# (Rev. January 2020)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public

Department of the Treasury

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

► Go to www.irs.gov/Form990 for instructions and the latest information. 2020 A For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30, Check if applicable: C Name of organization D Employer identification number FRIENDS OF THE NEUBERGER MUSEUM Address change OF ART, INC. Name change 23-7179855 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 914-251-6100 735 ANDERSON HILL ROAD 1,676,883. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return PURCHASE, NY 10577-1400 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: SUSAN DUBIN for subordinates? ..... Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: **X** 501(c)(3) 501(c) ( 4947(a)(1) or ) **◄** (insert no.) If "No," attach a list. (see instructions) J Website: ► WWW.NEUBERGER.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 1973 M State of legal domicile: NY ☐ Trust Part I Summary Briefly describe the organization's mission or most significant activities: SUPPORT AND DEVELOPMENT OF THE **Activities & Governance** NEUBERGER MUSEUM OF ART AND FINE ARTS PROGRAMS AT PURCHASE COLLEGE. if the organization discontinued its operations or disposed of more than 25% of its net assets. 17 3 Number of voting members of the governing body (Part VI, line 1a) 13 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 39 7b 0. **Prior Year Current Year** 695,215. 530,078. Contributions and grants (Part VIII, line 1h) 8 Revenue 89,789. 130,839. Program service revenue (Part VIII, line 2g) 58,371. 415,659. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 2,476. -17,001.Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 1,224,712. 680.714. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 637. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 996,255. 1,056,553. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,056,553. 996,892. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 227,820. -375,839. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 10,569,928. 10,154,107. 20 Total assets (Part X, line 16) 182,556. 171,966. 21 Total liabilities (Part X, line 26) 三年 397,962. 971,551 22 Net assets or fund balances. Subtract line 21 from line 20 ..... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign SUSAN DUBIN, CHAIRPERSON Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature ARIEL F AMMIRATO P01346991 Paid self-employed Firm's name ► BONADIO & CO., LLP Firm's EIN ▶ 16-1131146 Preparer

X Yes

Phone no. (518) 464-4080

ALBANY, NY 12205

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's address ▶ 6 WEMBLEY CT

Use Only

|  | ART, | INC. | 23-7179855 | Page 2 |
|--|------|------|------------|--------|
|--|------|------|------------|--------|

| Pai | rt III S  | atement of Program Service Accomplishments   |
|-----|-----------|--|
|     | Cł        | eck if Schedule O contains a response or note to any line in this Part III   |
| 1   | ,         | escribe the organization's mission:  |
|     |           | ORT AND DEVELOPMENT OF THE NEUBERGER MUSEUM OF ART AND FINE ARTS   |
|     | PROG      | RAMS AT PURCHASE COLLEGE.  |
|     |           |  |
|     |           |  |
| 2   | Did the   | organization undertake any significant program services during the year which were not listed on the                                 |
|     | prior For | m 990 or 990-EZ? Yes X 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                        |
|     | 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.          |
|     | 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 \$   |
|     |           | BITION - SPECIAL EXHIBITIONS ARE THE CORNERSTONE OF ANY MUSEUM'S   |
|     |           | RAMMING. THE NEUBERGER MUSEUM OF ART FOCUSES ON SPECIAL EXHIBITIONS  |
|     |           | NTERNATIONAL MODERN AND CONTEMPORARY ART, INCLUDING AN AREA  |
|     |           | IALIZED IN LATIN AMERICAN ART, AND OF AFRICAN ART TO EXPAND UPON   |
|     |           | STRENGTHS INHERENT IN OUR PERMANENT COLLECTIONS. WE OFFER A  |
|     |           | GING SCHEDULE TWICE PER YEAR FOR UP TO A TOTAL OF 8 SPECIAL  |
|     | EXHI:     | BITIONS PER YEAR.  |
|     |           |  |
|     |           |  |
|     |           |  |
|     |           |  |
|     |           |  |
| 4b  | (Code:    | ) (Expenses \$   |
|     |           | ATION PROGRAMS - THE NEUBERGER MUSEUM OF ART'S DYNAMIC EDUCATIONAL   |
|     |           | RAMMING PROMOTES THE DEVELOPMENT OF STUDENTS' CRITICAL THINKING AND  |
|     |           | RVATIONAL SKILLS, AND FOSTERS AN APPRECIATION OF ART FROM A YOUNG  |
|     |           | EACH YEAR, MORE THAN 2,000 STUDENTS EXPLORE THE MUSEUM'S   |
|     |           | ITIONAL AFRICAN ART COLLECTION AND A RANGE OF 20TH-CENTURY AND   |
|     |           | EMPORARY ART THROUGH INQUIRY-BASED EXHIBITION TOURS THAT COMPLY  |
|     |           | CURRENT NEW YORK STATE LEARNING STANDARDS AND NATIONALLY-BASED   |
|     | BEST      | PRACTICES IN LEARNING.   |
|     | -         |  |
|     |           |  |
|     |           |  |
|     |           | 201 400  |
| 4c  | ` _       | ) (Expenses \$   |
|     |           | ERSHIP - OUR MEMBERSHIP BASE NUMBERS APPROXIMATELY 200 PEOPLE WHO  |
|     |           | AN ANNUAL CONTRIBUTION AND ACCRUE BENEFITS CONCURRENT WITH A   |
|     |           | TARY AMOUNT. WE SEEK TO EXPAND OUR MEMBERSHIP BASE THROUGH A   |
|     | RENE      | WAL AND PARTNERSHIP STRATEGY.  |
|     |           |  |
|     |           |  |
|     | -         |  |
|     |           |  |
|     |           |  |
|     |           |  |
|     |           |  |
|     |           |  |
| 4d  |           | ogram services (Describe on Schedule O.)   |
|     | (Expenses | 054.008  |
| 4e  | Total pro | gram service expenses ► 854,237.   |

## Form 990 (2019) OF ART, INC. Part IV Checklist of Required Schedules

|     |   |                  | Yes | No               |
|-----|---|------------------|-----|------------------|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?   |                  |     |                  |
|     | If "Yes," complete Schedule A   | 1                | Х   |                  |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?  | 2                | Х   |                  |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for   |                  |     |                  |
|     | public office? If "Yes," complete Schedule C, Part I  | 3                |     | Х                |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect  |                  |     |                  |
|     | during the tax year? If "Yes," complete Schedule C, Part II   | 4                |     | X                |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or  |                  |     |                  |
|     | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  | 5                |     | X                |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to   |                  |     |                  |
|     | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6                |     | X                |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,   |                  |     |                  |
|     | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7                |     | X                |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete  |                  |     |                  |
|     | 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                |     | X                |
| 10  | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments  |                  |     |                  |
|     | or in quasi endowments? If "Yes," complete Schedule D, Part V   | 10               | Х   |                  |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X  |                  |     |                  |
|     | as applicable.  |                  |     |                  |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,   |                  |     |                  |
|     | Part VI   | 11a              |     | 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              |     | X                |
| С   | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total   |                  |     | l                |
|     | 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   |                  |     |                  |
|     | Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d              |     | X                |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e              | Х   |                  |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses   |                  |     | l                |
|     | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 11f              |     | X                |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete   |                  |     |                  |
|     | Schedule D, Parts XI and XII  | 12a              | Х   |                  |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?   |                  |     |                  |
|     | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional   | 12b              |     | X                |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13               |     | X                |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a              |     | X                |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,   |                  |     |                  |
|     | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000  |                  |     | <sub>v</sub>     |
| 4-  | or more? If "Yes," complete Schedule F, Parts I and IV  | 14b              |     | X                |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any   | 45               |     | x                |
| 46  | foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to                            | 15               |     |                  |
| 16  |   | 16               |     | x                |
| 17  | or for foreign individuals? <i>If</i> "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,               | 16               |     | 122              |
| 17  |   | 17               |     | X                |
| 18  | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines                          | <del>- ''-</del> |     | <del>  ^</del> ` |
| 10  |   | 18               |     | x                |
| 19  | 1c and 8a? If "Yes," complete Schedule G, Part II   | 10               |     | <del>  ^</del> ` |
| ıIJ | ·   | 19               |     | x                |
| 20a | complete Schedule G, Part III   | 20a              |     | X                |
|     |   | 20a<br>20b       |     | <del>  ^</del>   |
| 21  | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 200              |     |                  |
| - 1 | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   | 21               |     | x                |
|     |   |                  |     |                  |

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Form 990 (2019) OF ART, INC.

Part IV Checklist of Required Schedules (continued)

|          |  |            | Yes | No       |
|----------|--|------------|-----|----------|
| 22       | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  |            |     |          |
|          | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22         |     | Х        |
| 23       | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current                                       |            |     |          |
|          | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete   |            |     |          |
|          | Schedule J   | 23         |     | X        |
| 24a      | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the  |            |     |          |
|          | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete   |            |     |          |
|          | Schedule K. If "No," go to line 25a  | 24a        |     | X        |
| b        | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b        |     | <u> </u> |
| С        | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease   |            |     |          |
|          | any tax-exempt bonds?  | 24c        |     | <u> </u> |
|          | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d        |     |          |
| 25a      | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit   |            |     |          |
|          | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a        |     | X        |
| b        | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and                                       |            |     |          |
|          | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete  |            |     |          |
|          | Schedule L, Part I   | 25b        |     | X        |
| 26       | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current  |            |     |          |
|          | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%  |            |     | 37       |
|          | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   | 26         |     | X        |
| 27       | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,                                      |            |     |          |
|          | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled                                      | 0=         |     | x        |
| 00       | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III   | 27         |     | ^        |
| 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):   |            |     |          |
| а        | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?   [1]  [1]   | 000        |     | x        |
| h        | "Yes," complete Schedule L, Part IV  | 28a<br>28b |     | X        |
|          | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  | 200        |     |          |
| C        |  | 28c        |     | x        |
| 29       | "Yes," complete Schedule L, Part IV  | 29         |     | X        |
| 30       | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation                                      | 23         |     | <u> </u> |
| 00       |  | 30         |     | x        |
| 31       | contributions? If "Yes," complete Schedule M  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   |            |     |          |
| <b>-</b> | Schedule N, Part II  | 32         |     | x        |
| 33       | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations   | <u> </u>   |     |          |
| -        | 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)?  | 35a        |     | Х        |
|          | 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        |     | 1        |
| 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         |     | Х        |
| 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         |     | Х        |
| 38       | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?   |            |     |          |
|          | Note: All Form 990 filers are required to complete Schedule O  | 38         | X   |          |
| Par      | t 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       |
|          | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   |            |     |          |
|          | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  |            |     |          |
| С        | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming   |            |     |          |
|          | (gambling) winnings to prize winners?  | 1c         | X   | Щ_       |
|          | 0.4 0.0 0.0  | Гоина      | gan | (OD10)   |

#### Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

|            |  |                              |          | Yes | No |
|------------|--|------------------------------|----------|-----|----|
| <b>2</b> a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,  |                              |          |     |    |
|            | filed for the calendar year ending with or within the year covered by this return  | 2a 0                         |          |     |    |
| b          | If at least one is reported on line 2a, did the organization file all required federal employment tax return   | ns?                          | 2b       |     |    |
|            | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions   | s)                           |          |     |    |
| За         | Did the organization have unrelated business gross income of \$1,000 or more during the year?  |                              | За       |     | X  |
| b          | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule  | 0                            | 3b       |     |    |
| 4a         | At any time during the calendar year, did the organization have an interest in, or a signature or other a  | uthority over, a             |          |     |    |
|            | financial account in a foreign country (such as a bank account, securities account, or other financial a   | ccount)?                     | 4a       |     | X  |
| b          | If "Yes," enter the name of the foreign country  |                              |          |     |    |
|            | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi | counts (FBAR).               |          |     |    |
| 5a         |  |                              | 5a       |     | Х  |
| b          | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction  |                              | 5b       |     | X  |
| С          | 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       |     | X  |
| b          | If "Yes," did the organization include with every solicitation an express statement that such contribution   | •                            |          |     |    |
|            | were not tax deductible?   |                              | 6b       |     |    |
| 7          | Organizations that may receive deductible contributions under section 170(c).  |                              |          | 37  |    |
| 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       | X   |    |
| b          |  |                              | 7b       | Х   |    |
| С          | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was   | •                            | l _      |     |    |
|            | to file Form 8282?   |                              | 7c       |     | X  |
| d          | •  | 7d                           | -        |     | v  |
| e          | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or   |                              | 7e       |     | X  |
| f          | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra  |                              | 7f       |     | Α_ |
| g<br>h     | If the organization received a contribution of qualified intellectual property, did the organization file Fo If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization  |                              | 7g<br>7h |     |    |
| 8          | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained  |                              | /11      |     |    |
| o          |  | ·                            | 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:  |                              | 0.0      |     |    |
| а          | Initiation fees and capital contributions included on Part VIII, line 12   | 10a                          |          |     |    |
|            | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | 10b                          |          |     |    |
| 11         | Section 501(c)(12) organizations. Enter:   | <b>'</b>                     |          |     |    |
| а          |  | 11a                          |          |     |    |
| b          | Gross income from other sources (Do not net amounts due or paid to other sources against   |                              |          |     |    |
|            | amounts due or received from them.)  | 11b                          |          |     |    |
| 12a        | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form   | 1041?                        | 12a      |     |    |
| b          | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | 12b                          |          |     |    |
| 13         | Section 501(c)(29) qualified nonprofit health insurance issuers.   |                              |          |     |    |
| а          | Is the organization licensed to issue qualified health plans in more than one state?   |                              | 13a      |     |    |
|            | Note: See the instructions for additional information the organization must report on Schedule O.  |                              |          |     |    |
| b          | Enter the amount of reserves the organization is required to maintain by the states in which the   | 1                            |          |     |    |
|            | organization is licensed to issue qualified health plans   | 13b                          |          |     |    |
| С          | Enter the amount of reserves on hand   | 13c                          |          |     |    |
| 14a        | Did the organization receive any payments for indoor tanning services during the tax year?   |                              | 14a      |     | X  |
| b          | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul   |                              | 14b      |     |    |
| 15         | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner  |                              | 1        |     |    |
|            | excess parachute payment(s) during the year?   |                              | 15       |     | X  |
|            | If "Yes," see instructions and file Form 4720, Schedule N.   |                              |          |     | 77 |
| 16         | Is the organization an educational institution subject to the section 4968 excise tax on net investment  | income?                      | 16       |     | X  |
|            | If "Yes," complete Form 4720, Schedule O.  |                              |          |     |    |

Form **990** (2019)

Page 6

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

|     | Check if Schedule O contains a response or note to any line in this Part VI   |                              |          |        | X   |
|-----|---|------------------------------|----------|--------|-----|
| 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   | 1a 17                        |          |        |     |
|     | 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 on Schedule O.                       |                              |          |        |     |
| b   | Enter the number of voting members included on line 1a, above, who are independent  | 1b 13                        |          |        |     |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship v                 | vith 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 c                        |                              |          |        |     |
|     |   |                              | 3        |        | Х   |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990                       | ) was filed?                 | 4        |        | Х   |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's asset                    | s?                           | 5        |        | Х   |
| 6   | Did the organization have members or stockholders?  |                              | 6        |        | Х   |
| 7a  | Did the organization have members, stockholders, or other persons who had the power to elect or appo                        |                              |          |        |     |
|     | more members of the governing body?   |                              | 7a       |        | Х   |
| b   | Are any governance decisions of the organization reserved to (or subject to approval by) members, stoo                      |                              |          |        |     |
|     | persons other than the governing body?  |                              | 7b       |        | Х   |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year b           |                              |          |        |     |
| 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 reach                 |                              |          |        |     |
|     | organization's mailing address? If "Yes." provide the names and addresses on Schedule O                                     |                              | 9        |        | Х   |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Reve                      | nue Code.)                   |          |        |     |
|     |   | ,                            |          | Yes    | No  |
| 10a | Did the organization have local chapters, branches, or affiliates?  |                              | 10a      |        | Х   |
|     | If "Yes," did the organization have written policies and procedures governing the activities of such chap                   |                              |          |        |     |
|     | 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 by                      | efore filing the form?       | 11a      | X      |     |
| b   | Describe in Schedule O the process, if any, used by the organization to review this Form 990.                               |                              |          |        |     |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13                                     |                              | 12a      | Х      |     |
| b   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to    |                              | 12b      | X      |     |
| С   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes                     | s," describe                 |          |        |     |
|     | in Schedule O how this was done   |                              | 12c      | Х      |     |
| 13  | Did the organization have a written whistleblower policy?   |                              | 13       | Х      |     |
| 14  | Did the organization have a written document retention and destruction policy?  |                              | 14       | Х      |     |
| 15  | Did the process for determining compensation of the following persons include a review and approval by                      | y 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 arrangeme                | nt with a                    |          |        |     |
|     | taxable entity during the year?   |                              | 16a      |        | X   |
| b   | If "Yes," $\operatorname{did}$ 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                | ation's                      |          |        |     |
|     | exempt status with respect to such arrangements?  |                              | 16b      |        |     |
| Sec | 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 (1024 or 1024-A, if applicable), 990, and                      | 990-T (Section 501(c)(3)     | s only)  | availa | ble |
|     | for public inspection. Indicate how you made these available. Check all that apply.   |                              |          |        |     |
|     | Own website X Another's website X Upon request Other (explain o   | n Schedule O)                |          |        |     |
| 19  | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conf                         | lict of interest policy, and | d financ | cial   |     |
|     | 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 🕨                |          |        |     |
|     | PAUL ZUKOWSKY - 914-251-6100  |                              |          |        |     |
|     | 735 ANDERSON HILL ROAD, PURCHASE, NY 10577-1400   |                              |          |        |     |

23-7179855

## 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.

See instructions for the order in which to list the persons above.

