AND TECHNOLOGY OF FILM, TELEVISION, AND DIGITAL MEDIA BY PRESENTING EXHIBITIONS, EDUCATION PROGRAMS, SIGNIFICANT MOVING-IMAGE WORKS, AND INTERPRETIVE PROGRAMS, AND COLLECTING AND PRESERVING MOVING-IMAGE RELATED ARTIFACTS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AND COLLECTING AND PRESERVING MOVING-IMAGE RELATED ARTIFACTS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: REVEALS THE SKILLS, MATERIAL RESOURCES, AND ARTISTIC DECISIONS THAT GO INTO MAKING MOVING IMAGES. CHANGING EXHIBITIONS IN FISCAL YEAR 2018 INCLUDED THE NEW GENRES: VIDEO IN THE INTERNET AGE, WHICH EXPLORED THE WAY THE EXPLOSION IN ONLINE VIDEO BREAKS TRADITIONAL NARRATIVE BOUNDARIES; AND VIDEO ARCADE, IN WHICH VISITORS COULD PLAY VIDEO GAME CLASSICS FROM THE 1980S, SUCH AS SPACE INVADERS AND FROGGER, IN THEIR ORIGINAL FORM. THE MUSEUM'S TRAVELING EXHIBITION, IMAGINATION UNLIMITED: THE JIM HENSON EXHIBITION, OPENED AT THE SKIRBALL CULTURAL CENTER IN LOS ANGELES IN JUNE 2018. THE MUSEUM'S COLLECTION OF OVER 130,000 ARTIFACTS RELATING TO THE ART, HISTORY, AND TECHNOLOGY OF THE MOVING IMAGE INCLUDES A DONATION OF NEARLY 500 ARTIFACTS BY THE FAMILY OF JIM HENSON.

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

SELECTION OF WORKS BY FILMMAKERS OF COLOR), INDIA KALEIDOSCOPE:

CELEBRATING INDIA'S REGIONAL CINEMA, THE NEW YORK KOREAN FILM FESTIVAL,

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization

AMERICAN MUSEUM OF THE MOVING IMAGE

CURATOR'S CHOICE (A SELECTION OF THE BEST FILMS OF 2018) AND SEE IT

BIG! (A CELEBRATION OF THE EXCITEMENT AND IMMERSIVE POWER OF BIG-SCREEN

MOVIE-GOING).

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

OPENS TO THE GENERAL PUBLIC, AND ACCESS MORNINGS@MOMI, A MONTHLY

PROGRAM THAT OFFERS MODIFIED ART-MAKING PROJECTS FOR FAMILIES WITH

MEMBERS ON THE AUTISM SPECTRUM. IN 2018 THE MUSEUM CREATED A

NEIGHBORHOOD COUNCIL OF LOCAL RESIDENTS AND COMMUNITY-SERVING

ORGANIZATIONS TO HELP GUIDE DECISION-MAKING PROCESSES AT THE MUSEUM.

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES IS COMPOSED OF OFFICERS OF
THE BOARD (THE MUSEUM'S GOVERNING BODY), INCLUDING THE CO-CHAIRMEN,
VICE-CHAIRMEN, TREASURER, AND SECRETARY, AS WELL AS OTHER SELECT TRUSTEES
WHO ARE HAVE SHOWN EXTRAORDINARY COMMITMENT TO THE MUSEUM. ONLY MEMBERS OF
THE BOARD OF TRUSTEES CAN BE APPOINTED TO THE EXECUTIVE COMMITTEE. THE
BY-LAWS OF THE MUSEUM'S BOARD OF TRUSTEES SPECIFY THAT THE EXECUTIVE
COMMITTEE "SHALL BE AUTHORIZED OR EMPOWERED TO TAKE ALL ACTION THE BOARD OF
TRUSTEES IS AUTHORIZED OR EMPOWERED TO TAKE EXCEPT THAT THE EXECUTIVE
COMMITTEE SHALL NOT BE AUTHORIZED TO REMOVE OR ELECT TRUSTEES OR AMEND THE
CHARTER OF THESE BY-LAWS."

