Department of the Treasury

#### Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

▶ 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.

2018 A For the 2017 calendar year, or tax year beginning JUL 1, 2017 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 23-7179855 Doing business as change 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 City or town, state or province, country, and ZIP or foreign postal code 9,552,807. **G** Gross receipts \$ Amended PURCHASE, NY 10577-1400 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: SUSAN DUBIN Yes X No for subordinates? ..... SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527 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 > 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. 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 16 3 Number of voting members of the governing body (Part VI, line 1a) 16 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2017 (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 34 7b 0. **Prior Year Current Year** 439,962. 841,631. Contributions and grants (Part VIII, line 1h) 8 Revenue 54,035. 42,090. Program service revenue (Part VIII, line 2g) 2,625,439. 594,145. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -74,451. -107,607. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 1,013,691. 3,401,553. 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. 2,943. 1,000. 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. 0. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 1,004,448. 1,176,321. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,177,321. 1,007,391. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 6,300. 2,224,232. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 10,101,380. 10,405,026. 20 Total assets (Part X, line 16) 158,153. 270,858. 21 Total liabilities (Part X, line 26) 三年 943,227. 10,134,168 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 Check 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 Firm's address 6 WEMBLEY CT Use Only Phone no. (518) 464-4080ALBANY, NY 12205 X Yes May the IRS discuss this return with the preparer shown above? (see instructions) No

. ai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	SUPPORT AND DEVELOPMENT OF THE NEUBERGER MUSEUM OF ART AND FINE ARTS
	PROGRAMS AT PURCHASE COLLEGE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
	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.
 4а	(Code:) (Expenses \$ 543,248 • including grants of \$) (Revenue \$)
·u	EXHIBITION - SPECIAL EXHIBITIONS ARE THE CORNERSTONE OF ANY MUSEUM'S
	PROGRAMMING. THE NEUBERGER MUSEUM OF ART FOCUSES ON SPECIAL EXHIBITIONS
	OF INTERNATIONAL MODERN AND CONTEMPORARY ART, INCLUDING AN AREA
	SPECIALIZED IN LATIN AMERICAN ART, AND OF AFRICAN ART TO EXPAND UPON
	THE STRENGTHS INHERENT IN OUR PERMANENT COLLECTIONS. WE OFFER A
	CHANGING SCHEDULE TWICE PER YEAR FOR UP TO A TOTAL OF 8 SPECIAL EXHIBITIONS PER YEAR.
	EXHIBITIONS FER TEAR.
4b	(Code:) (Expenses \$
	EDUCATION PROGRAMS - THE NEUBERGER MUSEUM OF ART SERVES ON AVERAGE MORE THAN 3,000 YOUTH PER YEAR THROUGH OUR FAMILY FIRST SATURDAY,
	WRITING THROUGH THE ARTS, SCHOOL AND GROUP TOURS, AND TEACHER OUTREACH
	PROGRAMS. WE USE OUR WORLD CLASS COLLECTIONS AS THE BASIS FOR LESSON
	PLANS, TOURS AND ACTIVITIES THAT COMPLY WITH CURRENT NEW YORK STATE
	LEARNING STANDARDS AND NATIONALLY-BASED BEST PRACTICES IN LEARNING.
4c	(Code: ) (Expenses \$ 129,636. including grants of \$ ) (Revenue \$ 36,906.)
	MEMBERSHIP - OUR MEMBERSHIP BASE NUMBERS APPROXIMATELY 132 PEOPLE WHO
	MAKE AN ANNUAL CONTRIBUTION AND ACCRUE BENEFITS CONCURRENT WITH A
	MONETARY AMOUNT. WE SEEK TO EXPAND OUR MEMBERSHIP BASE THROUGH A
	RENEWAL AND PARTNERSHIP STRATEGY.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 68,012 · including grants of \$ ) (Revenue \$ 5,963 · )  Total program service expenses ▶ 939,894 ·
<del>-10</del>	Form 990 (2017)

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			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_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
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		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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			
	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			l
	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	_X_	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
40	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		
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	111		х
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		15		х
16	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	13		-25
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
• •	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G. Part III	19		х
	Company Company Co. 1 (II ) III		990	

# Form 990 (2017) OF ART, INC. Part IV Checklist of Required Schedules (continued)

			Yes	_
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			l
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
2	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
3	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			l
	Schedule J	23		X
4a	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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
5а	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
6	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
7	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
8	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, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
•	contributions? If "Yes," complete Schedule M	30		X
1	Did the organization liquidate, terminate, or dissolve and cease operations?	"		
•	If "Yes," complete Schedule N, Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<del>  •</del>		
_	, ,	32		x
3	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	JZ		
3		33		x
4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		v
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_^
D	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		
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			\ <b>.</b> ,
_	If "Yes," complete Schedule R, Part V, line 2	36		X
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			,,
_	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
8	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	990	Щ.

OF ART, INC.

Part V	St	atements	Regarding	Other	IRS	<b>Filings</b>	and T	ax Coi	mpliance

	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .	<u></u>	<u></u>		
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming			
	(gambling) winnings to prize winners?	······		1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	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 in Schedule	O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authori	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccoun	t)?	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	ccount	s (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
	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	e orga	nization solicit			
	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 contributi	ons or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a	X	
				7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	ired			37
_	to file Form 8282?	i i		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	•	-		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		?	7e		X
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		20	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations are strictly and provided funds. Did a deapy advised funds are provided funds.			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			8		
0	sponsoring organization have excess business holdings at any time during the year?			L		
9	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?			9a		
a h	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:			30		
	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:					
a	Gross income from members or shareholders	11a				
	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?	<u> </u>	12a		
	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					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O		14b		
				Form	990	(2017)

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

500						X						
Sec	tion A. Governing Body and Management											
ē		١.	1 16		Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	16	-								
	If there are material differences in voting rights among members of the governing body, or if the governing											
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.											
b	Enter the number of voting members included in line 1a, above, who are independent	1b	16	-								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other									
	officer, director, trustee, or key employee?			2	Х							
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision									
	of officers, directors, or trustees, or key employees to a management company or other person?			3		_X_						
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4	Х							
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X						
6	•											
7a												
	more members of the governing body?			7a		Х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st											
_	persons other than the governing body?			7b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year											
	The governing body?	-	•	8a	Х							
a 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 read			00								
9				9		Х						
Sec	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		21						
000	tion B. Policies (This Section B requests information about policies not required by the Internal Re	<u>venue</u>	Code.)		Vaa	Na						
10-	Did the expenientian have level shorters branches as effiliates?			100	Yes	No X						
	Did the organization have local chapters, branches, or affiliates?			10a								
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch	•		40.								
				10b	Х							
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ betoi	e filing the form?	11a	Λ							
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				v							
12a	, ,			12a	X							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," d	escribe		37							
	in Schedule O how this was done			12c	X							
13	Did the organization have a written whistleblower policy?			13	X							
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 approva	I by in	dependent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?											
	The organization's CEO, Executive Director, or top management official			15a		<u>X</u>						
b	Other officers or key employees of the organization			15b		X						
	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 arrangements	nent w	ith a									
	taxable entity during the year?			16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	'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 (or 1024 if applicable), 990, and 990-T	(Secti	on 501(c)(3)s only) a	vailable	e							
	for public inspection. Indicate how you made these available. Check all that apply.											
	Own website X Another's website X Upon request Other (explain	in Sc	nedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor	oflict o	interest policy, and	financ	ial							
	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 boo	ks and	d records:									
	PAUL ZUKOWSKY - 914-251-6100											
	735 ANDERSON HILL ROAD, PURCHASE, NY 10577-1400											

Form **990** (2017)

Form 990 (2017) OF ART,

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## 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.

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle: cer an	ss pei	rson i	s both	h an	compensation	compensation	amount of
	week				l	1711 43	1	from	from related	other
	(list any hours for	directo				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	9e or (	stee			nsated		(W-2/1099-MISC)	(** 27 1033 141100)	organization
	organizations	trust	al tru		oyee	om pe				and related
	below	Individual trustee or director	In stit utio nal tru stee	Je.	Key employee	Highest compensated employee	iei			organizations
	line)	Indi	Inst	Officer	Key	High	Former			
(1) SUSAN DUBIN	1.50								_	_
CHAIR		Х		Х				0.	0.	0.
(2) LYNN HALBFINDER	1.50									
VICE CHAIR		Х		Х				0.	0.	0.
(3) PAUL ZUKOWSKY	1.50									
TREASURER		Х		Х				0.	0.	0.
(4) JAMIE GORDON	1.50									
SECRETARY		Х		Х				0.	0.	0.
(5) BONNIE KLUGMAN	1.00									
TRUSTEE		Х						0.	0.	0.
(6) ANTHONY MADDALENA	1.00									
TRUSTEE		Х						0.	0.	0.
(7) JIM NEUBERGER	0.30									
TRUSTEE		Х						0.	0.	0.
(8) BARRY PEARSON	3.00								_	_
TRUSTEE - EX-OFFICIO		Х						0.	0.	0.
(9) MARVIN SCHWARTZ	1.00								_	_
TRUSTEE		Х						0.	0.	0.
(10) THOMAS SCHWARZ	3.00								_	_
TRUSTEE - EX-OFFICIO		Х						0.	0.	0.
(11) HELEN STAMBLER NEUBERGER	1.50								_	_
TRUSTEE		Х						0.	0.	0.
(12) LUCILLE WERLINICH	1.00								_	_
TRUSTEE - EX-OFFICIO		Х						0.	0.	0.
(13) TRACY FITZPATRICK, MUSEUM EXEC.	3.00								_	_
TRUSTEE - EX-OFFICIO		Х						0.	0.	0.
(14) RONNI BOLGER	1.00								_	_
TRUSTEE		Х						0.	0.	0.
(15) CATHERINE M. BROD	1.00								_	_
TRUSTEE - EX-OFFICIO		Х						0.	0.	0.
(16) DEBBIE HEIDCORN	1.00								_	_
TRUSTEE	1 00	Х	_		_		<u> </u>	0.	0.	0.
(17) LAURA BLANK	1.00									_
TRUSTEE		X						0.	0.	0 <b>.</b>