| X Check this box if neither the organization n |                   | orga                           | niza                  |           |              | nper                         | sate   |                 |                               |                    |
|--|-------------------|--------------------------------|-----------------------|-----------|--------------|------------------------------|--------|-----------------|-------------------------------|--------------------|
| (A)  | (B)               |                                |                       | (C<br>Pos | C)           |                              |        | (D)             | (E)                           | (F)                |
| Name and title                                 | Average           |                                | not c                 | heck      | more         | than (                       |        | Reportable      | Reportable                    | Estimated          |
|  | hours per         |                                |                       |           |              | s both<br>or/trus            |        | compensation    | compensation                  | amount of          |
|  | week<br>(list any | ror                            |                       |           |              |                              |        | from<br>the     | from related<br>organizations | other compensation |
|  | hours for         | direc                          |                       |           |              | 9                            |        | organization    | (W-2/1099-MISC)               | from the           |
|  | related           | tee or                         | ıstee                 |           |              | nsate                        |        | (W-2/1099-MISC) | ,                             | organization       |
|  | organizations     | Itrus                          | nal tri               |           | oyee         | om of                        |        |                 |                               | and related        |
|  | below             | Individual trustee or director | Institutional trustee | Officer   | Key employee | Highest compensated employee | Former |                 |                               | organizations      |
| · · · · · · · · · · · · · · · · · · ·          | line)             | lud                            | Inst                  | 0#ij      | Ke           | Hig<br>em                    | For    |                 |                               |                    |
| (1) SUSAN DUBIN                                | 1.50              |                                |                       | l         |              |                              |        |                 |                               |                    |
| CHAIR  | 1 50              | Х                              |                       | Х         |              |                              |        | 0.              | 0.                            | 0.                 |
| (2) PAUL ZUKOWSKY                              | 1.50              |                                |                       | l         |              |                              |        |                 |                               |                    |
| TREASURER                                      | 1 50              | Х                              |                       | Х         |              |                              |        | 0.              | 0.                            | 0.                 |
| (3) BONNIE ROMANO                              | 1.50              |                                |                       | l         |              |                              |        |                 |                               |                    |
| SECRETARY                                      | 1 00              | Х                              | _                     | Х         |              |                              |        | 0.              | 0.                            | 0.                 |
| (4) LAURA BLANK                                | 1.00              |                                |                       |           |              |                              |        |                 | •                             | •                  |
| TRUSTEE  | 1 00              | Х                              |                       |           |              |                              |        | 0.              | 0.                            | 0.                 |
| (5) DEBBIE HEIDECORN                           | 1.00              |                                |                       |           |              |                              |        |                 | •                             | •                  |
| TRUSTEE  | 1 00              | Х                              |                       |           |              |                              |        | 0.              | 0.                            | 0.                 |
| (6) LISA COOPER                                | 1.00              | .,                             |                       |           |              |                              |        |                 | _                             | 0                  |
| TRUSTEE  | 1 00              | Х                              |                       |           |              |                              |        | 0.              | 0.                            | 0.                 |
| (7) JAMIE GORDON                               | 1.00              | 37                             |                       |           |              |                              |        |                 | 0                             | 0                  |
| TRUSTEE  | 1 00              | Х                              |                       |           |              |                              |        | 0.              | 0.                            | 0.                 |
| (8) O. ANTHONY MADDALENA TRUSTEE               | 1.00              | Х                              |                       |           |              |                              |        | 0.              | 0.                            | 0                  |
| (9) JIM NEUBERGER                              | 1.00              | Λ                              | $\vdash$              |           |              |                              |        | 0.              | 0.                            | 0.                 |
| TRUSTEE  | 1.00              | Х                              |                       |           |              |                              |        | 0.              | 0.                            | 0.                 |
| (10) STACEY OESTREICH                          | 1.00              | Λ                              |                       |           |              |                              |        |                 | 0.                            | 0.                 |
| TRUSTEE  | 1.00              | Х                              |                       |           |              |                              |        | 0.              | 0.                            | 0.                 |
| (11) YALE PAPRIN                               | 1.00              | 22                             |                       |           |              |                              |        | •               | <b>.</b>                      | 0.                 |
| TRUSTEE  | 1.00              | Х                              |                       |           |              |                              |        | 0.              | 0.                            | 0.                 |
| (12) MARVIN SCHWARTZ                           | 1.00              |                                |                       |           |              |                              |        | •               | •                             |                    |
| TRUSTEE  |                   | х                              |                       |           |              |                              |        | 0.              | 0.                            | 0.                 |
| (13) HELEN STAMBLER NEUBERGER                  | 1.00              |                                |                       |           |              |                              |        |                 | •                             | •                  |
| TRUSTEE  |                   | х                              |                       |           |              |                              |        | 0.              | 0.                            | 0.                 |
| (14) DENNIS CRAIG                              | 3.00              |                                |                       |           |              |                              |        |                 | •                             | <u> </u>           |
| TRUSTEE - EX-OFFICIO                           |                   | х                              |                       |           |              |                              |        | 0.              | 0.                            | 0.                 |
| (15) TRACY FITZPATRICK, MUSEUM EXEC.           | 3.00              |                                |                       |           |              |                              |        |                 |                               |                    |
| TRUSTEE - EX-OFFICIO                           |                   | Х                              |                       |           |              |                              |        | 0.              | 0.                            | 0.                 |
| (16) DONNA FRITHSEN                            | 3.00              |                                |                       |           |              |                              |        |                 |                               |                    |
| TRUSTEE - EX-OFFICIO                           |                   | Х                              |                       |           |              |                              |        | 0.              | 0.                            | 0.                 |
| (17) BARRY PEARSON                             | 3.00              |                                |                       |           |              |                              |        |                 |                               |                    |
| TRUSTEE - EX-OFFICIO                           |                   | Х                              | L                     | L         | L            | L                            | L      | 0.              | 0.                            | 0.                 |

Form **990** (2019)

| Part VII   Section A. Officers, Directors, Tru                                    | (B)                    | рюу                            | ees,                  |              | <u>з ні</u><br>С) | gne                          | st C     |                                 | ,                        |       |          | <b>/</b> [`\           |       |
|---|------------------------|--------------------------------|-----------------------|--------------|-------------------|------------------------------|----------|---------------------------------|--------------------------|-------|----------|------------------------|-------|
| <b>(A)</b><br>Name and title  | Average                |                                |                       | Pos          | itior             |                              |          | <b>(D)</b><br>Reportable        | <b>(E)</b><br>Reportable |       | Fo       | ( <b>F)</b><br>stimate | h     |
| Name and title  | hours per              |                                |                       |              |                   | than                         |          | compensation                    | compensation             | ,     |          | nount                  |       |
|   | week                   | _                              | cer ar                | nd a di      | lirecto           | or/trus                      | tee)     | from                            | from related             |       |          | other                  |       |
|   | (list any<br>hours for | rector                         |                       |              |                   |                              |          | the                             | organizations            | - 1   |          | pensa                  |       |
|   | related                | e or di                        | tee                   |              |                   | sated                        |          | organization<br>(W-2/1099-MISC) | (W-2/1099-MIS            | C)    |          | om the<br>anizat       |       |
|   | organizations          | truste                         | al trus               |              | yee               | m pen                        |          | (***-27 1099-101130)            |                          |       |          | d relat                |       |
|   | below                  | Individual trustee or director | Institutional trustee | Ja:          | Key employee      | Highest compensated employee | Jer ,    |                                 |                          |       | orga     | anizati                | ons   |
|   | line)                  | ıb                             | Insti                 | Officer      | Key               | High                         | Former   |                                 |                          |       |          |                        |       |
| (18) LUCILLE WERLINICH  | 1.00                   | ٠,                             |                       |              |                   |                              |          |                                 |                          |       |          |                        | ^     |
| TRUSTEE - EX-OFFICIO (19) NANCY ZALTA   | 1.00                   | Х                              |                       |              |                   | -                            |          | 0.                              |                          | 0.    |          |                        | 0.    |
| TRUSTEE - EX-OFFICIO  | 1.00                   | X                              |                       |              |                   |                              |          | 0.                              |                          | 0.    |          |                        | 0.    |
|   |                        | 1                              |                       |              |                   |                              |          |                                 |                          | •     |          |                        |       |
|   |                        |                                |                       |              |                   |                              |          |                                 |                          |       |          |                        |       |
|   |                        |                                |                       |              |                   |                              |          |                                 |                          |       |          |                        |       |
|   |                        |                                |                       |              |                   |                              |          |                                 |                          |       |          |                        |       |
|   |                        | $\frac{1}{1}$                  |                       |              |                   |                              |          |                                 |                          |       |          |                        |       |
|   |                        |                                |                       |              |                   |                              |          |                                 |                          |       |          |                        |       |
|   |                        |                                |                       |              |                   |                              |          |                                 |                          |       |          |                        |       |
|   |                        |                                |                       |              |                   |                              |          |                                 |                          |       |          |                        |       |
|   |                        |                                |                       |              |                   |                              |          |                                 |                          |       |          |                        |       |
|   |                        |                                |                       |              |                   |                              |          |                                 |                          |       |          |                        |       |
| 1b Subtotal   |                        |                                |                       |              |                   |                              | <b></b>  | 0.                              |                          | 0.    |          |                        | 0.    |
| c Total from continuation sheets to Part \  | /II, Section A         |                                |                       |              |                   |                              |          | 0.                              |                          | 0.    |          |                        | 0.    |
| d Total (add lines 1b and 1c)   |                        |                                |                       |              |                   |                              | <u> </u> | 0.                              |                          | 0.    |          |                        | 0.    |
| 2 Total number of individuals (including but compensation from the organization ▶ | not limited to tr      | iose                           | liste                 | a ac         | oove              | e) wr                        | io re    | eceived more than \$100,        | uuu ot reportable        |       |          |                        | 0     |
| compensation from the organization  |                        |                                |                       |              |                   |                              |          |                                 |                          |       |          | Yes                    | No    |
| 3 Did the organization list any former office                                     | r, director, trust     | ee, l                          | кеу е                 | empl         | loye              | e, or                        | hig      | hest compensated emp            | loyee on                 |       |          |                        |       |
| line 1a? If "Yes," complete Schedule J for  | such individual        |                                |                       |              |                   |                              |          |                                 |                          |       | 3        |                        | Х     |
| 4 For any individual listed on line 1a, is the s                                  |                        |                                |                       |              |                   |                              |          |                                 |                          |       |          |                        |       |
| and related organizations greater than \$15                                       |                        |                                |                       |              |                   |                              |          |                                 |                          |       | 4        |                        | X     |
| 5 Did any person listed on line 1a receive or                                     | •                      |                                |                       |              | •                 |                              |          | •                               | dual for services        |       | _        |                        | v     |
| rendered to the organization? If "Yes," CO Section B. Independent Contractors     | mplete Schedul         | e J f                          | or si                 | ıch <u>ı</u> | oers              | on                           |          |                                 |                          |       | 5        |                        | Х     |
| Complete this table for your five highest c                                       | ompensated inc         | depe                           | nde                   | nt co        | ontra             | acto                         | rs th    | nat received more than \$       | 100.000 of comp          | ensat | tion fro | om                     |       |
| the organization. Report compensation for   | r the calendar y       | ear e                          | endir                 | ng w         | ith o             | or wi                        | thin     | the organization's tax y        | ear.                     |       |          |                        |       |
| (A)   |                        |                                |                       | _            |                   |                              |          | (B)                             |                          | _     | (0       |                        |       |
| Name and busines  | s address              | N                              | INC                   | <u> </u>     |                   |                              |          | Description of s                | ervices                  |       | ompe     | nsatio                 | n     |
|   |                        |                                |                       |              |                   |                              |          |                                 |                          |       |          |                        |       |
|   |                        |                                |                       |              |                   |                              |          |                                 |                          |       |          |                        |       |
|   |                        |                                |                       |              |                   |                              |          |                                 |                          |       |          |                        |       |
|   |                        |                                |                       |              |                   |                              |          |                                 |                          |       |          |                        |       |
|   |                        |                                |                       |              |                   |                              |          |                                 |                          |       |          |                        |       |
|   |                        |                                |                       |              |                   |                              |          |                                 |                          |       |          |                        |       |
| 2 Total number of independent contractors   |                        | ot lir                         | nite                  | d to         |                   | _                            | ted      | above) who received mo          | ore than                 |       |          |                        |       |
| \$100,000 of compensation from the organ  | nization >             |                                |                       |              | (                 | )                            |          |                                 |                          |       |          | 000                    |       |
|   |                        |                                |                       |              |                   |                              |          |                                 |                          |       | Form     | 990 <sub>(2</sub>      | 2019) |