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

THE FORM 990 IS REVIEWED BY THE MUSEUM'S EXECUTIVE DIRECTOR AND CHIEF FINANCIAL OFFICER AND SIGNED BY THE EXECUTIVE DIRECTOR. A COPY OF THE FORM IS DISTRIBUTED TO, AND APPROVED BY, THE MUSEUM'S BOARD OF TRUSTEES AT A MEETING PRIOR TO THE FORM'S FILING WITH THE INTERNAL REVENUE SERVICE.

Name of the organization **Employer identification number** AMERICAN MUSEUM OF THE MOVING IMAGE 11-2730714 FORM 990, PART VI, SECTION B, LINE 12C: THE MUSEUM'S CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO MEMBERS OF THE BOARD OF TRUSTEES UPON THEIR FIRST ELECTION TO THE BOARD, AND ANNUALLY AT A BOARD OF TRUSTEES MEETING. AT BOTH OF THESE TIMES, TRUSTEES ARE REQUIRED TO SIGN AND SUBMIT TO THE SECRETARY OF THE BOARD A STATEMENT WHICH AFFIRMS THE TRUSTEE HAS RECEIVED A COPY OF THE POLICY, HAS READ AND UNDERSTOOD THE POLICY, AND HAS AGREED TO COMPLY WITH THE POLICY. FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMMITTEE AND COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES REVIEW AND APPROVE THE EXECUTIVE DIRECTOR'S COMPENSATION AND THE COMPENSATION OF KEY EMPLOYEES. FORM 990, PART VI, SECTION C, LINE 19: THE MUSEUM'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: OUTSOURCED SECURITY : PROGRAM SERVICE EXPENSES 263,613. MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES 0. TOTAL EXPENSES 263,613. TRAVELING EXHIBITION BOOKING COMMISSIONS AND MANAGEMENT FEES: PROGRAM SERVICE EXPENSES 155,000. MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES TOTAL EXPENSES EXHIBITION DESIGNERS, CONSULTANTS, ARTIST FEES:	155,000.
EXHIBITION DESIGNERS CONSULTANTS ARTIST FEES .	105,502.
EXHIBITION DESIGNERS, CONSULTANTS, ARTIST FEES :	105,502.
	0.
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	105,502.
ART HANDLERS :	
PROGRAM SERVICE EXPENSES	104,402.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	104,402.
CONSULTING IT MANAGER:	
PROGRAM SERVICE EXPENSES	32,400.
MANAGEMENT AND GENERAL EXPENSES	36,000.
FUNDRAISING EXPENSES	3,600.
TOTAL EXPENSES	72,000.
CURATORIAL AND WRITER FEES FOR SCREENING AND WEBSITE PRO	OGRAM :
PROGRAM SERVICE EXPENSES	67,359.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	67,359.
DIGITAL ART CAPACITY STUDY CONSULTANT :	hedule O (Form 990 or 990-EZ) (2017

Name of the organization AMERICAN MUSEUM OF THE MOVING IMAGE	Employer identification number 11-2730714
PROGRAM SERVICE EXPENSES	64,500.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	64,500.
INTERIM CFO :	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	58,950.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	58,950.
FALL AND SPRING GALA EXECUTIVE PRODUCER, PR CONSULTANT :	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	47,600.
TOTAL EXPENSES	47,600.
INSTRUCTOR FEES FOR EDUCATION CLASSES AND PROGRAMS :	
PROGRAM SERVICE EXPENSES	27,729.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	27,729.
OTHER PROGRAMMING FEES :	
PROGRAM SERVICE EXPENSES	23,904.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES 732212 09-07-17 Sche	23,904. edule O (Form 990 or 990-EZ) (2017)