732007 11-28-17

Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghe	st C		,		Ι		
(A)	(B) Average			Pos	C) itior	1		(D)	(E)		_	(F)	
Name and title	hours per		not c	heck	more	than is bot		Reportable compensation	Reportable compensation			timate nount d	
	week					or/trus		from	from relate		l .	other	"
	(list any	director						the	organizatior		l .	pensat	
	hours for related	or dir	99			ated		organization	(W-2/1099-MI	SC)	l .	om the	
	organizations	Individual trustee or	Institutional trustee		99	npens		(W-2/1099-MISC)				anizati d relate	
	below	idual t	utions	, in	Key employee	est co	e.				l .	nizatio	
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
(18) JUDITH FIELDS	1.00												_
TRUSTEE - EX-OFFICIO		Х				-		0.		0.			0.
		4											
			┢			<del>                                     </del>	-						
		1											
			$\vdash$				╁						
		1											
		1											
							_						
		4											
						-	-						
1b Sub-total			<u> </u>		<u> </u>			0.		0.			0.
c Total from continuation sheets to Part V	I. Section A							0.		0.			0.
d Total (add lines 1b and 1c)							•	0.		0.			0.
2 Total number of individuals (including but r							no re	eceived more than \$100,	000 of reportabl	<u> </u>			
compensation from the organization													0
												Yes	No
3 Did the organization list any former officer	, director, or tru	uste	e, ke	y en	nplo	yee	, or	highest compensated er	nployee on				
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the si													v
and related organizations greater than \$15											4		X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," con	•				•			•			5		Х
Section B. Independent Contractors	ipiete Scrieduli	e <i>J 1</i>	or st	ICI I	oers	SOLL						ı	
Complete this table for your five highest co	mpensated inc	depe	nde	nt co	ontra	acto	rs th	hat received more than \$	100,000 of com	pensa	tion fro	m	
the organization. Report compensation for										-			
(A)								(B)			(C		
Name and business	address	N	INC	3				Description of s	ervices	C	Comper	nsation	1
		_		_									_
2 Total number of independent contractors (i	ncluding but n	ot lir	nited	d to		_	sted	above) who received mo	ore than				
\$100,000 of compensation from the organi	zation >				(	)						200	
											Form 9	990 o	(017)

Page 9

		Check if Schedule O conta	aine a reenonee	or note to any line	a in this Part \/III			
		Cricer ii Cericadie C ceria	anis a response	or flote to arry link	(A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated	Revenuè excluded from tax under
						exempt function	business	sections 512 - 514
						revenue	revenue	512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns						
iz Our	b	Membership dues	1b					
S, O	С	Fundraising events	1c	320,965.				
# Z	d	Related organizations	1d					
s, C	е	Government grants (contributi	ons) <b>1e</b>					
Sign	f	All other contributions, gifts, gran	ts, and					
be the		similar amounts not included above	/e <b>1</b> f	520,666.				
Ē	a	Noncash contributions included in lines						
Sign	_	Total. Add lines 1a-1f			841,631.			
<u> </u>				Business Code	·			
•	2 2	MEMBERSHIPS		900099	36,906.	36,906.		
je	2 a b			900099	5,184.	5,184.		
er ne				200022	0,201.	, 2011		
m S	C							
gra Re	d							
Program Service Revenue	e							
-		All other program service reve			42.000			
		Total. Add lines 2a-2f			42,090.			
	3	Investment income (including			1.50 011			1.50 011
		other similar amounts)			168,011.			168,011.
	4	Income from investment of tax		T T				
	5	Royalties						
			(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	8,453,587	·				
	b	Less: cost or other basis						
		and sales expenses	5,996,159					
	С	Gain or (loss)	2,457,428					
	d	Net gain or (loss)		<u></u>	2,457,428.			2,457,428.
ø	8 a	Gross income from fundraising						
nu		including \$320	,965. of					
Other Revenu		contributions reported on line	1c). See					
<u>بر</u> ۳		Part IV, line 18	a	41,525.				
ţ.	b	Less: direct expenses	k	155,095.				
٥	С	Net income or (loss) from fund	Iraising events	<b>_</b>	-113,570.			-113,570.
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19	a	1				
	b	Less: direct expenses	k	·				
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less	returns					
		and allowances	a	ı				
	b	Less: cost of goods sold						
	С	Net income or (loss) from sales	s of inventory .					
		Miscellaneous Revenue		Business Code				
	11 a	OTHER SOURCES		900099	5,963.	5,963.		
	b							
	С							
	d							
		Total. Add lines 11a-11d			5,963.			
	12	Total revenue. See instructions.			3,401,553.	48,053.	0	. 2,511,869.

#### Part IX Statement of Functional Expenses

_	Check if Schedule O contains a respons	e or note to any line in t	his Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16	1,000.	1,000.		
4 5	Benefits paid to or for members  Compensation of current officers, directors,	1,000.	1,000.		
3	trustees, and key employees				
6	Compensation not included above, to disqualified				
O	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes				
1	Fees for services (non-employees):				
а					
b					
c	Accounting	9,344.		9,344.	
d		-,		2/4221	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	15,688.		15,688.	
g					
9	column (A) amount, list line 11g expenses on Sch O.)	554,312.	402,067.	152,245.	
2	Advertising and promotion	554,312. 61,364.	402,067. 61,364.		
3	Office expenses	•	,		
4	Information technology				
5	Royalties				
6	Occupancy				
7	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	10,904.	10,904.		
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	5,626.		5,626.	
3	Insurance	27,459.	16,811.	10,648.	
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	TNICHALLAMION MAMPDIALC	81,908.	81,908.		
a b	DEDECOMANCE LEGISTES	78,912.	38,814.		40,098
C	CUITDDING C CADMING	62,795.	62,795.		20,000
d	03 E3 T 0011E	48,772.	48,772.		
	All other expenses SEE SCH O	219,237.	215,459.	3,778.	
5 5	Total functional expenses. Add lines 1 through 24e	1,177,321.	939,894.	197,329.	40,098
6	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 (2017)
Part X Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			392,225.	1	1,098,829.
	2	Savings and temporary cash investments			1,126,919.	2	268,214.
	3	Pledges and grants receivable, net			5,462.	3	2,146.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ted emi	olovees. Complete			
		Part II of Schedule L		•		5	
	6	Loans and other receivables from other disqualit					
		section 4958(f)(1)), persons described in section	4958(c)	(3)(B), and contributing			
		employers and sponsoring organizations of sect	. ,	` ' ' '			
S		employees' beneficiary organizations (see instr).		6			
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9	5			22,787.	9	17,938.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	103,948.			
	b	Less: accumulated depreciation		103,948. 98,961.	10,613.	10c	4,987.
	11	Investments - publicly traded securities			10,613. 8,418,995.	11	4,987. 8,939,428.
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	124,379.	15	73,484.		
	16	Total assets. Add lines 1 through 15 (must equa	10,101,380.	16	10,405,026.		
	17	Accounts payable and accrued expenses			55,338.	17	30,764.
	18	Grants payable		18			
	19	Deferred revenue		16,309.	19	16,309.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I			21		
S	22	Loans and other payables to current and former	officers	, directors, trustees,			
ij		key employees, highest compensated employee	s, and c	lisqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	third p	arties		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24).	Complete Part X of			
		Schedule D			86,506.	25	223,785.
	26	Total liabilities. Add lines 17 through 25			158,153.	26	270,858.
		Organizations that follow SFAS 117 (ASC 958		there $ ightharpoonup$ $X$ and			
es		complete lines 27 through 29, and lines 33 an			405 065		500 605
anc anc	27	Unrestricted net assets			405,967.	27	502,627.
3ak	28				5,563,252.	28	5,785,533.
힏	29				3,974,008.	29	3,846,008.
Ξ		Organizations that do not follow SFAS 117 (A	SC 958)	, check here ▶ 🔲			
٥		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ec				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			0 042 007	32	10 124 160
2	33	Total net assets or fund balances			9,943,227.	33	10,134,168.
	34	Total liabilities and net assets/fund balances			10,101,380.	34	10,405,026.