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Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenue excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1a **1 a** Federated campaigns 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 530,078 1f g Noncash contributions included in lines 1a-1f 530,078. h Total. Add lines 1a-1f **Business Code** 2 a MEMBERSHIPS 900099 83,290 83,290 Program Service Revenue ADMISSIONS AND SUBSCRIPTIONS 900099 6,499 6,499 С f All other program service revenue ..... 89,789 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 249,507 249,507 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... 6c c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 805,033. assets other than inventory 7a **b** Less: cost or other basis 996,169 and sales expenses 7b Other Revenue 7с -191,136. c Gain or (loss) -191,136. -191,136. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a OTHER SOURCES 900099 2,476. 2,476 d All other revenue 2,476 e Total. Add lines 11a-11d 680,714. 58,371. 92,265 Total revenue. See instructions 12

932009 01-20-20

## Form 990 (2019) OF ART, INC. Part IX Statement of Functional Expenses

|     | Check if Schedule O contains a respons   |                       | his Part IX                               | (0)                                 | <u> </u>                              |
|-----|--|-----------------------|---|-------------------------------------|---------------------------------------|
|     | ot include amounts reported on lines 6b,<br>b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | <b>(B)</b><br>Program service<br>expenses | (C) Management and general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| 1   | Grants and other assistance to domestic organizations  |                       |   |                                     |                                       |
| ;   | and domestic governments. See Part IV, line 21 $lacksquare$  |                       |   |                                     |                                       |
| 2   | Grants and other assistance to domestic  |                       |   |                                     |                                       |
| i   | individuals. See Part IV, line 22  |                       |   |                                     |                                       |
| 3   | Grants and other assistance to foreign   |                       |   |                                     |                                       |
|     | organizations, foreign governments, and foreign  |                       |   |                                     |                                       |
|     | individuals. See Part IV, lines 15 and 16  |                       |   |                                     |                                       |
| 4   | Benefits paid to or for members  |                       |   |                                     |                                       |
|     | Compensation of current officers, directors,   |                       |   |                                     |                                       |
| 1   | trustees, and key employees  |                       |   |                                     |                                       |
|     | Compensation not included above to disqualified  |                       |   |                                     |                                       |
|     | persons (as defined under section 4958(f)(1)) and  |                       |   |                                     |                                       |
|     | persons described in section 4958(c)(3)(B)   |                       |   |                                     |                                       |
|     | Other salaries and wages   |                       |   |                                     |                                       |
|     | Pension plan accruals and contributions (include   |                       |   |                                     |                                       |
|     | section 401(k) and 403(b) employer contributions)  |                       |   |                                     |                                       |
|     | Other employee benefits  |                       |   |                                     |                                       |
|     | Payroll taxes  |                       |   |                                     |                                       |
|     | Fees for services (nonemployees):  |                       |   |                                     |                                       |
|     | Management   |                       |   |                                     |                                       |
|     | Legal  |                       |   |                                     |                                       |
|     | Accounting   |                       |   |                                     |                                       |
|     | Lobbying   |                       |   |                                     |                                       |
|     | Professional fundraising services. See Part IV, line 17  |                       |   |                                     |                                       |
|     | Investment management fees   |                       |   |                                     |                                       |
| _   | Other. (If line 11g amount exceeds 10% of line 25,   | E3E 604               | E00 251                                   | 120 212                             |                                       |
|     | column (A) amount, list line 11g expenses on Sch O.)   | 737,684.              | 599,371.                                  | 138,313.                            |                                       |
|     | Advertising and promotion  | 45,485.               | 45,485.                                   | 1 254                               |                                       |
|     | Office expenses  | -672.                 | 682.                                      | -1,354.                             |                                       |
|     | Information technology   | 2,780.                |   | 2,780.                              |                                       |
|     | Royalties  |                       |   |                                     |                                       |
|     | Occupancy  | 10 762                | 10 762                                    |                                     |                                       |
|     | Travel   | 10,763.               | 10,763.                                   |                                     |                                       |
|     | Payments of travel or entertainment expenses   |                       |   |                                     |                                       |
|     | for any federal, state, or local public officials $\dots$  |                       |   |                                     |                                       |
|     | Conferences, conventions, and meetings   |                       |   |                                     |                                       |
|     | Interest   |                       |   |                                     |                                       |
|     | Payments to affiliates   |                       |   |                                     |                                       |
|     | Depreciation, depletion, and amortization  | 16 076                | 1 076                                     | 15 600                              |                                       |
|     | Insurance  | 16,876.               | 1,276.                                    | 15,600.                             |                                       |
|     | Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) |                       |   |                                     |                                       |
|     | amount, list line 24e expenses on Schedule 0.)   |                       |   |                                     |                                       |
|     | MISCELLANEOUS  | 78,728.               | 40,876.                                   | 13,230.                             | 24,622                                |
|     | SHIPPING & CARTING   | 57,908.               | 57,908.                                   |                                     |                                       |
|     | CATALOGUE  | 39,589.               | 39,589.                                   |                                     |                                       |
| d   | INSTALLATION MATERIALS   | 31,522.               | 31,522.                                   |                                     |                                       |
| e i | All other expenses   | 35,890.               | 26,765.                                   |                                     | 9,125                                 |
| 25  | Total functional expenses. Add lines 1 through 24e   | 1,056,553.            | 854,237.                                  | 168,569.                            | 33,747                                |
|     | 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)   |                       |   |                                     |                                       |

Form **990** (2019)

#### Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 1,332,495. 1,307,357. 1 Cash - non-interest-bearing 252,158. 93,753. Savings and temporary cash investments 2 2,500. 2,865. 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Inventories for sale or use 8 5,770. 32,802. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a b Less: accumulated depreciation 10b 10c 8,886,492. 8,630,901. 11 11 Investments - publicly traded securities Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 90,513. 86,429. 15 15 Other assets. See Part IV, line 11 10,569,928. 10,154,107. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 11,832. Accounts payable and accrued expenses 17 17 18 18 Grants payable 16,309. 27,972. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 143,825. 154,584. of Schedule D 171,966. 182,556. 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 536,481. 27 479,257. 27 Net assets without donor restrictions Net assets with donor restrictions 9,861,481. 9,492,294. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 10,397,962. 9,971,551. Total net assets or fund balances 32 32 10,569,928. 10,154,107. 33 33 Total liabilities and net assets/fund balances

Form **990** (2019)

| 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      |     |     |             | <u>14.</u> |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2      |     |     |             | 53.        |
| 3  | Revenue less expenses. Subtract line 2 from line 1  | 3      |     |     |             | <u>39.</u> |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                             | 4      | 10  |     |             | <u>62.</u> |
| 5  | Net unrealized gains (losses) on investments  | 5      |     | -5  | 0, <u>5</u> | 72.        |
| 6  | Donated services and use of facilities  | 6      |     |     |             |            |
| 7  | Investment expenses   | 7      |     |     |             |            |
| 8  | Prior period adjustments  | 8      |     |     |             |            |
| 9  | Other changes in net assets or fund balances (explain on Schedule O)  | 9      |     |     |             | 0.         |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                    |        |     |     |             |            |
|    | column (B))   | 10     | 9   | ,97 | 1,5         | 51.        |
| Pa | rt XII Financial Statements and Reporting   |        |     |     |             |            |
|    | Check if Schedule O contains a response or note to any line in this Part XII  |        |     |     |             | X          |
|    |   |        | _   |     | Yes         | No         |
| 1  | Accounting method used to prepare the Form 990: Cash X Accrual Other  |        |     |     |             |            |
|    | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule        | Ο.     |     |     |             |            |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?                       |        |     | 2a  |             | Х          |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed       | on a   |     |     |             |            |
|    | separate basis, consolidated basis, or both:  |        |     |     |             |            |
|    | Separate basis Consolidated basis Both consolidated and separate basis  |        |     |     |             |            |
| b  | Were the organization's financial statements audited by an independent accountant?                                    |        |     | 2b  | X           |            |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate      | basis, |     |     |             |            |
|    | consolidated basis, or both:  |        |     |     |             |            |
|    | X Separate basis Consolidated basis Both consolidated and separate basis  |        |     |     |             |            |
| С  | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the    | 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 on Scho    |        | Г   |     |             |            |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin   |        | - 1 |     |             |            |
|    | Act and OMB Circular A-133?   | •      |     | За  |             | Х          |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed aud | lit |     |             |            |
|    | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                              |        |     | 3h  |             |            |

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

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.
FRIENDS OF THE NEUBERGER MUSEUM