Name of the organization AMERICAN MUSEUM OF THE MOVING IMAGE	Employer identification number 11-2730714
OUTSOURCED MAINTENANCE :	
PROGRAM SERVICE EXPENSES	22,022.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	22,022.
HONORARIA AND STIPENDS :	
PROGRAM SERVICE EXPENSES	20,494.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	20,494.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT FURNITURE, FIXTURES AND														
2	EQUIPMENT	VARIOUS	SL	5.00	1	16	2,868,998.				2,868,998.	3,056,851.		54,257.	3,111,108.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						2,868,998.				2,868,998.	3,056,851.		54,257.	3,111,108.
	OTHER														
1	LEASEHOLD IMPROVEMENTS	VARIOUS	SL	15.00	1	16	6,736,553.				6,736,553.	1,979,254.		332,876.	2,312,130.
3	CONSTRUCTION IN PROGRESS	VARIOUS	SL	.000	1	16								0.	
	* 990 PAGE 10 TOTAL OTHER						6,736,553.				6,736,553.	1,979,254.		332,876.	2,312,130.
	* GRAND TOTAL 990 PAGE 10 DEPR						9,605,551.				9,605,551.	5,036,105.		387,133.	5,423,238.
				_											

NOTICE 2018-100

Form 990-1	"					ax Returi	1	OWD 140. 1040 0007
	For ca		(and proxy tax unc x year beginning ${\sf JUL}\;\;1$,			ง 30 201	8	2017
	For ca		ww.irs.gov/Form990T for i				`	2017
Department of the Treasury Internal Revenue Service	′ ▶		nbers on this form as it ma). F	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address change			(Check box if name of				DEmpl (Emp	loyer identification number bloyees' trust, see uctions.)
B Exempt under secti		AMERICAN N	USEUM OF THE	ZOM S	TNG TMAGE		1	.1-2730714
X 501(c)(3)	or	Number, street, and ro		E Unre	lated business activity codes			
408(e) 220	O(e) Type	36-01 35TH	I AVENUE				(See	instructions.)
	O(a)	City or town, state or particle ASTORIA, N	province, country, and ZIP of Table 11106–122		postal code		900	099
529(a) Book value of all assets		E Group exemption no	IMPAR (See instructions)	10			900	1099
at end of year 3 - 415	.798.	G Check organization	type \(\begin{array}{c} \begin{array}{c} \text{X} & 501(c) \\ \text{containing } \end{array} \)	noration	501(c) trust	401(a) trust	Other trust
H Describe the organiz	zation's prim	ary unrelated business	activity. QUALIF	ED 1	RANSPORTAT			
			an affiliated group or a pare			•	Y	
		tifying number of the pa			, д			
J The books are in car	re of 🕨 .	JILL ENGEL			Telepho	one number 🕨 7	718-	777-6800
Part I Unrela	ated Tra	de or Business I	ncome		(A) Income	(B) Expense	S	(C) Net
1a Gross receipts or	sales							
b Less returns and			c Balance►	1c				
				2				
3 Gross profit. Sub				3				
				4a				
			orm 4797)	4b				
				4c				
, ,			(attach statement)	5				
6 Rent income (Sci				7				
			d organizations (Sch. F)	8				
			') organization (Schedule G					
) organization (Schedule d	10				
			<u>.</u>	11				
12 Other income (Se	ee instruction	ns: attach schedule) S	STATEMENT 2	12	13,663.			13,663.
,				13	13,663.			13,663.
Part II Deduc	ctions No	ot Taken Elsewh	nere (See instructions f		,			
(Except	for contrib	utions, deductions m	ust be directly connecte	ed with th	ne unrelated business	s income.)		
14 Compensation of	of officers, di	rectors, and trustees (S	chedule K)				14	
							15	
							16	
							17	
							18	
19 Taxes and licens	ses	- t					19	
			ion rules)				20	
			here on return				22b	
							23	
	deferred co	mnensation plans					24	
25 Employee benef							25	
' '							26	
							27	
28 Other deduction	ıs (attach scl	nedule)					28	
							29	0.
30 Unrelated busin	ess taxable i	ncome before net opera	ting loss deduction. Subtra	ct line 29	from line 13		30	13,663.
31 Net operating lo	ss deduction	n (limited to the amount	on line 30)				31	
32 Unrelated busin	ess taxable i	ncome before specific d	eduction. Subtract line 31 f	rom line 3	30		32	13,663.
			3 instructions for exception				33	1,000.
34 Unrelated busing line 32	ness taxable	income. Subtract line	33 from line 32. If line 33 is	greater th	nan line 32, enter the sm	aller of zero or	34	12,663.