Form **990** (2017)

Form **990** (2017)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,40</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	<b>,</b> 17'	7,3	21.
3	Revenue less expenses. Subtract line 2 from line 1	3	2	, 22	4,2	32.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,94		
5	Net unrealized gains (losses) on investments	5	<u>-1</u>	<b>,</b> 79:	2,5	58.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-24	0,7	33.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	10	,13	4,1	68.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			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	Э.				
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	Х	
	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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audi	ıt			
	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		t [			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of	the organization FRIE	NDS OF THE	NEUBERGER MU	JSEUM			Employer	identification number
		RT, INC.						3-7179855
Part I	Reason for Public (	Charity Status (	All organizations must co	mplete th	is part.) Se	e instructions	3.	
The organ	ization is not a private found	lation because it is: (I	For lines 1 through 12, cl	neck only	one box.)			
1	A church, convention of ch	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	I)(A)(i).		
2	A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990 or 99	90-EZ).)			
3	A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4 🔲	A medical research organiz						)(iii). Enter	the hospital's name,
	city, and state:	·					, ,	
5	An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental u	nit describe	ed in
	section 170(b)(1)(A)(iv). (0	Complete Part II.)						
6	A federal, state, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X	An organization that norma	ılly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general į	public described in
	section 170(b)(1)(A)(vi). (C	complete Part II.)		-				
8	A community trust describe	ed in <b>section 170(b)</b>	(1)(A)(vi). (Complete Part	t II.)				
9	An agricultural research org			•	ed in conju	ınction with a	land-grant	college
	or university or a non-land-g	-			-		-	-
	university:		,				· ·	
10	An organization that norma	Illy receives: (1) more	than 33 1/3% of its supp	ort from o	contributio	ns, membersl	nip fees, an	nd gross receipts from
	activities related to its exen							
	income and unrelated busin							
	See section 509(a)(2). (Co	mplete Part III.)			•			
11	An organization organized a	•	ively to test for public sat	ety. See	section 50	)9(a)(4).		
12	An organization organized a	•	•	•			rry out the	purposes of one or
	more publicly supported or	•	•	-			•	•
	lines 12a through 12d that	-						
а	Type I. A supporting orga	• •			-		-	giving
	the supported organization	· · · · · · · · · · · · · · · · · · ·		•	-			
	organization. You must o			,, -				9
b	Type II. A supporting org	-		ion with its	s supporte	ed organizatio	n(s), by hay	vina .
	control or management o	•				-	•	-
	organization(s). You mus						9	
с	☐ Type III functionally inte			in connect	tion with. a	and functional	lv integrate	ed with
	its supported organization						.,	,
d 🗌	☐ Type III non-functionally		·				ted organiz	zation(s)
	that is not functionally int						-	
	requirement (see instruct	-		•		-		
е 🗌	Check this box if the orga						II Type III	
	functionally integrated, or					1,7001,1700	, . ypo	
<b>f</b> Ente	er the number of supported of		nany magazara sapporm					
	vide the following information	•						
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount of	f monetary	(vi) Amount of other
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
_						I		1

PUR00902

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

(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.)

<b>5</b> ec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	914,236.	942,874.	673,856.	439,962.	863,609.	3834537.
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	323,683.	198,362.	122,013.	223,694.	277,763.	1145515.
4	Total. Add lines 1 through 3	1237919.	1141236.	795,869.	663,656.	1141372.	4980052.
	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)						1006885.
6	Public support. Subtract line 5 from line 4.						3973167.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	1237919.	1141236.	795,869.	663,656.	1141372.	4980052.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	114,808.	122,871.	115,438.	131,984.	168,011.	653,112.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	7,601.					7,601.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	15.	1,297.	131.		963.	2,406.
11	Total support. Add lines 7 through 10						5643171.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	35,620.
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 stop	here					<b>&gt;</b>
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2017 (li	ne 6, column (f) di	vided by line 11, co	olumn (f))		14	70.41 %
15	Public support percentage from 2016					15	68 <b>.</b> 17 %
16a	33 1/3% support test - 2017. 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	
	stop here. The organization qualifies		~				
b	33 1/3% support test - 2016. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	tion			▶∟
17a	10% -facts-and-circumstances test	- 2017. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check thi	s box and stop h	<b>iere.</b> Explain in Pai	t VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		▶□
b	10% -facts-and-circumstances test	- <b>2016.</b> If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the		•				<u> </u>
	organization meets the "facts-and-circ	umstances" test.	The organization q	ualifies as a public	ly supported orgar	nization	<b>&gt;</b>
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	

Schedule A (Form 990 or 990-EZ) 2017

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

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

Calendar year (or fiscal year beginning in)    1 Gifts, grants, contributions, and membership fees received. (On not include any "unusual grants.")  2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization stax-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 stax exempt purpose  3 Gross receipts from activities that are not an unrelated trade or business under section 513  5 The value of services or facilities furnished by a governmental unit to the organization without charge of the services or facilities furnished by a governmental unit to the organization without charge of the services or facilities furnished by a governmental unit to the organization without charge of Total. Add lines 1 through 5  7 a Amounts included on lines 1, 2, and 3 received from disqualified persons be Amounts included on lines 1, 2, and 3 received from the services or for the services or facilities furnished by a governmental unit to the organization without charge of Stories or What the second of the first first services or facilities furnished by a governmental unit to the organization without charge of Stories or What the second of the first services or facilities furnished by a government or for the services or facilities furnished by a government section of the services or facilities furnished by a government section of the services or facilities furnished by a government section of the services or facilities furnished by a government section of the services or facilities furnished by a government section of the services or facilities furnished by a government section of the services or facilities furnished by a government section of the services or facilities furnished by a government section of the services or facilities furnished by a government section of the services or facilities furnished by a government section of the servi	Section A. Public Support	iow, piease comp	note i ait ii.j				
1 Giffs, grants, contributions, and membership fees received, (Do not include any "unusual grants.") 2 Gross receipts from admissions, membrandise and or services perany activity that is related to the organization is trace as an experiment of the organization is traced to the organization is traced to the organization is traced to the organization is traced and the paid to or expended on its behalf 3 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's benefit and either paid to or expended on its behalf 6 Total, Add lines 1 through 5 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts include on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts from line 6 received from disqualified persons b Amounts from line 6 received from disqualified persons and the from semilar sources b Unincluded participation of the disqualified persons and the from semilar sources b Unincluded p		(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
2. Gross receipts from admissions, merchandiss sold or services parformed, 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 text section 514.  5. The value of services or facilities furnished by a governmental unit to the organization without charge 6. Total, Add lines 1 through 5. The value of services or facilities furnished by a governmental unit to the organization without charge 6. Total, Add lines 1 through 5. The value of services or facilities furnished by a governmental unit to the organization without charge 6. Total, Add lines 1 through 5. The value of services or facilities furnished by a governmental unit to the organization without charge 6. Total Add lines 1 through 5. The value of services with the value of the	Gifts, grants, contributions, and membership fees received. (Do not	, , == .5	,,,==	,,,==.3	(2), 23.5	1-7	.,,
merchandise sold or services per formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3. Gross receipts from activities that are not an unrelated trade or 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's benefit and either paid to or expended on its behalf 6. Total. Add lines 1 through 5	· · · · · · · · · · · · · · · · · · ·					1	
are not an unrelated trade or business under section 513  4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf    5 The value of services or facilities furnished by a governmental unit to the organization without charge    6 Total. Add lines 1 through 5    7a Amounts included on lines 1, 2, and 3 received from disputalified persons    b Amounts included on lines 2 and 3 received from disputalified persons    b Amounts included on lines 2 and 3 received from disputalified persons    b Amounts included on lines 2 and 3 received from disputalified persons    c Add lines 7a and 7b    9 Amounts from line 6    10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources    b Intelled business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975    c Add lines 10 and 10b    11 Net income from unrelated business activities not included in line 10b, regularly carded on line	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
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The value of services or facilities furnished by a governmental unit to the organization without charge  6 Total. Add lines 1 through 5	ization's benefit and either paid to						
6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualifice persons but succeed the gradier of \$5.00 or 1 feet years  b Amounts included on lines 2 and 3 received from other hand disqualifice persons that succeed the gradier of \$5.00 or 1 feet years  c Add lines 7a and 7b  8 Public support. Spitagli light 7 term line 1  Section B. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) T  9 Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10 and 10 b  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.) and 12b  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section D. Computation of Public Support Percentage  15 Public support percentage from 2016 Schedule A, Part III, line 15  16 Section D. Computation of Investment income Percentage  17 Investment income percentage from 2016 Schedule A, Part III, line 17  18 Investment income percentage from 2016 Schedule A, Part III, line 17  19 A3 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization by 33 1/3%, check this box and stop here. The organization of line 14, and line 15 is more than 33 1/3%, and line 16 is more than 33 1/3%, an	5 The value of services or facilities furnished by a governmental unit to						
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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 7 and 7 b  8 Public support. Signification 8. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) T.  9 Amounts from line 6  10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b lineated business taxable income (less section 511 taxes) from businesses activities not included in line 10b, whether or not the business is regularly carried on 210 decided and 10b  11 Net income from on interlead business activities not included in line 10b, whether or not the business is regularly carried on 213 Total support. Add lines 10c and 110 line 10c, whether or not the business is regularly carried on 31 Total support. Add lines 10c tot, 1, and 12)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  17 Investment income percentage from 2016 Schedule A, Part IIII, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2016 Schedule A, Part IIII, line 17  18 Investment income percentage from 2016 Schedule A, Part IIII, line 17  18 Investment income percentage from 2016 Schedule A, Part IIII, line 17  19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3%, support tests - 2016. If the organization did not check the box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	7a Amounts included on lines 1, 2, and						
c Add lines 7a and 7b 8 Public support. [Solvatal line 7c from line 8) Section B. Total Support  Calendar year (or fiscal year beginning in)    9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assests (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12,) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage 15 Public support percentage from 2016 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2016 Schedule A, Part III, line 17 19 A 3 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 15 b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	<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						
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First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2016 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2016 Schedule A, Part III, line 17  18 Investment income percentage from 2016 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2016 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2016 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	•••		<u> </u>			F04( )(2)	<u></u>
Section C. Computation of Public Support Percentage  15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2016 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2017 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2016 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  19a 31/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	-	•		·	•		•
15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2016 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2016 Schedule A, Part III, line 17  19 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  15 16	Section C. Computation of Public	Support Per	centage				·····
16 Public support percentage from 2016 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2016 Schedule A, Part III, line 17  19 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  16 b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and				column (f)		15	%
Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2016 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and							%
17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2016 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and						<u>, 10 j</u>	70
18 Investment income percentage from 2016 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	•			ne 13, column (fl)		17	%
<ul> <li>19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and</li> </ul>							%
more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <b>b 33 1/3% support tests - 2016.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and							
b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	• •	•		•			_
нне то в ностноге спан ээ т/э%, спеск снів рох апо <b>stop nere.</b> The organization qualifies as a publicly supported organization	<b>b 33 1/3% support tests - 2016.</b> If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
•		
2		
За		
Ja		
3b		
JD.		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
0.		
9b		
9с		
30		
10a		
10b		

Pa	T IV Supporting Organizations (continued)			
	, and the second		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		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	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	_		
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
	, , , , , , , , , , , , , , , , , , ,			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a b	The organization satisfied the Activities Test. Complete line 2 below.			
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.	uctions)	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
u	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	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> .	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes " describe in <b>Part VI</b> the role played by the organization in this regard	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must of	complete Sec	tions A through E.	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	tion B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	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-function	ally integrated	Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions).