OMB No. 1545-0047

**Employer identification number** 

Open to Public Inspection

OF ART INC 23-7179855 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

11010217 784124 PUR009005

## 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) 2015              | <b>(b)</b> 2016      | (c) 2017               | (d) 2018            | (e) 2019             | (f) Total      |
| 1    | Gifts, grants, contributions, and            |                       |                      |                        |                     |                      |                |
|      | membership fees received. (Do not            |                       |                      |                        |                     |                      |                |
|      | include any "unusual grants.")               | 673,856.              | 439,962.             | 863,609.               | 682,304.            | 375,288.             | 3035019.       |
| 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              | 122,013.              | 223,694.             |                        |                     |                      | 910,200.       |
| 4    | Total. Add lines 1 through 3                 | 795,869.              | 663,656.             | 1141372.               | 836,359.            | 507,963.             | 3945219.       |
| 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)                                   |                       |                      |                        |                     |                      | 828,200.       |
|      | Public support. Subtract line 5 from line 4. |                       |                      |                        |                     |                      | 3117019.       |
| Sec  | ction B. Total Support                       |                       |                      |                        |                     |                      |                |
| Cale | ndar year (or fiscal year beginning in)      | <b>(a)</b> 2015       | <b>(b)</b> 2016      | (c) 2017               | (d) 2018            | (e) 2019             | (f) Total      |
| 7    | Amounts from line 4                          | 795,869.              | 663,656.             | 1141372.               | 836,359.            | 507,963.             | 3945219.       |
| 8    | Gross income from interest,                  |                       |                      |                        |                     |                      |                |
|      | dividends, payments received on              |                       |                      |                        |                     |                      |                |
|      | securities loans, rents, royalties,          |                       |                      |                        |                     |                      |                |
|      | and income from similar sources              | 115,438.              | 131,984.             | 168,011.               | 145,482.            | 249,507.             | 810,422.       |
| 9    | Net income from unrelated business           |                       |                      |                        |                     |                      |                |
|      | activities, whether or not the               |                       |                      |                        |                     |                      |                |
|      | business is regularly carried on             |                       |                      |                        |                     |                      |                |
| 10   | Other income. Do not include gain            |                       |                      |                        |                     |                      |                |
|      | or loss from the sale of capital             |                       |                      |                        |                     |                      |                |
|      | assets (Explain in Part VI.)                 | 131.                  |                      | 963.                   | 17,526.             | 2,477.               | 21,097.        |
| 11   | Total support. Add lines 7 through 10        |                       |                      |                        |                     |                      | 4776738.       |
| 12   | Gross receipts from related activities,      | etc. (see instruction | ons)                 |                        |                     | 12                   |                |
| 13   | First five years. If the Form 990 is for     | the organization's    | first, second, third | d, fourth, or fifth ta | x year as a section | 501(c)(3)            |                |
| _    | organization, check this box and stor        | here                  | ·····                |                        |                     |                      | <b>&gt;</b>    |
|      | ction C. Computation of Publi                |                       |                      |                        |                     |                      |                |
| 14   | Public support percentage for 2019 (I        |                       |                      |                        |                     | 14                   | 65.25 %        |
| 15   | Public support percentage from 2018          |                       |                      |                        |                     | 15                   | 70.92 <u>%</u> |
| 16a  | 33 1/3% support test - 2019. If the o        | organization did no   | t check the box or   | line 13, and line 1    | 14 is 33 1/3% or m  | ore, check this box  |                |
|      | <b>stop here.</b> The organization qualifies |                       | ~                    |                        |                     |                      |                |
| b    | 33 1/3% support test - 2018. If the o        |                       |                      |                        |                     |                      |                |
|      | and <b>stop here.</b> The organization qual  | ifies as a publicly s | supported organiza   | tion                   |                     |                      | ▶□             |
| 17a  | 10% -facts-and-circumstances test            | - 2019. If the org    | anization did not c  | heck a box on line     | 13, 16a, or 16b, a  | and line 14 is 10% o | or more,       |
|      | and if the organization meets the "fac       |                       |                      | -                      | · ·                 | -                    |                |
|      | meets the "facts-and-circumstances"          | test. The organizat   | ion qualifies as a p | oublicly supported     | organization        |                      | ▶□             |
| b    | 10% -facts-and-circumstances test            | - 2018. If the org    | anization did not c  | heck a box on line     | 13, 16a, 16b, or 1  | 7a, and line 15 is   | 10% or         |
|      | more, and if the organization meets the      |                       |                      |                        | -                   |                      |                |
|      | organization meets the "facts-and-circ       | cumstances" test.     | The organization q   | ualifies as a public   | ly supported orgar  | nization             | ▶∐             |
| 18   | Private foundation. If the organization      | n did not check a     | box on line 13, 16a  | a, 16b, 17a, or 17b    | , check this box ar | nd see instructions  | <u> </u>       |

Schedule A (Form 990 or 990-EZ) 2019

### 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  | Ow, picase com          | picto i ait ii.j          |                    |                     |                    |             |
|--|-------------------------|---------------------------|--------------------|---------------------|--------------------|-------------|
| alendar year (or fiscal year beginning in)   | (a) 2015                | <b>(b)</b> 2016           | (c) 2017           | (d) 2018            | <b>(e)</b> 2019    | (f) Total   |
| Gifts, grants, contributions, and<br>membership fees received. (Do not<br>include any "unusual grants.")   |                         |                           |                    |                     |                    |             |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |                         |                           |                    |                     |                    |             |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513   |                         |                           |                    |                     |                    |             |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |                         |                           |                    |                     |                    |             |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge  |                         |                           |                    |                     |                    |             |
| 6 Total. Add lines 1 through 5   |                         |                           |                    |                     |                    |             |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons   |                         |                           |                    |                     |                    |             |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year    |                         |                           |                    |                     |                    |             |
| c Add lines 7a and 7b  |                         |                           |                    |                     |                    |             |
| 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support   |                         |                           |                    |                     |                    |             |
| alendar year (or fiscal year beginning in)   | (a) 2015                | <b>(b)</b> 2016           | (c) 2017           | (d) 2018            | (e) 2019           | (f) Total   |
| 9 Amounts from line 6  | (4) 2013                | (6) 2010                  | (6) 2011           | (4) 2010            | (6) 2013           | (i) Total   |
| IOa Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  |                         |                           |                    |                     |                    |             |
| <b>b</b> Unrelated business taxable income<br>(less section 511 taxes) from businesses<br>acquired after June 30, 1975   |                         |                           |                    |                     |                    |             |
|  |                         |                           |                    |                     |                    |             |
| c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on                    |                         |                           |                    |                     |                    |             |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   |                         |                           |                    |                     |                    |             |
| <b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)   |                         |                           |                    |                     |                    |             |
| <b>14</b> First five years. If the Form 990 is for t   | •                       |                           |                    | •                   | . , . ,            |             |
| check this box and stop here   |                         |                           |                    |                     |                    | <b>&gt;</b> |
| Section C. Computation of Public   |                         |                           |                    |                     |                    |             |
| 15 Public support percentage for 2019 (lin   |                         |                           |                    |                     | 15                 | 9/          |
| Public support percentage from 2018 S  |                         |                           |                    |                     | 16                 | 9           |
| Section D. Computation of Invest   |                         |                           |                    |                     | T .= T             |             |
| Investment income percentage for 201   |                         |                           |                    |                     | 17                 | 9           |
| 18 Investment income percentage from 20  |                         |                           |                    |                     | 18                 | 9           |
| 19a 33 1/3% support tests - 2019. If the o   |                         |                           |                    |                     |                    |             |
| more than 33 1/3%, check this box and b 33 1/3% support tests - 2018. If the c   | -                       | -                         |                    | •                   |                    |             |
| line 18 is not more than 33 1/3%, checl  | k this box and <b>s</b> | <b>top here.</b> The orga | nization qualifies | as a publicly suppo | orted organization | ▶□          |
| 20 Private foundation. If the organization   | did not check a         | box on line 14 19         | a or 19b check th  | nis box and see ins | structions         | ▶           |

932023 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

### 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 |
|-----|-----|----|
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| 4a  |     |    |
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| 100 |     |    |
| 10a |     |    |
| 10b |     |    |
|     |     |    |

| Pa      | 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      |     |     |
|         | 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   | 1        |     |     |
| Sec     | the supported organization(s). tion D. All Type III Supporting Organizations   |          |     | L   |
|         | and the state of t |          | Yes | No  |
| 1       | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the   |          |     | 110 |
|         | 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   |          |     |     |
| <u></u> | supported organizations played in this regard.   | 3        |     |     |
|         | 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 year (see instructions)   | •        |     |     |
| a       | The organization satisfied the Activities Test. Complete line 2 below.   |          |     |     |
| b<br>c  | The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst   |          |     |     |
| 2       | Activities Test. Answer (a) and (b) below.   | ructions | Yes | No  |
| a       | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of   |          | 103 | 140 |
| u       | 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  |          |     |     |
|         | trustees of each of the supported organizations? <i>Provide details in Part VI.</i>  | 3a       |     |     |
| b       | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each  | a.       |     |     |
|         | of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.  | 3b       | i l | I   |

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| Pa   | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting                 | ng Organi      | izations                    |                                |
|------|--|----------------|-----------------------------|--------------------------------|
| 1    | Check here if the organization satisfied the Integral Part Test as a qualifyi  | ng trust on N  | Nov. 20, 1970 (explain in F | Part VI). See instructions. Al |
|      | other Type III non-functionally integrated supporting organizations must c     | omplete Sec    | ctions A through E.         |                                |
| Sect | tion A - Adjusted Net Income   |                | (A) Prior Year              | (B) Current Year<br>(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 | tion B - Minimum Asset Amount  |                | (A) Prior Year              | (B) Current Year<br>(optional) |
| 1    | Aggregate fair market value of all non-exempt-use assets (see                  |                |                             |                                |
|      | instructions for short tax year or assets held for part of year):              |                |                             |                                |
| a    | Average monthly value of securities  | 1a             |                             |                                |
| b    | Average monthly cash balances  | 1b             |                             |                                |
| c    | Fair market value of other non-exempt-use assets                               | 1c             |                             |                                |
| d    | Total (add lines 1a, 1b, and 1c)   | 1d             |                             |                                |
| 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 | tion C - Distributable Amount  |                |                             | Current Year                   |
| _1   | Adjusted net income for prior year (from Section A, line 8, Column A)          | 1              |                             |                                |
| 2    | Enter 85% of line 1.   | 2              |                             |                                |
| 3    | Minimum asset amount for prior year (from Section B, line 8, Column A)         | 3              |                             |                                |
| 4    | Enter greater of line 2 or line 3.   | 4              |                             |                                |
| _5   | Income tax imposed in prior year   | 5              |                             |                                |
| 6    | Distributable Amount. Subtract line 5 from line 4, unless subject to           |                |                             |                                |
|      | emergency temporary reduction (see instructions).                              | 6              |                             |                                |
| 7    | Check here if the current year is the organization's first as a non-functional | ally integrate | d Type III supporting orga  | ınization (see                 |

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instructions).