Form 990-T	(2017) AMERICAN MUSEUM OF THE MOVING IMAGE	3	11-2730714	Page 2
Part II	II Tax Computation			
35	Organizations Taxable as Corporations. See instructions for tax computation.			
	Controlled group members (sections 1561 and 1563) check here ▶ ☐ See instruction	ions and:		
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in the	at order):		
	(1) \$ (2) \$ (3) \$			
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)			
	(2) Additional 3% tax (not more than \$100,000)			
C	Income tax on the amount on line 34		> 35c	2,659.
	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the a			
	Tax rate schedule or Schedule D (Form 1041)		> 36	
37	Proxy tax. See instructions			
	Alternative minimum tax			
39	Tax on Non-Compliant Facility Income. See instructions		39	
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40	2,659.
	V Tax and Payments			
41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a		
b	Other credits (see instructions)	41b		
C	General business credit. Attach Form 3800	41c		
	Credit for prior year minimum tax (attach Form 8801 or 8827)			
е	Total credits. Add lines 41a through 41d		41e	
42	Subtract line 41e from line 40		42	2,659.
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8697	orm 8866 📖 Other (a	attach schedule) 43	
44	Total tax. Add lines 42 and 43		44	2,659.
45 a	Payments: A 2016 overpayment credited to 2017	45a		
	2017 estimated tax payments		1,200.	
C	Tax deposited with Form 8868	45c	3,000.	
	Foreign organizations: Tax paid or withheld at source (see instructions)			
е	Backup withholding (see instructions)	45e		
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f		
g	Other credits and payments: Form 2439			
		al ► 45g		
46	Total payments. Add lines 45a through 45g		46	4,200.
	Estimated tax penalty (see instructions). Check if Form 2220 is attached			
	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed			4 5 4 4
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		49	1,541.
50	Enter the amount of line 49 you want: Credited to 2018 estimated tax Statements Regarding Certain Activities and Other Infor	1,541. Ref	unded 🕨 50	0.
				
	At any time during the 2017 calendar year, did the organization have an interest in or a sig	•	У	Yes No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organ			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name	of the foreign country		77
	here >			$- \frac{X}{X}$
	During the tax year, did the organization receive a distribution from, or was it the grantor of	ot, or transteror to, a for	eign trust?	X
	If YES, see instructions for other forms the organization may have to file.			
53	Enter the amount of tax-exempt interest received or accrued during the tax year \$\infty\$\$ Under penalties of perjury, I declare that I have examined this return, including accompanying schedu	loo and statements, and to the	no hoot of my knowledge and hal	iof, it is true
Sign	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which			iei, it is true,
Here	L EVEC	CUTIVE DIRE		uss this return with
110.0	Signature of officer Date Title	OIIVE DIKE	the preparer show instructions)?	
-		Data		7 162 NO
_	Print/Type preparer's name Preparer's signature		Check if PTIN	
Paid	FREDERICK MARTENS		self- employed	298107
Prepa	III CARD CARD CRACTID			1655065
Use C	Only 551 FIFTH AVENUE, SUITE 400)	THIHISEIN P 13-	
	Firm's address ► NEW YORK, NY 10176	′	Phone no. 212-69	7-2299
			THOROTO. ZZZ UJ.	