Pai	rt V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations <sub>(continued)</sub>	
Sect	ion 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	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
_7_	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.			
_9_	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	T	T	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
_1_	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
_3_	Excess distributions carryover, if any, to 2017			
<u>a</u>				
<u>b</u>	From 2013			
<u>c</u>	From 2014			
d	From 2015			
е	From 2016			
f_	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2017 distributable amount			
<u>_i</u>	Carryover from 2012 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
6	than zero, explain in <b>Part VI.</b> See instructions.  Remaining underdistributions for 2017. Subtract lines 3h			
0	5			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
8	and 4c.  Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
_				

Schedule A (Form 990 or 990-EZ) 2017

#### FRIENDS OF THE NEUBERGER MUSEUM

Schedule A	(Form 990 or 990-EZ) 2017 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 17a of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additing (See instructions.)	1 and 2; Part IV, Section : V, Section B, line 1e; Par	C.

#### Schedule B (Form 990, 990-EZ.

or 990-PF)
Department of the Treasury
Internal Revenue Service

#### **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

**Employer identification number** 

2017

Name of the organization

FRIENDS OF THE NEUBERGER MUSEUM OF ART, INC.

23-7179855

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

#### **General Rule**

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

#### **Special Rules**

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization FRIENDS OF THE NEUBERGER MUSEUM OF ART, INC.

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$130,200.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$51,130 <b>.</b>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>45,000.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
723452 11-01-	-17	\$ 40,665.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Name of organization FRIENDS OF THE NEUBERGER MUSEUM OF ART, INC.

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>12</u>		\$ 21,000.	Person X Payroll

Name of organization FRIENDS OF THE NEUBERGER MUSEUM OF ART, INC.

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14_		\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c)	(d)
	Name, address, and ZIF + 4	* 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions  \$ 17,925.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
FRIENDS OF THE NEUBERGER MUSEUM
OF ART, INC.

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		   \$	

Name of orga			Employer identification number					
	S OF THE NEUBERGER MUSE	JM	00 5450055					
OF ART	, INC.	outions to organizations described	23-7179855 in section 501(c)(7), (8), or (10) that total more than \$1,000 for					
i di t iii	the year from any one contributor. Complete co completing Part III, enter the total of exclusively religious,	lumns (a) through (e) and the follo	OWING line entry. For organizations					
	Use duplicate copies of Part III if additional	space is needed.	less for the year. (Enter this into, once.)					
(a) No. from			(d) December of how with in held					
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	-	(e) Transfer of gif	Ft .					
H	Transferee's name, address, and	I ZIP + 4	Relationship of transferor to transferee					
( ) ) )								
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
<u> </u>								
	(e) Transfer of gift							
	Transferee's name, address, and	I ZIP + 4	Relationship of transferor to transferee					
			Total Composition of the Composi					
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
F	L	(e) Transfer of gif	l ft					
		(0)						
	Transferee's name, address, and	I ZIP + 4	Relationship of transferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I	(b) Purpose of gift	(c) Use of gift	(a) Description of now girt is field					
<del></del>								
		(e) Transfer of gif	tt					
-	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee					

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" 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 INC. OF ART,

**Employer identification number** 23-7179855

Pai			or Accounts. Complete if the						
	organization answered "Yes" on Form 990, Part IV, line	e 6. (a) Donor advised funds	(b) Funds and other accounts						
4	Total number at and of year	(a) Donor advised funds	(b) Furius and other accounts						
1 2	Total number at end of year								
3	Aggregate value of grants from (during year)  Aggregate value of grants from (during year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and donor advisors in w	l writing that the assets held in donor advis	sed funds						
Ŭ	are the organization's property, subject to the organization's	_							
6	Did the organization inform all grantees, donors, and donor ac								
•	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring								
	impermissible private benefit?								
Par									
1	Purpose(s) of conservation easements held by the organization								
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a his	torically important land area						
	Protection of natural habitat	Preservation of a cer	tified historic structure						
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a conservation easement on the last						
	day of the tax year.		Held at the End of the Tax Year						
а	Total number of conservation easements		2a						
b			-						
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c						
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structu	ure						
	listed in the National Register		2d						
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax						
	year ▶								
4	Number of states where property subject to conservation ease	ement is located							
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of							
	violations, and enforcement of the conservation easements it								
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cons	servation easements during the year						
	<b>&gt;</b>								
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conserva	ition easements during the year						
_	<b>&gt;</b> \$		5 M O (7 M)						
8	Does each conservation easement reported on line 2(d) above	•							
	and section 170(h)(4)(B)(ii)?								
9	In Part XIII, describe how the organization reports conservation	•	·						
	include, if applicable, the text of the footnote to the organizati	ion's financial statements that describes	the organization's accounting for						
Par	conservation easements. t III   Organizations Maintaining Collections of	Art Historical Treasures or Of	ther Similar Assets						
	Complete if the organization answered "Yes" on Form		and Carman Access						
12	If the organization elected, as permitted under SFAS 116 (ASC		ment and halance sheet works of art						
Ia	historical treasures, or other similar assets held for public exh	,,	•						
	the text of the footnote to its financial statements that describ		ince of public service, provide, in Fait Ain,						
h	If the organization elected, as permitted under SFAS 116 (ASC		t and balance sheet works of art, historical						
D	treasures, or other similar assets held for public exhibition, ed	•							
	relating to these items:	acation, or resourer in farther aree or pa	bile service, previde the following amounts						
	(i) Revenue included on Form 990, Part VIII, line 1		<b>S</b>						
			<b>L</b>						
2	If the organization received or held works of art, historical trea		al gain, provide						
_	the following amounts required to be reported under SFAS 11								
а	Revenue included on Form 990, Part VIII, line 1	- ·	<b>&gt;</b> \$						
	Assets included in Form 990, Part X								

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

Schedule D (Form 990) 2017

	t III Organizations Maintaining C		Historical Tre	asures, or	Other	Similar <i>A</i>		(contin		age Z
3	•							,		
•	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):									
а	X Public exhibition	d	I can or exch	nange prograr	ms					
b	Scholarly research	e	Other	ange progra	110					
C	X Preservation for future generations	Č								
4	Provide a description of the organization's co	llections and explain I	how they further th	e organization	n'e avam	nt nurnosa	in Dart	YIII		
5	During the year, did the organization solicit or						IIII ait	AIII.		
3	to be sold to raise funds rather than to be ma							Yes	Y	No
Par	t IV Escrow and Custodial Arrang									_ INO
ı uı	reported an amount on Form 990, Par		e ii trie organizatioi	Tanswered	res onr	-OIIII 990, F	ant IV, I	irie 9, or		
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ry for contributions	or other asse	ets not in	cluded				
	on Form 990, Part X?						$\square$	Yes		No
b	If "Yes," explain the arrangement in Part XIII a									
								Amount	:	
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.					,				j
	t V Endowment Funds. Complete it					).				
	Jenipiete .	(a) Current year	(b) Prior year	(c) Two years		<b>d)</b> Three yea	re hack	(e) Four	vears	hack
10	Beginning of year balance	6,643,287.	6,028,543.	6,269			2,568.			559.
_		0,010,107.	0,020,010.	0,200	,,,,,,	٠,	.,	- ,	,	
b	Contributions	490,387.	874,574.	-12	,411.	1.01	,518.	1	117	891.
C	Net investment earnings, gains, and losses	450,307.	0/4,5/4.	12	, ===.	101	, 510.			0,11.
d	Grants or scholarships									
е	Other expenditures for facilities	F26 672	250 020	220	752	244	200		200	001
_	and programs	526,673.	259,830.	220	,752.	244	380.		200,	882.
f	Administrative expenses	6 605 001	6 642 005	6 000	542	6 066	706		410	<u> </u>
g	End of year balance	6,607,001.	6,643,287.	6,028	,543.	6,269	,706.	٥,	412,	568.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)	) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment ► 58.20	%								
С	Temporarily restricted endowment   42	L.80%								
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.								
3а	Are there endowment funds not in the posses	ssion of the organizati	on that are held an	d administere	ed for the	organization	on	_		
	by:								Yes	No
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as required	d on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		ment funds.							
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. Se	ee Form 990,	Part X, li	ne 10.				
	Description of property	(a) Cost or oth basis (investme	` '			cumulated reciation		(d) Bool	k valu	е
1a	Land									
	Buildings									
С	Leasehold improvements									
d	Equipment		10	3,948.		98,961	L.	4	1,9	87.
_ е	Other									
	l. Add lines 1a through 1e. (Column (d) must e		column (B). line 10	Oc.)			<b></b>	-	1,9	87.
		·								

Schedule D (Form 990) 2017

OF ART, INC.