| Par        | t V   Type III Non-Functionally Integrated 509                       | (a)(3) Supporting Orga        | inizations <sub>(continued)</sub> |                                  |
|------------|--|-------------------------------|-----------------------------------|----------------------------------|
| Secti      | on D - Distributions   |                               |                                   | Current Year                     |
| 1          | Amounts paid to supported organizations to accomplish exe            | mpt purposes                  |                                   |                                  |
| 2          | Amounts paid to perform activity that directly furthers exemp        | ot purposes of supported      |                                   |                                  |
|            | organizations, in excess of income from activity                     |                               |                                   |                                  |
| 3          | Administrative expenses paid to accomplish exempt purpose            | es of supported organizations | 5                                 |                                  |
| 4          | Amounts paid to acquire exempt-use assets                            |                               |                                   |                                  |
| 5          | Qualified set-aside amounts (prior IRS approval required)            |                               |                                   |                                  |
| 6          | Other distributions (describe in <b>Part VI</b> ). See instructions. |                               |                                   |                                  |
| 7          | Total annual distributions. Add lines 1 through 6.                   |                               |                                   |                                  |
| 8          | Distributions to attentive supported organizations to which the      | ne organization is responsive |                                   |                                  |
|            | (provide details in <b>Part VI</b> ). See instructions.              |                               |                                   |                                  |
| 9          | Distributable amount for 2019 from Section C, line 6                 |                               |                                   |                                  |
| 10         | Line 8 amount divided by line 9 amount                               |                               |                                   |                                  |
|            | •  | (i)                           | (ii)                              | (iii)                            |
| Secti      | on E - Distribution Allocations (see instructions)                   | Excess Distributions          | Underdistributions<br>Pre-2019    | Distributable<br>Amount for 2019 |
| _1_        | Distributable amount for 2019 from Section C, line 6                 |                               |                                   |                                  |
| 2          | Underdistributions, if any, for years prior to 2019 (reason-         |                               |                                   |                                  |
|            | able cause required- explain in Part VI). See instructions.          |                               |                                   |                                  |
| _3_        | Excess distributions carryover, if any, to 2019                      |                               |                                   |                                  |
| <u>a</u>   | From 2014  |                               |                                   |                                  |
| b          | From 2015  |                               |                                   |                                  |
| c          | From 2016  |                               |                                   |                                  |
| <u>d</u>   | From 2017  |                               |                                   |                                  |
| е          | From 2018  |                               |                                   |                                  |
| f          | Total of lines 3a through e  |                               |                                   |                                  |
| g          | Applied to underdistributions of prior years                         |                               |                                   |                                  |
| h          | Applied to 2019 distributable amount                                 |                               |                                   |                                  |
| <u>_ i</u> | Carryover from 2014 not applied (see instructions)                   |                               |                                   |                                  |
| _i_        | Remainder. Subtract lines 3g, 3h, and 3i from 3f.                    |                               |                                   |                                  |
| 4          | Distributions for 2019 from Section D,                               |                               |                                   |                                  |
|            | line 7: \$   |                               |                                   |                                  |
| <u>a</u>   | Applied to underdistributions of prior years                         |                               |                                   |                                  |
| b          | Applied to 2019 distributable amount                                 |                               |                                   |                                  |
| с          | Remainder. Subtract lines 4a and 4b from 4.                          |                               |                                   |                                  |
| 5          | Remaining underdistributions for years prior to 2019, if             |                               |                                   |                                  |
|            | any. Subtract lines 3g and 4a from line 2. For result greater        |                               |                                   |                                  |
|            | than zero, explain in Part VI. See instructions.                     |                               |                                   |                                  |
| 6          | Remaining underdistributions for 2019. Subtract lines 3h             |                               |                                   |                                  |
|            | and 4b from line 1. For result greater than zero, explain in         |                               |                                   |                                  |
|            | Part VI. See instructions.   |                               |                                   |                                  |
| 7          | Excess distributions carryover to 2020. Add lines 3j                 |                               |                                   |                                  |
|            | and 4c.  |                               |                                   |                                  |
| 8          | Breakdown of line 7:   |                               |                                   |                                  |
| а          | Excess from 2015   |                               |                                   |                                  |
| b          | Excess from 2016   |                               |                                   |                                  |
| С          | Excess from 2017   |                               |                                   |                                  |
| d          | Excess from 2018   |                               |                                   |                                  |
|            | Evenes from 2010   |                               |                                   |                                  |

Schedule A (Form 990 or 990-EZ) 2019

### FRIENDS OF THE NEUBERGER MUSEUM

| Schedule A | (Form 990 or 990-EZ) 2019 OF ART, INC.  | 23-7179855 Page 8  |
|------------|---|--|
| Part VI    | <b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17. Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lir line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; F Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any ad (See instructions.) | 7a or 17b; Part III, line 12;<br>nes 1 and 2; Part IV, Section C,<br>Part V, Section B, line 1e; Part V, |
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### **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

FRIENDS OF THE NEUBERGER MUSEUM OF ART, INC.

**Employer identification number** 23-7179855

| Part | Organizations Maintaining Donor Advised   | d Funds or Other Similar Funds                | or Accounts. Complete if the  |
|------|---|---|---|
|      | organization answered "Yes" on Form 990, Part IV, lin   |   | (b) For de code !!  |
|      |   | (a) Donor advised funds                       | (b) Funds and other accounts  |
|      | Total number at end of year   |   |   |
|      | Aggregate value of contributions to (during year)   |   |   |
|      | Aggregate value of grants from (during year)  |   |   |
|      | Aggregate value at end of year  |   |   |
|      | Did the organization inform all donors and donor advisors in v  | _   |   |
|      | are the organization's property, subject to the organization's  |   |   |
|      | Did the organization inform all grantees, donors, and donor a   |   |   |
|      | for charitable purposes and not for the benefit of the donor of   |   |   |
| Parl | impermissible private benefit?  |   |   |
|      |   |   | Part IV, line 7.  |
| 1    | Purpose(s) of conservation easements held by the organization of land for public use (for example, recreation). | `   | f a historically important land area                                  |
|      | Protection of natural habitat   | · —   | f a historically important land area f a certified historic structure |
|      | Preservation of open space  | Preservation of                               | i a certified historic structure                                      |
| 2    | Complete lines 2a through 2d if the organization held a qualif  | find consequation contribution in the form    | of a consequation easement on the last                                |
|      | day of the tax year.  | ned conservation contribution in the form     | Held at the End of the Tax Year                                       |
|      |   |   | _   |
|      | <del>-</del>  |   |   |
|      | Number of conservation easements on a certified historic stru   | ucture included in (a)                        |   |
|      | Number of conservation easements included in (c) acquired a   |   |   |
|      | listed in the National Register   | •   |   |
|      | Number of conservation easements modified, transferred, rele  |   |   |
|      | year ►  | odoca, extinguished, or terminated by the     | organization during the tax   |
|      | Number of states where property subject to conservation eas   | sement is located                             |   |
|      | Does the organization have a written policy regarding the per   |   |   |
|      | violations, and enforcement of the conservation easements it  | · · · · ·                                     | Yes No  |
|      | Staff and volunteer hours devoted to monitoring, inspecting,  |   |   |
|      | <b>&gt;</b>   |   | <b>.</b>  |
| 7    | Amount of expenses incurred in monitoring, inspecting, hand   | lling 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  |
|      | In Part XIII, describe how the organization reports conservation  |   |   |
|      | balance sheet, and include, if applicable, the text of the footn  | note to the organization's financial stateme  | ents that describes the   |
|      | organization's accounting for conservation easements.   |   |   |
| Part | t III Organizations Maintaining Collections of  | i Art, Historical Treasures, or Ot            | her Similar Assets.   |
|      | Complete if the organization answered "Yes" on Form   | 990, Part IV, line 8.                         |   |
| 1a   | If the organization elected, as permitted under FASB ASC 95   | 8, not to report in its revenue statement a   | and balance sheet works   |
|      | of art, historical treasures, or other similar assets held for pub  | olic exhibition, education, or research in fu | urtherance of public  |
|      | service, provide in Part XIII the text of the footnote to its finar   | ncial statements that describes these item    | ns.   |
| b    | If the organization elected, as permitted under FASB ASC 95   | 8, to report in its revenue statement and I   | palance sheet works of  |
|      | art, historical treasures, or other similar assets held for public  | exhibition, education, or research in furth   | nerance of public service,  |
|      | provide the following amounts relating to these items:  |   |   |
|      | (i) Revenue included on Form 990, Part VIII, line 1   |   |   |
|      | (ii) Assets included in Form 990, Part X  |   | <b>L</b> .  |
| 2    | If the organization received or held works of art, historical treat   | asures, or other similar assets for financia  | l gain, provide   |
|      | the following amounts required to be reported under FASB A  | SC 958 relating to these items:               |   |
| а    | Revenue included on Form 990, Part VIII, line 1   |   | <b>&gt;</b> \$  |
|      | 4   |   | <b>A</b>  |