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory v	valuation ► N/A					
1 Inventory at beginning of year			<u> </u>	Inventory at end of yea	r		6		
2 Purchases			_	Cost of goods sold. Su					
3 Cost of labor	3			from line 5. Enter here	and in I	Part I,			
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Yes	No				
b Other costs (attach schedule)	4b								
5 Total. Add lines 1 through 4b				the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	per	ty)	
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	red or accrued				3(a) Deductions directl	v oonn	acted with the income i	in
' rent for personal property is more than ' of rent for pe			persona	sonal property (if the percental I property exceeds 50% or if sed on profit or income)	age) (attach schedule)	П
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.	(b) Tabal dadaadaa			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	2(a) and 2(b). Er n (A)	nter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	_		0.
Schedule E - Unrelated Del	bt-Financed	Income (see	instru	ıctions)					
			;	2. Gross income from		3. Deductions directly conto debt-finan		operty	
1. Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	IS
(1)							\dashv		
(2)							\dashv		
(3)									
(4)									
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	e adjusted basis allocable to anced property h schedule)	(6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
						inter here and on page 1, Part I, line 7, column (A).		Enter here and on pag Part I, line 7, column (
Totals				•		0			0.
Total dividends-received deductions in						<u> </u>	\Box		0.

Form **990-T** (2017)

Schedule F - Interest,				Controlled O								
1. Name of controlled organiz		2. Employer identification number		related income e instructions)	4. Tot payr				6. Deductions directly connected with income in column 5			
(1)												
(2)												
(3)												
(4)												
Nonexempt Controlled Orga	nizations		·									
7. Taxable Income	8. Net unrelated (see instru		9. Total	of specified pay made	ments	10. Part of column in the controll gross	mn 9 tha ing organ s income	nization's		ductions directly connected income in column 10		
(1)												
(2)												
(3)												
(4)												
						Add colun Enter here and line 8, o		1, Part I,	Enter h	d columns 6 and 11. ere and on page 1, Part I, line 8, column (B).		
Totals					▶			0.		0		
Schedule G - Investm	ent Income o	f a Section	on 501(c)(7), (9), or	(17) Or	ganizatior	1					
1 . De	scription of income			2. Amount of	income	 Deduction directly connected (attach sched) 	ected	4. Set-a		5. Total deductions and set-asides (col. 3 plus col. 4)		
(1)												
(2)												
(3)												
(4)												
.,				Enter here and Part I, line 9, co	on page 1, lumn (A).					Enter here and on page Part I, line 9, column (B).		
Totals			•		0.					0		
Schedule I - Exploited	d Exempt Acti	vity Inco	me, Othe	r Than Ac		ng Income	9					
1. Description of exploited activity	2. Gross unrelated busines income from	usiness with production of unrelated		unrelated business income from trade or husiness of unrelated		4. Net incon from unrelated business (cominus colum gain, comput through	trade or olumn 2 n 3). If a e cols. 5	5. Gross inco from activity is not unrelat business inco	that ted	6. Exp attributa colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)												
(2)	1											
(3)												
(4)												
(1)	Enter here and or page 1, Part I, line 10, col. (A).	page line 1	here and on e 1, Part I, 10, col. (B).							Enter here and on page 1, Part II, line 26.		
Totals		0.	0.							0		
Schedule J - Advertis												
Part I Income From	Periodicals F	Reported	on a Con	solidated	Basis							
1. Name of periodical	2. Groadverti incor	sing 20	3. Direct dvertising costs	or (loss) (c col. 3). If a g	tising gain ol. 2 minus ain, comput nrough 7.	5. Circulatincome		6. Reade costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4).		
(1)												
(2)												
(3)												
(4)												
Totals (carry to Part II, line (5))	•	0.	0							0		
, ,						_1				Form 990-T (201		

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14	0.		

Form **990-T** (2017)

		
FOOTNOTES	STATEMENT	1
FORM 990-T PART III TAX CALCULATIONS		
UNRELATED BUSINESS INCOME TAX ON QUALIFIED TRANSPORTATION BENEFITS (QTB) - VOLUNTARY DEDUCTIONS ALL RELATES TO THE PERIOD 1/1/2018-6/30/2018 AND HAS BEEN CALCULATED SEPARATLEY AT THE TAX RATE OF 21% APPLICABLE AFTER 12/31/2017		
TAX ON QTB - \$13,663 - \$1,000 X 21%	2,65	59 .
TOTAL TAX - LINE 44	2,65	59.