• • •	Complete if the organization answered "Yes" o				
Cinomata!	n of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or e	nd-of-year market value
rinancial (	derivatives				
Closely-he	eld equity interests				
Other _					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	must equal Form 990, Part X, col. (B) line 12.)				
	nvestments - Program Related.		•		
	Complete if the organization answered "Yes" o	on Form 990 Part IV	line 11c See Form 990 F	Part X line 13	
	(a) Description of investment	(b) Book value			nd-of-year market value
(1)	(L) - COMPANY	(-,	(-)		
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
otal. (Col. (b)	must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.				
	Complete if the organization answered "Yes" of	on Form 990, Part IV,	line 11d. See Form 990, I	Part X, line 15.	-
	(a) I	Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
1111					
(6) (7)					
(7)					
(7) (8)					
(7) (8) (9)	4)	45)			
(7) (8) (9) otal. (Column	n (b) must equal Form 990, Part X. col. (B) line	15.)		<b>)</b>	<b>&gt;</b>
(7) (8) (9) Total. (Columni Part X	Other Liabilities.	,	line dde au dde Cae Farre	OOO Dark V line O	•
(7) (8) (9) Total. (Columni Part X	Other Liabilities. Complete if the organization answered "Yes" of	,		990, Part X, line 2	5.
(7) (8) (9) Total. (Column Part X (	Other Liabilities.  Complete if the organization answered "Yes" (  (a) Description of liability	,	line 11e or 11f. See Form	990, Part X, line 2	5.
(7) (8) (9)  Total. (Column Part X (	Other Liabilities.  Complete if the organization answered "Yes" (  (a) Description of liability  al income taxes	,	(b) Book value	990, Part X, line 2	5.
(7) (8) (9) otal. (Column Part X ( (1) Federa (2) DUE	Other Liabilities.  Complete if the organization answered "Yes" of the organization and the organization answered "Yes" of the organization and the organiza	on Form 990, Part IV,	(b) Book value 105,105.	990, Part X, line 2	5.
(7) (8) (9) otal. (Column Part X ( (1) Feder (2) DUE (3) DUE	Other Liabilities.  Complete if the organization answered "Yes" of the organization and the organization answered "Yes" of the organization and the organiza	on Form 990, Part IV,	(b) Book value	990, Part X, line 2	5.
(7) (8) (9) otal. (Column Part X ( (1) Federa (2) DUE	Other Liabilities.  Complete if the organization answered "Yes" of the organization and the organization answered "Yes" of the organization and the organiza	on Form 990, Part IV,	(b) Book value 105,105.	990, Part X, line 2	5.
(7) (8) (9) (otal. (Column Part X	Other Liabilities.  Complete if the organization answered "Yes" of the organization and the organization answered "Yes" of the organization and the organiza	on Form 990, Part IV,	(b) Book value 105,105.	990, Part X, line 2	5.
(7) (8) (9) Fotal. (Column Part X (  (1) Feder. (2) DUE (3) DUE	Other Liabilities.  Complete if the organization answered "Yes" of the organization and the organization answered "Yes" of the organization and the organiza	on Form 990, Part IV,	(b) Book value 105,105.	990, Part X, line 2	5.
(7) (8) (9) Fotal. (Column Part X (1) (1) Feder: (2) DUE (3) DUE (4) (5)	Other Liabilities.  Complete if the organization answered "Yes" of the organization and the organization answered "Yes" of the organization and the organiza	on Form 990, Part IV,	(b) Book value 105,105.	990, Part X, line 2	5.
(7) (8) (9) Fotal. (Column Part X ( (1) Feder. (2) DUE (3) DUE (4) (5) (6)	Other Liabilities.  Complete if the organization answered "Yes" of the organization and the organization answered "Yes" of the organization and the organiza	on Form 990, Part IV,	(b) Book value 105,105.	990, Part X, line 2	5.
(7) (8) (9) Fotal. (Column Part X (1) (1) Feder (2) DUE (3) DUE (4) (5) (6) (7) (8)	Other Liabilities.  Complete if the organization answered "Yes" of the organization and the organization answered "Yes" of the organization and the organiza	on Form 990, Part IV,	(b) Book value 105,105.	990, Part X, line 2	5.
(7) (8) (9)  Total. (Column Part X Column (1) Federa (2) DUE (3) DUE (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization answered "Yes" of the organization of liability all income taxes  TO PURCHASE COLLEGE  TO PURCHASE COLLEGE FOR TO PUR	OUNDATION	(b) Book value  105,105. 118,680.	990, Part X, line 2	5.
(7) (8) (9) otal. (Column Part X ( (1) Feders (2) DUE (3) DUE (4) (5) (6) (7) (8) (9) otal. (Column	Other Liabilities.  Complete if the organization answered "Yes" of the organization and the organization answered "Yes" of the organization and the organiza	OUNDATION  25.)	(b) Book value  105,105. 118,680.		

OF ART, INC.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.						
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1 Total revenue, gains, and other support per audited financial statements			1	1,969,712.		
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
a Net unrealized gains (losses) on investments	2a	<u>-1,792,558.</u>				
b Donated services and use of facilities	2b	277,763.				
c Recoveries of prior year grants	2c	00.640				
d Other (Describe in Part XIII.)	2d	98,642.		1 416 152		
e Add lines 2a through 2d			2e	-1,416,153. 3,385,865.		
3 Subtract line 2e from line 1			3	3,303,003.		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1	15 600				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	15,688.				
b Other (Describe in Part XIII.)	4b		4-	15 688		
c Add lines 4a and 4b			4c 5	15,688. 3,401,553.		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  Part XII Reconciliation of Expenses per Audited Financial Stateme	nts Wit	h Expenses per F		n.		
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		xpoiccc pc		·		
			1	1,538,038.		
<ul><li>1 I ofal expenses and losses per audited financial statements</li><li>2 Amounts included on line 1 but not on Form 990, Part IX, line 25:</li></ul>		•••••	•			
a Donated services and use of facilities	2a	277,763.				
b Prior year adjustments	2b					
c Other losses	2c					
d Other (Describe in Part XIII.)		98,642.				
e Add lines 2a through 2d		-	2e	376,405.		
3 Subtract line 2e from line 1			3	376,405. 1,161,633.		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:						
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	15,688.				
b Other (Describe in Part XIII.)	4b					
c Add lines 4a and 4b			4c	15,688.		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,177,321.		
Part XIII Supplemental Information.						
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV			; Part )	K, line 2; Part XI,		
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ional info	rmation.				
PART III, LINE 1A:						
PARI III, DINE IA:						
IN CONFORMITY WITH U.S. GAAP FOLLOWED BY ART	MIISEI	тис тик удт.	IIE (	<b>∩</b> ₽		
IN CONFORMITT WITH 0:0: GAAT FOLLOWED BY ART	MODEC	MD, IIIE VAL	011	<u>Jr</u>		
FRIENDS' COLLECTIONS HAVE BEEN EXCLUDED FROM '	тнк 9	татемент ог	FTI	NANCTAL.		
TRIBLED COLLECTIONS MINE BELLY ENGLOSES INCH		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
POSITION AND GIFTS OF ART OBJECTS ARE EXCLUDE	D FRO	M REVENUE I	N TI	HE		
				<del> </del>		
STATEMENT OF ACTIVITIES. PURCHASE OF ART OBJ	ECTS	BY THE FRIE	NDS	ARE		
RECORDED AS DECREASES IN NET ASSETS IN THE ST	ATEME	ENT OF ACTIV	ITI	ES.		
PROCEEDS FROM THE SALE OF ART ARE RECORDED AS	INCR	REASES IN TE	MPO	RARILY		
RESTRICTED NET ASSETS.						
PART III, LINE 4:						
THE FRIENDS' COLLECTION OF ART IS COMPRISED OF OVER 1,500 WORKS OF VARYING						
MADEG INGLIDING DYIMING GGITDMIDEG AND DIG	ПОСТ <sup>3</sup>	יסמכ שניה כ	OT T 1	POMION IO		
TYPES, INCLUDING PAINTING, SCULPTURES AND PHOTOGRAPHS. THE COLLECTION IS						

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.						
PART XI, LINE 2D - OTHER ADJUSTMENTS:						
FUNDRAISING EXPENSES SHOWN ON PART VIII 98,642.						
PART XII, LINE 2D - OTHER ADJUSTMENTS:						
FUNDRAISING EXPENSES SHOWN ON PART VIII 98,642.						

#### **SCHEDULE G**

(Form 990 or 990-EZ)

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

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Inspection ► Go to www.irs.gov/Form990 for the latest instructions. Name of the organization FRIENDS OF THE NEUBERGER MUSEUM Employer identification number 23-7179855 OF ART INC. Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No

Γota	al						
3	List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.						