932051 10-02-19

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

Schedule D (Form 990) 2019

| Scho | FRIENDS dule D (Form 990) 2019 OF ART,   | OF THE NEU            | JBERG      | SER MUS         | SEUM          |              | •        | 23-71        | 79855           | Dan    | ຸ 2     |
|------|--|-----------------------|------------|-----------------|---------------|--------------|----------|--------------|-----------------|--------|---------|
|      | t III Organizations Maintaining C  |                       | t. Histo   | orical Tre      | asures. or    | Other S      | imilar   | Assets       | (contin         | uad)   | <u></u> |
| 3    | Using the organization's acquisition, accession  |                       |            |                 |               |              |          |              | <u>(COITUIT</u> | ueu)   |         |
| Ü    | collection items (check all that apply):   | ori, and other record | s, criccit | arry or tric it | ollowing that | make sign    | incant c | 130 01 113   |                 |        |         |
| а    | X Public exhibition  | d                     |            | l oan or evel   | nange progra  | m            |          |              |                 |        |         |
| b    | Scholarly research   | e                     |            |                 |               | 1111         |          |              |                 |        |         |
|      |  |                       |            |                 |               |              |          |              |                 |        |         |
| C    | X Preservation for future generations  | llastions and avaloir | how th     | ov frutbortb    | 0 0ragni=atio | n'a avamnt   |          | o in Dort    | VIII            |        |         |
| 4    | Provide a description of the organization's co   | •                     |            | •               | J             | •            |          | se in Part . | XIII.           |        |         |
| 5    | During the year, did the organization solicit o  |                       |            |                 |               |              |          |              | ٦.,             | Ţ.     |         |
| Dai  | to be sold to raise funds rather than to be ma   |                       |            |                 |               |              |          |              | Yes             | X      | No      |
| Pai  |  |                       | ete if the | organization    | n answered "  | Yes" on Fo   | rm 990   | , Part IV, I | ine 9, or       |        |         |
|      | reported an amount on Form 990, Par  |                       |            |                 |               |              |          |              |                 |        |         |
| 1a   | Is the organization an agent, trustee, custodi   |                       |            |                 |               |              |          |              | 7               |        |         |
|      | on Form 990, Part X?   |                       |            |                 |               |              |          | L            | Yes             |        | No      |
| b    | If "Yes," explain the arrangement in Part XIII   | and complete the fol  | lowing ta  | able:           |               |              |          |              |                 |        |         |
|      |  |                       |            |                 |               |              |          |              | Amount          |        |         |
|      | Beginning balance  |                       |            |                 |               |              | 1c       |              |                 |        |         |
| d    | Additions during the year  |                       |            |                 |               |              | 1d       |              |                 |        |         |
| е    | Distributions during the year  |                       |            |                 |               |              | 1e       |              |                 |        |         |
| f    | Ending balance   |                       |            |                 |               |              | 1f       |              |                 | _      |         |
|      | Did the organization include an amount on Fo   |                       |            |                 |               | •            |          | L            | Yes             | Щ      | No      |
|      | If "Yes," explain the arrangement in Part XIII.  |                       |            |                 |               |              |          |              |                 |        |         |
| Pai  | t V Endowment Funds. Complete i  | f the organization an | swered     | "Yes" on Fo     | rm 990, Part  | IV, line 10. |          |              |                 |        |         |
|      |  | (a) Current year      |            | rior year       | (c) Two year  |              |          | ears back    | (e) Four        |        |         |
|      | Beginning of year balance  | 6,616,881.            | 6          | ,605,717.       | 6,643         | ,287.        | 6,0      | 28,543.      | 6,              | 269,70 | 06.     |
| b    | Contributions  |                       |            |                 |               |              |          |              |                 |        |         |
| С    | Net investment earnings, gains, and losses   | 238,400.              |            | 309,475.        | 490           | ,387.        | 8        | 74,574.      |                 | -12,43 | L1.     |
| d    | Grants or scholarships   |                       |            |                 |               |              |          |              |                 |        |         |
| е    | Other expenditures for facilities  |                       |            |                 |               |              |          |              |                 |        |         |
|      | and programs   | 486,425.              |            | 298,311.        | 527           | ,957.        | 2        | 59,830.      |                 | 228,75 | 52.     |
| f    | Administrative expenses  |                       |            |                 |               |              |          |              |                 |        |         |
| g    | End of year balance  | 6,368,856.            | 6          | ,616,881.       | 6,605         | ,717.        | 6,6      | 43,287.      | 6,              | 028,54 | 13.     |
| 2    | Provide the estimated percentage of the curr   | ent year end balance  | e (line 1g | , column (a)    | ) held as:    |              |          |              |                 |        |         |
| а    | Board designated or quasi-endowment  |                       | _%         |                 |               |              |          |              |                 |        |         |
| b    | Permanent endowment ►60.00   | %                     |            |                 |               |              |          |              |                 |        |         |
| С    | Term endowment ► 40.00   | %                     |            |                 |               |              |          |              |                 |        |         |
|      | The percentages on lines 2a, 2b, and 2c sho  | uld equal 100%.       |            |                 |               |              |          |              |                 |        |         |
| За   | Are there endowment funds not in the posse   | ssion of the organiza | tion that  | t are held an   | d administere | ed for the c | rganiza  | tion         |                 |        |         |
|      | by:  |                       |            |                 |               |              |          |              | Γ               | Yes 1  | Mo      |
|      | (i) Unrelated organizations  |                       |            |                 |               |              |          |              | 3a(i)           |        | X       |
|      | (ii) Related organizations   |                       |            |                 |               |              |          |              | 3a(ii)          |        | X       |
| b    | If "Yes" on line 3a(ii), are the related organiza  |                       |            |                 |               |              |          |              | 3b              |        |         |
| 4    | Describe in Part XIII the intended uses of the   |                       |            |                 |               |              |          |              |                 |        |         |
| Par  | t VI Land, Buildings, and Equipm   |                       |            |                 |               |              |          |              |                 |        |         |
|      | Complete if the organization answere   |                       | , Part IV  | , line 11a. Se  | ee Form 990.  | Part X. line | e 10.    |              |                 |        |         |
|      | Description of property  | (a) Cost or o         |            | (b) Cost        |               | (c) Accı     |          | d T          | (d) Book        | value  |         |
|      | 2 ccc. page 10 property  | basis (investr        |            | basis (         |               |              | ciation  | _            | (a) 200h        |        |         |
| 12   | Land   | <u> </u>              |            | \               | ` ,           |              |          |              |                 |        |         |
|      | Buildings  |                       |            |                 |               |              |          |              |                 |        |         |
| J    | Lead to the lead to the control of t |                       |            |                 |               |              |          |              |                 |        |         |

Schedule D (Form 990) 2019

e Other

c Leasehold improvements d Equipment

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

OF ART, INC.

|                   | Investments - Other Securities.                            |                           |  | 7177000 Tage 0       |
|-------------------|--|---------------------------|--|----------------------|
|                   | Complete if the organization answered "Yes" o              | n Form 990, Part IV, line | 11b. See Form 990, Part X, line 12.          |                      |
| (a) Descrip       | otion of security or category (including name of security) | (b) Book value            | (c) Method of valuation: Cost or end-        | of-year market value |
| (1) Financi       | al derivatives   |                           |  |                      |
|                   | held equity interests                                      |                           |  |                      |
| ( <b>3)</b> Other |  |                           |  |                      |
| (A)               |  |                           |  |                      |
| (B)               |  |                           |  |                      |
| (C)               |  |                           |  |                      |
| (D)               |  |                           |  |                      |
| (E)               |  |                           |  |                      |
| (F)               |  |                           |  |                      |
| (G)               |  |                           |  |                      |
| (H)               |  |                           |  |                      |
|                   | (b) must equal Form 990, Part X, col. (B) line 12.)        |                           |  |                      |
| Part VIII         | Investments - Program Related.                             |                           |  |                      |
|                   | Complete if the organization answered "Yes" o              |                           |  |                      |
|                   | (a) Description of investment                              | (b) Book value            | (c) Method of valuation: Cost or end-        | of-year market value |
| (1)               |  |                           |  |                      |
| (2)               |  |                           |  |                      |
| (3)               |  |                           |  |                      |
| (4)               |  |                           |  |                      |
| (5)               |  |                           |  |                      |
| (6)               |  |                           |  |                      |
| (7)               |  |                           |  |                      |
| (8)               |  |                           |  |                      |
| (9)               |  |                           |  |                      |
|                   | b) must equal Form 990, Part X, col. (B) line 13.)         |                           |  |                      |
| Part IX           | Other Assets.  |                           |  |                      |
|                   | Complete if the organization answered "Yes" o              |                           | 11d. See Form 990, Part X, line 15.          |                      |
|                   | (a) D  | escription                |  | (b) Book value       |
| (1)               |  |                           |  |                      |
| (2)               |  |                           |  |                      |
| (3)               |  |                           |  |                      |
| (4)               |  |                           |  |                      |
| (5)               |  |                           |  |                      |
| (6)               |  |                           |  |                      |
| (7)               |  |                           |  |                      |
| (8)               |  |                           |  |                      |
| (9)               |  |                           |  |                      |
|                   | ımn (b) must equal Form 990, Part X, col. (B) line         | 15.)                      | <b>&gt;</b>                                  |                      |
| Part X            | Other Liabilities.   |                           |  |                      |
|                   | Complete if the organization answered "Yes" o              | n Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25.   |                      |
| 1.                | (a) Description of liability                               |                           |  | (b) Book value       |
|                   | deral income taxes   |                           |  |                      |
| (2) DU            |  |                           |  | 130,018.             |
| (3) DU            | JE TO PURCHASE COLLEGE FO                                  | UNDATION                  |  | 24,566.              |
| (4)               |  |                           |  |                      |
| (5)               |  |                           |  |                      |
| (6)               |  |                           |  |                      |
| (7)               |  |                           |  |                      |
| (8)               |  |                           |  |                      |
| (9)               |  |                           |  |                      |
|                   | umn (b) must equal Form 990, Part X, col. (B) line         | 25.)                      | <b>&gt;</b>                                  | 154,584.             |
|                   | / for uncertain tax positions. In Part XIII, provide t     | •                         | the organization's financial statements th   | at reports the       |
| organiz           | ation's liability for uncertain tax positions under F      | ASB ASC 740. Check h      | ere if the text of the footnote has been pro | vided in Part XIII   |

Schedule D (Form 990) 2019

OF ART, INC.