56

FORM 990-T	STATEMENT				
DESCRIPTION		AMOUNT			
QUALIFIED TRANSPORTATION DEDUCTIONS	13,66	53.			
TOTAL TO FORM 990-T, PAG	E 1, LINE 12	13,66	53.		

57

4562 Form

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

990

OMB No. 1545-0172 **2017**

Attachment

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

Identifying number

AM	ERICAN MUSEUM OF THE	MOVING	IMAGE	FOR	м 9	90 I	PAGE 10		11-2730714
Pa	rt Election To Expense Certain Proper	ty Under Section 1	79 Note: If you	u have any lis	sted pr	roperty,	, complete Part	V before y	ou complete Part I.
1	Maximum amount (see instructions)							1	510,000.
2	Total cost of section 179 property place								
	Threshold cost of section 179 property		2,030,000.						
	Reduction in limitation. Subtract line 3 f								
_	Dollar limitation for tax year. Subtract line 4 from line								
6	(a) Description of pro			(b) Cost (busin			(c) Elected of		
7	Listed property. Enter the amount from	line 29				7			
	Total elected cost of section 179 prope							8	
9	Tentative deduction. Enter the smaller	of line 5 or line 8						9	
	Carryover of disallowed deduction from								
	Business income limitation. Enter the sr								
	Section 179 expense deduction. Add lir								
	Carryover of disallowed deduction to 20					13			
	e: Don't use Part II or Part III below for I								
Pa	rt II Special Depreciation Allowar	nce and Other D	epreciation (Don't include	e listed	d prope	erty.)		
14	Special depreciation allowance for quali	fied property (oth	ner than listed	property) pl	aced i	n servic	ce during		
	the tax year							14	
	Property subject to section 168(f)(1) ele								
									387,133.
	rt III MACRS Depreciation (Don't								
			Sec	ction A					
17	MACRS deductions for assets placed in	service in tax ye	ears beginning	g before 2017	7			17	
	If you are electing to group any assets placed in servi								
	Section B - Assets	Placed in Servic	e During 201	17 Tax Year I	Using	the Ge	neral Deprecia	tion Syst	em
	(a) Classification of property	(b) Month and year placed in service	(business/in	depreciation vestment use nstructions)	(d)	Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property								
b	5-year property								
С	7-year property								
d	10-year property	1							
е	15-year property	1							
f	20-year property	1							
	25-year property	1			2	5 yrs.		S/L	
		/				7.5 yrs.	ММ	S/L	
h	Residential rental property	/				7.5 yrs.	MM	S/L	
		/				9 yrs.	MM	S/L	
i	Nonresidential real property	,			T	, . c.	MM	S/L	
	Section C - Assets P	aced in Service	During 2017	Tax Year U	sing th	ne Alte	rnative Depre		stem
20a	Class life							S/L	
b	12-year				1	2 yrs.		S/L	
С	40-year	/			_	0 yrs.	MM	S/L	
Pa	rt IV Summary (See instructions.)						-		-
21	Listed property. Enter amount from line	28						21	
	Total. Add amounts from line 12, lines 1		es 19 and 20	in column (g), and	line 21.			
	Enter here and on the appropriate lines	of your return. Pa	artnerships aı	nd S corpora	tions -	see ins	str	22	387,133.
	For assets shown above and placed in					_			
	portion of the basis attributable to secti	JH ∠OJA COSTS				23			

716251 01-25-18 LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2017)

Form 4562 (2017)