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

Schedule G (Form 990 or 990-EZ) 2017

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

		of fundraising event contributions and gro	oss income on Form 990	EZ, lines 1 and 6b. List e	events with gross receipt	s greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
					NONE	(add col. (a) through
			BENEFETE	ART JAM		col. <b>(c)</b> )
4			(event type)	(event type)	(total number)	COI. (C)
Revenue						
eve	1	Gross receipts	250,815.	111,675.		362,490.
æ		1	,	·		,
	2	Less: Contributions	218,440.	102,525.		320,965.
			,	•		•
	3	Gross income (line 1 minus line 2)	32,375.	9,150.		41,525.
		, , , , , , , , , , , , , , , , , , , ,	,	•		•
	4	Cash prizes				
	5	Noncash prizes				
S						
Sus	6	Rent/facility costs				
Direct Expenses						
世	7	Food and beverages				
irec	'	Tood and beverages				
	8	Entertainment				
	9	Other direct expenses	89,870.	65,225.		155,095.
	10			•	<u> </u>	155,095.
		Net income summary. Subtract line 10 from li	. ,		_	-113,570.
Pa	rt I	<b>Gaming.</b> Complete if the organization a				110/0/01
		\$15,000 on Form 990-EZ, line 6a.		, , ,		
		,		(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Re	4	Gross revenue				
	Ė	G1000 revenue				
	2	Cash prizes				
ses	_					
Sen	3	Noncash prizes				
Ĕ		Tronsach phizoc				
Direct Expenses	4	Rent/facility costs				
Ë	Ť					
	5	Other direct expenses				
	Ť		Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No	No No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		•	
	'	Direct expense summary. And lines 2 timough	10 III 00Idiiii (d)			
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)		•	
		The garming moonie carminary. Cabiract into t	nomino i, column (a)			
9	Fn	ter the state(s) in which the organization condu	cts gaming activities:			
		the organization licensed to conduct gaming ac				Yes No
		No," explain:				100 NO
,		ito, oxpiairi.				
	_					
10=	Me	ere any of the organization's gaming licenses re	woked suspended orte	rminated during the tay v	/ear?	Yes No
		Yes," explain:	· · · · · · · · · · · · · · · · · · ·			55 140

732082 09-13-17

Schedule G (Form 990 or 990-EZ) 2017

#### FRIENDS OF THE NEUBERGER MUSEUM

Sch	nedule G (Form 990 or 990-EZ) 2017 OF ART, INC.	23-71	L79	855	Page 3
	Does the organization conduct gaming activities with nonmembers?		,	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?		<b>—</b> ,	Yes	No
12	Indicate the percentage of gaming activity conducted in:				
		1	42-		0/
	a The organization's facility		13a		<u>%</u>
	b An outside facility		13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	3:			
	Name				
	Address				
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes	No
ı	b If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount of gaming revenue received by the organization	unt			
	of gaming revenue retained by the third party > \$				
	c If "Yes," enter name and address of the third party:				
	one name and address of the and party.				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation > \$				
	daming manager compensation • • • • • • • • • • • • • • • • • • •				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		<b>П</b> ,	Yes	No
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	tho			
'	·	uie			
D	organization's own exempt activities during the tax year \$\)  Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P.				451
ГС	——————————————————————————————————————	art III, Iine	es 9, 9	9b, 1UI	0, 150,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				
_					

#### FRIENDS OF THE NEUBERGER MUSEUM

Schedule G (Form 990 or 990-EZ) OF ART, INC.	23-7179855 Page 4
Schedule G (Form 990 or 990-EZ) OF ART, INC.  Part IV Supplemental Information (continued)	<u> </u>
-	

#### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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

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

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

FRIENDS OF THE NEUBERGER MUSEUM OF ART, INC.

**Employer identification number** 23-7179855

FORM 990, PART VI, SECTION A, LINE

HELEN STAMBLER NEUBERGER AND JIM NEUBERGER ARE HUSBAND AND WIFE.

FORM 990, PART VI, SECTION A, LINE 4:

THE BYLAWS WERE AMENDED AS FOLLOWS:

EXPANDED THE DESCRIPTION OF THE POWERS OF THE BOARD IN A STANDARD MANNER.

REVISED SO THAT THE DIRECTOR OF THE NEUBERGER MUSEUM OF ART SERVES AS AN

EX OFFICIO VOTING MEMBER OF THE BOARD OF DIRECTORS.

REVISED THE PROVISION REGARDING ELECTION OF DIRECTORS TO BE ELECTED BY A

MAJORITY OF THE ENTIRE BOARD TO COMPLY WITH THE NPCL AND THE MINIMUM AND

MAXIMUM NUMBER OF BOARD MEMBERS TO COMPLY WITH OUR CERTIFICATE OF

INCORPORATION.

CLARIFICATION THAT THE DIRECTOR OF THE MUSEUM REPORTS TO THE PRESIDENT OF

THE COLLEGE BUT THAT THE BOARD CONSULTS WITH THE PRESIDENT OF PURCHASE

COLLEGE IN CONNECTION WITH THE APPOINTMENT OF THE DIRECTOR.

ADD A TERM LIMIT FOR THE CHAIR -- THE INDIVIDUAL SERVING AS CHAIR OF THE

BOARD MAY NOT SERVE MORE THAN TWO CONSECUTIVE TERMS AS CHAIR UNLESS

TWO-THIRDS OF THE DIRECTORS VOTE IN FAVOR OF SUCH AN ELECTION.

PROVIDED THAT THE OFFICERS SERVE FOR THREE YEAR TERMS CONSISTENT WITH

THE LENGTH OF BOARD SERVICE.

STANDING COMMITTEES LISTED IN THE BY-LAWS HAVE BEEN UPDATED TO FIT

WITH CURRENT PRACTICE.

THE BOARD SHALL ADOPT A WHISTLEBLOWER POLICY CONSISTENT WITH NPCL 715-B

IN ORDER TO PROTECT PERSONS WHO REPORT SUSPECTED IMPROPER CONDUCT. ALTHOUGH

THE CORPORATION DOES NOT HAVE THE MINIMUM NUMBER OF EMPLOYEES THAT REQUIRES

ADOPTION OF THIS POLICY, WE RECOMMEND ITS ADOPTION FOR CORPORATE GOVERNANCE

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

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

Name of the organization FRIENDS OF THE NEUBERGER MUSEUM OF ART, INC.

Employer identification number 23-7179855

REASONS AND TO NOT RAISE ANY CONCERNS WITH OUR NOT-FOR-PROFIT STATUS.

WE ALSO INCLUDED A REFERENCE TO A CONFLICT OF INTEREST POLICY IN

ACCORDANCE WITH NPCL 715-A IN ORDER TO ENSURE TO ENSURE THAT ITS

DIRECTORS, OFFICERS AND KEY PERSONS ACT IN THE FRIENDS OF THE NEUBERGER

MUSEUM'S BEST INTERESTS AND COMPLY WITH APPLICABLE LEGAL REQUIREMENTS. AS

PART OF THIS POLICY, EACH MEMBER OF THE BOARD FILES A CONFLICT OF INTEREST

DISCLOSURE STATEMENT EACH YEAR.

ARTICLE VII, ASSETS AND FUNDS, HAS BEEN ADDED TO CLARIFY HOW FUNDS MAY BE MANAGED AND ENSURE COMPLIANCE WITH ARTICLE 5-A OF THE NPCL.

ARTICLE XII, INDEMNIFICATION HAS BEEN EXPANDED TO REFLECT EXPANSION OF INDEMNIFICATION RIGHTS IN THE NPCL.

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

FRIENDS OF THE NEUBERGER MUSEUM OF ART HAS ITS FORM 990 PREPARED BY AN

OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO

ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE

FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND IS READY TO BE FILED

WITH THE INTERNAL REVENUE SERVICE, IT IS ELECTRONICALLY SENT TO BOARD

MEMBERS OF THE ORGANIZATION FOR ANY COMMENTS. ANY COMMENTS ARE THE

GROUPED, SUMMARIZED AND PROVIDED TO THE OUTSIDE ACCOUNTANTS. 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 MEMBERS OF THE

ORGANIZATION. EACH BOARD MEMBER IS REQUIRED TO READ AND SIGN THE CONFLICT

OF INTEREST POLICY WHEN IT IS UPDATED. THE POLICY IS REVIEWED ON A YEARLY

BASIS. THE ORGANIZATION MONITORS THE CONFLICT OF INTEREST POLICY THROUGH

Schedule O (Form 990 or 990-EZ) (2017)	Page <b>2</b>
Name of the organization FRIENDS OF THE NEUBERGER MUSEUM OF ART, INC.	Employer identification number 23-7179855
THE NORMAL COURSE OF BUSINESS. WHENEVER A MATTER ARISES I	FOR ACTION BY THE
BOARD, OR THE MUSEUM ENGAGED IN AN ACTIVITY WHERE THERE IS	S A POSSIBLE
CONFLICT OR APPEAPRANCE OF CONFLICT BETWEEN THE INTERESTS	OF THE MUSEUM AND
AN OUTSIDE OR PERSONAL INTEREST OF A BOARD MEMBER, THE OUT	TSIDE INTEREST
SHOULD BE A MATTER OF RECORD. THE CONFLICT OF INTEREST PO	OLICY PROVIDES FOR
WRITTEN ACKNOWLEDGEMENT BY EACH TRUSTEE THAT EACH HAS REAL	O AND IS FAMILIAR
WITH THE CONFLICT OF INTERST POLICY AND AS TO WHETHER OR I	NOT THE TRUSTEE
HAS A CONFLICT OF INTEREST. IN THOSE CASES WHERE THE BOAK	RD MEMBER IS
PRESENT WHEN A VOTE IS TAKEN IN CONNECTION WITH SUCH QUEST	TION, HE OR SHE
SHOULD ABSTAIN.	
FORM 990, PART VI, SECTION C, LINE 19:	
COPIES OF INTERNAL POLICIES, GOVERNING DOCUMENTS AND FINAL	NCIAL STATEMENTS
ARE AVALIABLE UPON REQUEST AT THE OFFICES DURING REGULAR I	BUSINESS HOURS.
FORM 990 IS AVALIABLE UPON REQUEST, AT OFFICES DURING REGU	JLAR BUSINESS
HOURS, ON THE WEBSITE OF THE OFFICE OF THE ATTORNEY GENERA	AL OF THE STATE OF
NY, AND ON THE WEBSITE WWW.GUIDESTAR.ORG.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
SECURITY:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	3,324.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,324.
CONTRACT LABOR:	
PROGRAM SERVICE EXPENSES	402,067.
MANAGEMENT AND GENERAL EXPENSES	148,921.
732212 09-07-17 Sche	edule O (Form 990 or 990-EZ) (2017)