23-7179855 Page **4** 

| Par       | Reconciliation of Revenue per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 1  |             | Revenue per Re       | turn.    |                                     |
|-----------|--|-------------|----------------------|----------|-------------------------------------|
| _         | T  |             |                      | 1        | 762,817.                            |
| 1         |  |             |                      |          | 702,017                             |
| 2         | Amounts included on line 1 but not on Form 990, Part VIII, line 12:  | 2a          | -50 572              |          |                                     |
| a         | Net unrealized gains (losses) on investments   |             | -50,572.<br>132,675. | -        |                                     |
| b         | Donated services and use of facilities  Recoveries of prior year grants  |             | 132,073.             | -        |                                     |
|           | Recoveries of prior year grants Other (Describe in Part XIII.)   |             |                      | -        |                                     |
|           |  |             |                      | 2e       | 82,103.                             |
| 3         | Add lines 2a through 2d Subtract line 2e from line 1   |             |                      | 3        | 680,714.                            |
| 4         | Amounts included on Form 990, Part VIII, line 12, but not on line 1:   |             |                      |          |                                     |
| -         | Investment expenses not included on Form 990, Part VIII, line 7b   | 4a          |                      |          |                                     |
|           | Other (Describe in Part XIII.)   |             |                      |          |                                     |
|           | Add lines <b>4a</b> and <b>4b</b>  |             |                      | 4c       | 0.                                  |
| 5         | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)  |             |                      | 5        | 680,714.                            |
|           | t XII Reconciliation of Expenses per Audited Financial State   | ments With  | Expenses per F       | Retur    | ì.                                  |
|           | Complete if the organization answered "Yes" on Form 990, Part IV, line 1   |             |                      |          |                                     |
| 1         | Total expenses and losses per audited financial statements   |             |                      | 1        | 1,189,228.                          |
| 2         | Amounts included on line 1 but not on Form 990, Part IX, line 25:  | 1 1         | 400 655              |          |                                     |
| а         | Donated services and use of facilities   |             | 132,675.             | -        |                                     |
| b         | Prior year adjustments   |             |                      |          |                                     |
| С         | Other losses   |             |                      |          |                                     |
| d         | Other (Describe in Part XIII.)   |             |                      |          | 120 685                             |
| е         | Add lines 2a through 2d  |             |                      | 2e       | 132,675.                            |
| 3         | Subtract line 2e from line 1   |             |                      | 3        | 1,056,553.                          |
| 4         | Amounts included on Form 990, Part IX, line 25, but not on line 1:   | 1 . 1       |                      |          |                                     |
|           | Investment expenses not included on Form 990, Part VIII, line 7b   |             |                      | -        |                                     |
|           | Other (Describe in Part XIII.)   |             |                      |          | 0                                   |
|           | Add lines 4a and 4b  |             |                      | 4c       | 1,056,553.                          |
| 5<br>Par  | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information.  |             |                      | 5        | 1,030,333.                          |
|           | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a |             |                      | ; Part 〉 | K, line 2; Part XI,                 |
| PAF       | T III, LINE 1A:  |             |                      |          |                                     |
| <u>IN</u> | CONFORMITY WITH U.S. GAAP FOLLOWED BY AR   | T MUSEUN    | MS, THE VAL          | UE (     | OF                                  |
| FRI       | ENDS' COLLECTIONS HAVE BEEN EXCLUDED FRO   | M THE ST    | TATEMENT OF          | FI       | NANCIAL                             |
| POS       | ITION AND GIFTS OF ART OBJECTS ARE EXCLU   | DED FROM    | M REVENUE I          | N TI     | HE                                  |
| STA       | TEMENT OF ACTIVITIES. PURCHASE OF ART O  | BJECTS I    | 3Y THE FRIE          | NDS      | ARE                                 |
| REC       | ORDED AS DECREASES IN NET ASSETS IN THE  | STATEMEI    | NT OF ACTIV          | ITII     | ES.                                 |
|           | CEEDS FROM THE SALE OF ART ARE RECORDED  |             |                      |          |                                     |
|           |  | 210 1110111 | <u> </u>             | 111 01   |                                     |
| RES       | TRICTED NET ASSETS.  |             |                      |          |                                     |
| PAR       | T III, LINE 4:   |             |                      |          |                                     |
|           | FRIENDS' COLLECTION OF ART IS COMPRISED  |             |                      | KS (     | OF VARVING                          |
|           |  |             |                      |          |                                     |
|           | ES, INCLUDING PAINTING, SCULPTURES AND P   | HOTOGRAI    | HS. THE C            |          | ECTION IS<br>Jule D (Form 990) 2019 |

| Part XIII   Supplemental Information (continued)                         |
|--|
| PREDOMINANTLY COMPRISED OF AMERICAN ART FROM THE EARLY 1900S TO PRESENT  |
| DAY. IT ALSO CONTAINS SIGNIFICANT BODIES OF CONSTRUCTIVIST ART, EUROPEAN |
| MODERNIST WORKS AND AFRICAN ART. THE COLLECTIONS, MAINTAINED FOR PUBLIC  |
| EXHIBITIONS AND EDUCATION RATHER THAN FOR FINANCIAL GAIN, ARE PROTECTED, |
| UNENCUMBERED AND PRESERVED, AND ARE SUBJECT TO AN ORGANIZATIONAL POLICY  |
| THAT REQUIRES THE PROCEEDS FROM SALES OF COLLECTION ITEMS TO BE USED TO  |
| ACQUIRE OTHER ITEMS FOR THE COLLECTION.                                  |
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#### **SCHEDULE 0**

(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.

OMB No. 1545-0047

Inspection

Name of the organization

FRIENDS OF THE NEUBERGER MUSEUM

**Employer identification number** 

| OF ART, INC.   | 23-7179855        |
|--|-------------------|
| FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMEN | TS:               |
|  |                   |
|  |                   |
|  |                   |
| FORM 990, PART VI, SECTION A, LINE 2:                      |                   |
| HELEN STAMBLER NEUBERGER AND JIM NEUBERGER ARE HUSBAND AND | WIFE.             |
|  |                   |
| FORM 990, PART VI, SECTION B, LINE 11B:                    |                   |
| FRIENDS OF THE NEUBERGER MUSEUM OF ART HAS ITS FORM 990 PR | EPARED BY AN      |
| OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING  | REVIEW PROCESS TO |
| ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCUR | ATE. WHEN THE     |
| FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND IS  | READY TO BE FILED |
| WITH THE INTERNAL REVENUE SERVICE, IT IS ELECTRONICALLY SE | NT TO BOARD       |
| MEMBERS OF THE ORGANIZATION FOR ANY COMMENTS. ANY COMMENT  | S ARE THE         |
| GROUPED, SUMMARIZED AND PROVIDED TO THE OUTSIDE ACCOUNTANT | S. EACH ISSUE IS  |
| DOCUMENTED AND ADDRESSED UNTIL THE RETURN IS FINALIZED AND | APPROVED FOR      |
| FILING.  |                   |
|  |                   |
| FORM 990, PART VI, SECTION B, LINE 12C:                    |                   |
| THE CONFLICT OF INTEREST POLICY IS APPLICABLE TO BOARD MEM | BERS OF THE       |
| ORGANIZATION. EACH BOARD MEMBER IS REQUIRED TO READ AND S  | IGN THE CONFLICT  |
| OF INTEREST POLICY WHEN IT IS UPDATED. THE POLICY IS REVI  | EWED ON A YEARLY  |
| BASIS. THE ORGANIZATION MONITORS THE CONFLICT OF INTEREST  | POLICY THROUGH    |
| THE NORMAL COURSE OF BUSINESS. WHENEVER A MATTER ARISES F  | OR ACTION BY THE  |
|  |                   |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932211 09-06-19

CONFLICT OR APPEAPRANCE OF CONFLICT BETWEEN THE INTERESTS OF THE MUSEUM AND

BOARD, OR THE MUSEUM ENGAGED IN AN ACTIVITY WHERE THERE IS A POSSIBLE

Schedule O (Form 990 or 990-EZ) (2019)

| Name of the organization FRIENDS OF THE NEUBERGER MUSEUM OF ART, INC.      | Employer identification number 23-7179855 |  |  |  |
|--|---|--|--|--|
| AN OUTSIDE OR PERSONAL INTEREST OF A BOARD MEMBER, THE OUT                 | SIDE INTEREST                             |  |  |  |
| SHOULD BE A MATTER OF RECORD. THE CONFLICT OF INTEREST POLICY PROVIDES FOR |   |  |  |  |
| WRITTEN ACKNOWLEDGEMENT BY EACH TRUSTEE THAT EACH HAS READ                 | AND IS FAMILIAR                           |  |  |  |
| WITH THE CONFLICT OF INTERST POLICY AND AS TO WHETHER OR N                 | OT THE TRUSTEE                            |  |  |  |
| HAS A CONFLICT OF INTEREST. IN THOSE CASES WHERE THE BOAR                  | D MEMBER IS                               |  |  |  |
| PRESENT WHEN A VOTE IS TAKEN IN CONNECTION WITH SUCH QUEST                 | ION, HE OR SHE                            |  |  |  |
| SHOULD ABSTAIN.  |   |  |  |  |
|  |   |  |  |  |
| FORM 990, PART VI, SECTION C, LINE 19:                                     |   |  |  |  |
| COPIES OF INTERNAL POLICIES, GOVERNING DOCUMENTS AND FINAN                 | CIAL STATEMENTS                           |  |  |  |
| ARE AVALIABLE UPON REQUEST AT THE OFFICES DURING REGULAR B                 | USINESS HOURS.                            |  |  |  |
| FORM 990 IS AVALIABLE UPON REQUEST, AT OFFICES DURING REGU                 | LAR BUSINESS                              |  |  |  |
| HOURS, ON THE WEBSITE OF THE OFFICE OF THE ATTORNEY GENERA                 | L OF THE STATE OF                         |  |  |  |
| NY, AND ON THE WEBSITE WWW.GUIDESTAR.ORG.                                  |   |  |  |  |
|  |   |  |  |  |
| FORM 990, PART IX, LINE 11G, OTHER FEES:                                   |   |  |  |  |
| OUTSOURCED SALARIES:   |   |  |  |  |
| PROGRAM SERVICE EXPENSES   | 502,773.                                  |  |  |  |
| MANAGEMENT AND GENERAL EXPENSES  | 138,313.                                  |  |  |  |
| FUNDRAISING EXPENSES   | 0.  |  |  |  |
| TOTAL EXPENSES   | 641,086.                                  |  |  |  |
|  |   |  |  |  |
| ARTIST FEES AND EXHIBITIONS:   |   |  |  |  |
| PROGRAM SERVICE EXPENSES   | 96,598.                                   |  |  |  |
| MANAGEMENT AND GENERAL EXPENSES  | 0.  |  |  |  |
| FUNDRAISING EXPENSES   | 0.  |  |  |  |
| TOTAL EXPENSES   | 96,598.                                   |  |  |  |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A                     | 737,684.                                  |  |  |  |