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns

			, all of Section B, on and Other Inf				tions for lir	nits for pa	ssena	er automobiles)		
 24a	Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written?										Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage (d) Cost or other basis		Basis for o	(e) Basis for depreciation (business/investment use only)		(g) Method/ Convention		(h) Depreciation deduction	(i) Elected section 179 cost	
25	Special depreciation all	owance for o	ualified listed pro	perty placed in	service du	ring the t	ax year an	d				
used more than 50% in a qualified business use												
26	Property used more tha	n 50% in a c	ualified business	s use:	_							
		: :	%									
		1 1	%									
		1 1	%									
27	Property used 50% or le	ess in a qual	fied business us	e:								
	-	: :	%					S/L -				
		1 1	%					S/L -				
		: :	%					S/L -				
28	Add amounts in column	(h), lines 25	through 27. Ente	er here and on lir	e 21, pag	e 1			28			
29	Add amounts in column	(i), line 26. E	nter here and or	line 7, page 1						29		
				tion B - Informa						•		
Con	plete this section for ve	hicles used	bv a sole proprie	tor, partner, or o	ther "more	than 5%	owner." c	r related i	oerson	. If you provided	d vehicles	,
	our employees, first ans											

30 Total business/investment miles driven during the year (don't include commuting miles)	Veh	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		f) icle
31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No								
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

37	37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your									
	employees?									
38	Do you maintain a written policy statement that	t prohibits p	ersonal use of vehicles, ex	cept commuting, by	y your					
employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners										
39 Do you treat all use of vehicles by employees as personal use?										
40	40 Do you provide more than five vehicles to your employees, obtain information from your employees about									
	the use of the vehicles, and retain the information received?									
41	Do you meet the requirements concerning qua	alified autom	obile demonstration use?							
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.										
P	art VI Amortization									
	(a) Description of costs	(b) Date amortization	(c) Amortizable amount	(d) Code section	(e) Amortization		(f) rtization his vear			

Part VI Amortization										
(a) Description of costs	(b) Date amortization begins	(C) Amortizable amount	(d) Code section	(e) Amortization period or perce		(f) Amortization for this year				
42 Amortization of costs that begins during your 2017 tax year:										
	1 1									
43 Amortization of costs that began before your 2	43									
44 Total. Add amounts in column (f). See the inst	44									

Form 4562 (2017) 716252 01-25-18

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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

must t	use Form 7004 to request an extension of time to file incom-	e tax retui		Enter file	er's identifying	g number			
Type o	Name of exempt organization or other filer, see instru	Employer identification number (EIN) or							
	AMERICAN MUSEUM OF THE MOVI	11-2730714							
File by the due date filing you return. S	Proof Number, street, and room or suite no. If a P.O. box, so 36-01 35TH AVENUE	Social se	Social security number (SSN)						
instructi		oreign add	ress, see instructions.						
Enter	the Return Code for the return that this application is for (file	e a separa	te application for each return)			0 7			
Applic	eation	Return	Application			Return			
ls For		Code	Is For			Code			
Form 9	990 or Form 990-EZ	01	Form 990-T (corporation)			07			
Form 9	990-BL	02	Form 1041-A			08			
Form 4	4720 (individual)	03	Form 4720 (other than individual)			09			
Form 9	990-PF	04	Form 5227			10			
Form 9	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11				
Form 9	990-T (trust other than above) JILL ENGEL	06	Form 8870			12			
Tel	e books are in the care of pephone No. 718-777-6800 The organization does not have an office or place of business on the period of the per	s in the Ur Group Exe	Fax No. ited States, check this box mption Number (GEN) If ch a list with the names and EINs of	this is fo	r the whole gro				
	I request an automatic 6-month extension of time until for the organization named above. The extension is for the organization			the exem	npt organizatio	n return			
	calendar year or Turn tax year beginning JUL 1, 2017 and ending JUN 30, 2018 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period								
3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any						
	nonrefundable credits. See instructions.	3a	\$	4,200.					
	If this application is for Forms 990-PF, 990-T, 4720, or 6069			1 200					
	estimated tax payments made. Include any prior year overp	_		3b	\$	1,200.			
	Balance due. Subtract line 3b from line 3a. Include your pa by using EFTPS (Electronic Federal Tax Payment System). \$	•	, , ,	3c	\$	3,000.			
	Paution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payments								

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

Form 8868 (Rev. 1-2017)

instructions.