Name of the organization FRIENDS OF THE NEUBERGER MUSEUM OF ART, INC.	Employer identification number 23-7179855
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	550,988.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL	A 554,312.
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXP	ENSES:
PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	42,348.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	42,348.
LOAN FEES, ART EXHIBITIONS:	
PROGRAM SERVICE EXPENSES	35,750.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	35,750.
NEW ACQUISITION EXPENSE:	
PROGRAM SERVICE EXPENSES	35,000.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	35,000.
CONSERVATION:	
PROGRAM SERVICE EXPENSES	34,746.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES 732212 09-07-17	34,746. Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization FRIENDS OF THE NEUBERGER MUSEUM OF ART, INC.	Employer identification number 23-7179855
MISCELLANEOUS:	
PROGRAM SERVICE EXPENSES	20,525.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	20,525.
MUSEUM TOURING:	
PROGRAM SERVICE EXPENSES	20,452.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	20,452.
PROFESSIONAL AND MEMBERSHIP DEVELOPMENT:	
PROGRAM SERVICE EXPENSES	8,633.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	8,633.
SIGNAGE:	
PROGRAM SERVICE EXPENSES	7,785.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	7,785.
STUDENT EVENTS:	
PROGRAM SERVICE EXPENSES	4,769.
MANAGEMENT AND GENERAL EXPENSES 732212 09-07-17	0 . Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization FRIENDS OF THE NEUBERGER MUSEUM OF ART, INC.	Page 2 Employer identification number 23-7179855
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,769.
NEWSLETER & JOURNALS:	
PROGRAM SERVICE EXPENSES	3,760.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,760.
EQUIPMENT AND MAINTENANCE:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	2,516.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,516.
HONARIUMS, INTERSHIPS, AND SCHOLARSHIPS:	
PROGRAM SERVICE EXPENSES	1,691.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,691.
POSTAGE:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,262.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,262.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 219,237.

Name of the organization FRIENDS OF THE NEUBERGER MUSEUM OF ART, INC.	Employer identification number 23-7179855
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
ENDOWMENT TRANSFER TO PURCHASE COLLEGE FOUNDATION	-240,733.
FORM 990, PART XII LINE 2C:	
THE ORGANIZATION'S AUDIT COMMITTEE ASSUMES THE RESPONSIBIL	ITY FOR
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SEL	ECTION OF AN
INDEPENDENT ACCOUNTANT. THERE IS ONE JOINT AUDIT COMMITTEE	CONSISTING
OF MEMBERS FROM PURCHASE COLLEGE FOUNDATION, FRIENDS OF TH	E NEUBERGER
MUSEUM, AND THE PERFORMING ARTS CENTER FOUNDATION. THIS PR	OCESS DID NOT
CHANGE FROM THE PRIOR YEAR.	
SCHEDULE D, PART V:	
AS A RESULT OF ADDITIONAL RESEARCH OF DOCUMENTATION SURROU	NDING THE
FUNDS OF FRIENDS, CERTAIN NET ASSETS HAVE BEEN RECLASSIFIE	D AS PART OF
THE ENDOWMENT FUND BALANCE AT THE BEGINNING OF FISCAL YEAR	2013.

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to page size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "PageScalling" selection box in the Adobe "Print" dialog.

STATE COPY

# TAX RETURN FILING INSTRUCTIONS

**NEW YORK FORM CHAR500** 

### FOR THE YEAR ENDING

JUNE 30, 2018

#### PREPARED FOR:

FRIENDS OF THE NEUBERGER MUSEUM OF ART, INC. 735 ANDERSON HILL ROAD PURCHASE, NY 10577-1400

#### PREPARED BY:

BONADIO & CO., LLP 6 WEMBLEY CT ALBANY, NY 12205

#### AMOUNT OF TAX:

**BALANCE DUE OF \$775** 

#### MAKE CHECK PAYABLE TO:

DEPARTMENT OF LAW

### **MAIL TAX RETURN TO:**

NYS OFFICE OF ATTORNEY GENERAL CHARITIES BUREAU REGISTRATION SECTION 28 LIBERTY STREET NEW YORK, NY 10005

### RETURN MUST BE MAILED ON OR BEFORE:

MAY 15, 2019

#### **SPECIAL INSTRUCTIONS:**

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL(S).

THE ATTACHED COPY OF THE FEDERAL FORM 990 MUST BE PROPERLY SIGNED AND DATED.

# **CHAR500**

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2017

Open to Public Inspection

# 1.General Information

For Fiscal Year Beginning (mm/dd/yyyy) 07/01/2017 and Ending (mm/dd/yyyy) 06/30/2018										
Check if Applicable: Address Change	Name of Organization: FRIENDS OF THE	NEUBERGER MUS	SEUM OF ART,	Employer Identification Number (EIN): 23-7179855						
Name Change Mailing Address:  NY Registration Number:										
Initial Filing										
Final Filing City / State / ZIP:  Telephone:										
Amended Filing   PURCHASE, NY 10577-1400   914 251-6100										
Reg ID Pending	Website:			Email:						
WWW.NEUBERGER.ORG										
Check your organization's Confirm your Registration Category in the										
registration category:	7A only EPTL	only X DUAL (7A &		Charities Registry at www.CharitiesNYS.com.						
2. Certification										
	ication requirements. Imprope	r certification is a violation of	of law that may be subject	to penalties. The certification requires						
two signatories.										
	penalties of perjury that we revi re true, correct and complete ir			best of our knowledge and belief, oplicable to this report.						
			SUSAN DUBI	N						
President or Authorized	Officer:		CHAIRPERSO							
	Signature		Print Name							
	ŭ		PAUL ZUKOWS	SKY						
Chief Financial Officer o	r Treasurer:		TREASURER							
	Signature		Print Name	e and Title Date						
3. Annual Reporting	gExemption									
		organization is claiming an	exemption under one cate	gory (7A or EPTL only filers) or both						
				ed Char500. No fee, schedules, or						
_ ·				e exemption, you must file applicable						
	nts and pay applicable fees.		,,,							
	1 7 11									
3a. 7A filir	ng exemption: Total contribution	ons from NY State including	residents, foundations, go	overnment agencies, etc. did not						
				raising counsel (FRC) to solicit						
contributi	ons during the fiscal year.									
3b. EPTL	filing exemption: Gross receipt	ts did not exceed \$25,000 a	and the market value of ass	sets did not exceed \$25,000 at any time						
during the	e fiscal year.									
4. Oakadulaa aad A	Ha alamanda									
4. Schedules and A	ttacnments									
See the following page										
for a checklist of				aising counsel or commercial co-venturer						
schedules and	for fund	raising activity in NY State?	If yes, complete Schedule	e 4a.						
attachments to										
complete your filing.	Yes X No 4b. Did t	he organization receive gov	vernment grants? If yes, co	mplete Schedule 4b.						
5. Fee										
See the checklist on the	7A filing fee:	EPTL filing fee:	Total fee:							
next page to calculate yo	1			Make a single check or money order						
fee(s). Indicate fee(s) you				payable to:						
are submitting here:	\$ <u>25.</u>	\$ <u>750.</u>	\$ <u>775.</u>	"Department of Law"						
	i i	i								

CHAR500 Annual Filing for Charitable Organizations (Updated April 2018)

The Exempt dategory folds to all organizations who registration states. It does not fold to its in that designation.

768451 04-27-18 1019

<sup>\*</sup>The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

# **CHAR500**

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

### **Checklist of Schedules and Attachments**

Check the schedules you must submit with your CHAR500 as described in Part 4:									
If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)									
If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants									
Check the financial attachments you must submit with your CHAR500:									
X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable									
X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.									
Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.									
If you are a 7A only or DUAL filer, submit the applicable independent Certified Public	· · · · · · · · · · · · · · · · · · ·								
Review Report if you received total revenue and support greater than \$250,000	u and up to \$750,000.								
X Audit Report if you received total revenue and support greater than \$750,000	ort in loss than \$250,000								
No Review Report or Audit Report is required because total revenue and supp We are a DUAL filer and checked box 3a, no Review Report or Audit Report is									
we are a DOAL file and checked box 5a, no neview neport of Addit neport is	required								
Calculate Your Fee									
	Is my Registration Category 7A, EPTL, DUAL or EXEMPT?								
For 7A and DITAL filera, calculate the 7A fee:	Organizations are assigned a Registration Category upon								
For 7A and DUAL filers, calculate the 7A fee:	registration with the NY Charities Bureau:								
\$0, if you checked the 7A exemption in Part 3a	7A filers are registered to solicit contributions in New York								
X \$25, if you did not check the 7A exemption in Part 3a	<b>7A</b> filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")								
For EPTL and DUAL filers, calculate the EPTL fee:	<b>EPTL</b> filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct								
© if you should the EDTI execution in Dect Ob	activities for charitable purposes in NY.								
\$0, if you checked the EPTL exemption in Part 3b \$25, if the NET WORTH is less than \$50,000	<b>DUAL</b> filers are registered under both 7A and EPTL.								
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000	•								
\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000	<b>EXEMPT</b> filers have registered with the NY Charities Bureau and meet conditions in <b>Schedule E - Registration</b>								
\$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000	Exemption for Charitable Organizations . These								
<b>X</b> \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000	organizations are not required to file annual financial reports								
\$1500, if the NET WORTH is \$50,000,000 or more	but may do so voluntarily.								
	Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.								
Send Your Filing									
Send your CHAR500, all schedules and attachments, and total fee to:	Where do I find my organization's NET WORTH?								
,	NET WORTH for fee purposes is calculated on:								
NYS Office of the Attorney General	- IRS Form 990 Part I, line 22								
Charities Bureau Registration Section	- IRS Form 990 EZ Part I, line 21 - IRS Form 990 PF, calculate the difference between								
28 Liberty Street	Total Assets at Fair Market Value (Part II, line 16(c)) and								
New York, NY 10005	Total Liabilities (Part II, line 23(b)).								

Need Assistance?

Visit: www.CharitiesNYS.com

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

768461 04-27-18 1019 CHAR500 Annual Filing for Charitable Organizations (Updated April 2018)

Page 2

PUR00902

Department of the Treasury

# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

▶ 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.

2018 A For the 2017 calendar year, or tax year beginning JUL 1, 2017 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 23-7179855 Doing business as change 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 City or town, state or province, country, and ZIP or foreign postal code 9,552,807. **G** Gross receipts \$ Amended PURCHASE, NY 10577-1400 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: SUSAN DUBIN Yes X No for subordinates? ..... SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527 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 > 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. 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 16 3 Number of voting members of the governing body (Part VI, line 1a) 16 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2017 (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 34 7b 0. **Prior Year Current Year** 439,962. 841,631. Contributions and grants (Part VIII, line 1h) 8 Revenue 54,035. 42,090. Program service revenue (Part VIII, line 2g) 2,625,439. 594,145. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -74,451. -107,607. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 1,013,691. 3,401,553. 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. 2,943. 1,000. 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. 0. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 1,004,448. 1,176,321. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,177,321. 1,007,391. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 6,300. 2,224,232. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 10,101,380. 10,405,026. 20 Total assets (Part X, line 16) 158,153. 270,858. 21 Total liabilities (Part X, line 26) 三年 943,227. 10,134,168 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 Check 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 Firm's address 6 WEMBLEY CT Use Only Phone no. (518) 464-4080ALBANY, NY 12205 X Yes May the IRS discuss this return with the preparer shown above? (see instructions) No OF ART, INC.

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	SUPPORT AND DEVELOPMENT OF THE NEUBERGER MUSEUM OF ART AND FINE ARTS
	PROGRAMS AT PURCHASE COLLEGE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 \$ 543,248. including grants of \$) (Revenue \$)
	EXHIBITION - SPECIAL EXHIBITIONS ARE THE CORNERSTONE OF ANY MUSEUM'S
	PROGRAMMING. THE NEUBERGER MUSEUM OF ART FOCUSES ON SPECIAL EXHIBITIONS
	OF INTERNATIONAL MODERN AND CONTEMPORARY ART, INCLUDING AN AREA
	SPECIALIZED IN LATIN AMERICAN ART, AND OF AFRICAN ART TO EXPAND UPON THE STRENGTHS INHERENT IN OUR PERMANENT COLLECTIONS. WE OFFER A
	THE STRENGTHS INHERENT IN OUR PERMANENT COLLECTIONS. WE OFFER A CHANGING SCHEDULE TWICE PER YEAR FOR UP TO A TOTAL OF 8 SPECIAL
	EXHIBITIONS PER YEAR.
	EXHIBITIONS FER TEAR.
4b	(Code:) (Expenses \$ 198,998. including grants of \$) (Revenue \$ 5,184.)
710	EDUCATION PROGRAMS - THE NEUBERGER MUSEUM OF ART SERVES ON AVERAGE
	MORE THAN 3,000 YOUTH PER YEAR THROUGH OUR FAMILY FIRST SATURDAY,
	WRITING THROUGH THE ARTS, SCHOOL AND GROUP TOURS, AND TEACHER OUTREACH
	PROGRAMS. WE USE OUR WORLD CLASS COLLECTIONS AS THE BASIS FOR LESSON
	PLANS, TOURS AND ACTIVITIES THAT COMPLY WITH CURRENT NEW YORK STATE
	LEARNING STANDARDS AND NATIONALLY-BASED BEST PRACTICES IN LEARNING.
4c	(Code:) (Expenses \$129,636. including grants of \$) (Revenue \$36,906. )
	MEMBERSHIP - OUR MEMBERSHIP BASE NUMBERS APPROXIMATELY 132 PEOPLE WHO
	MAKE AN ANNUAL CONTRIBUTION AND ACCRUE BENEFITS CONCURRENT WITH A
	MONETARY AMOUNT. WE SEEK TO EXPAND OUR MEMBERSHIP BASE THROUGH A
	RENEWAL AND PARTNERSHIP STRATEGY.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 68,012. including grants of \$ ) (Revenue \$ 5,963.)
4e	Total program service expenses ▶ 939,894.
	Form <b>990</b> (2017)

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			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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 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			.,
_	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	v	X
	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			x
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	Х	
	Schedule D, Parts XI and XII	12a	Λ	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	40h		v
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13 14a		14a		X
b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	140		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	110		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
=	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G. Part III	19		Х
			aan	(2017)

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# Form 990 (2017) OF ART, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
ZJa		25a		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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	051		x
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			<b>.</b>
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			.,
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
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	, , , , , , , , , , , , , , , , , , ,	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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		Х
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	"		<del></del> -
50	Note. All Form 990 filers are required to complete Schedule O	38	Х	
	1000 / All 1 Olim 000 more dre required to complete concedure 0	1 30	000	

# Part V Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number of Form 920 included in line 1a. Enter of intended policiable Enter the number of Form 920 included in line 1a. Enter of intended policy in the Enter of Policy 15 included in line 1a. Enter of intended payments to vendors and reportable gaming (gambing) winnings to prize winners?  2a Enter the number of remptoyees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return  3 If a lite of the calendar year ending with or within the year covered by this return  4 If a lite of the calendar year ending with or within the year covered by this return  5 If a lite of the calendar year ending with or within the year covered by this return  6 If a lite of the calendar year ending with or within the year covered by this return  7 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e_riting the year?  8 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e_riting the year?  8 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e_riting the year?  8 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e_riting the year?  9 A 1a yif with during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. If year, and the year?  9 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5 Was the organization and party to a prohibited tax wheeler transaction at any time during the tax year?  5 Lite 3 V. Year, to line 5a or 5b, did the organization file Form 8896.17  5 Lite 3 V. Year, to line 5a or 5b, did the organization file Form 8896.17  5 Lite 4 V. Year, to line 5a or 5b, did the organization file Form 8896.17  5 Lite 4 V. Year, to line 5a or 5b, did the organization file form 8896.17  5 Lite 4 V. Year, to line 5a or 5b, did the organization file form 8896.17  5 Lite 5a		Check if Schedule O contains a response or note to any line in this Part V	<u></u>			Ш		
b. Enter the number of Forms W.2G included in line 1a, Enter o. If not applicable					Yes	No		
to Diff the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2. Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, flied for the calendar year ending with or within the year covered by this return  3. If the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, flied for the calendar year ending with or within the year covered by this return  3. If the sum of lines 1s and 2s is greater than 250, you may be required to e-flie (see instructions)  3. If the sum of lines 1s and 2s is greater than 250, you may be required to e-flie (see instructions)  3. If the sum of lines 1s and 2s is greater than 250, you may be required to e-flie (see instructions)  3. If the sum of lines 1s and 2s is greater than 250, you may be required to e-flie (see instructions)  3. If the sum of lines 1s and 2s is greater than 250, you may be required to e-flie (see instructions)  3. If the sum of lines 1s and 2s is greater than 250, you may be required to e-flie (see instructions)  3. If the sum of lines 1s and 2s is greater than 250, you may be required to e-flie (see instructions)  3. If the sum of lines 1s and 2s is greater than 250, you may be required to e-flie (see instructions)  3. If the sum of lines 1s and 2s is greater than 250, you may be required to e-flie (see instructions)  3. If the sum of lines 1s and 2s is greater than 250, you may be required to e-flie (see instructions)  4. If the sum of lines 1s and 2s is greater than 250, you may be required to e-flie (see instructions)  4. If the sum of lines 1s and 2s is greater than 250, you may be required to e-flie (see instructions)  4. If the sum of lines 1s and 2s is greater than 250, you may be required to e-flie (see instructions)  5. If the sum of lines 1s and 2s is greater than 250, you may be required to e-flie (see instruction)  5. If the sum of lines 2s is greater than 250, you may be required to e-flie (s	1a							
Segment of the calendar year ending with or within the year covered by this return    10			0					
2a Effect the number of employees reported on Form W3, Transmittal of Woge and Tax Statements, filled for the calendar year ending with or within the year covered by this return  b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3b if the organization have unrelated business gross income of \$1,000 or more during the year?  3a X  b if "Yes," has if filed a Form 990-T for this year? if "No," to file 3b, provide an explanation in Schedule O  3b If Yes, "Institute the name of the foreign country, Seud as a bank account, securities account, or other financial account; or other financial account in a foreign country. Explanation in Schedule O  b if Yes, "enter the name of the foreign country, Seud as a bank account, securities account, or other financial accounts (FBAR).  5b Was the organization a party to a prohibitote tax shelter transaction at any time during the tax year?  5b If Yes, "to line 5a or 5b, did the organization file Form 8888-17  6c If "Yes," do the organization related she organization file Form 8888-17  6d Does the organization in annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible on the very solicitation an express statement that such contributions or gifts were not tax deductible?  6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d If Yes, "indicate the number of Forms 8282 filed during the year  9d If the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7a If If the organization receive any paymentime, directly or indirectly, on a personal benefit contract?  7b If Yes, "indicate	С							
files for the calendar year ending with or within the year covered by this return  Note. If the sum of ines 1 and 2 as ig greater than 250, you may be required federal employment tax returns?  Note. If the sum of lines 1 and 2 as ig greater than 250, you may be required to \$_{inthe}\$ (see instructions)  30 Did the organization have unrelated business gross income of \$1,000 or more during the year?  31 A tary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? in 6 and any time outing the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  42 A tary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  53 We interest the name of the foreign country.  54 B TY'es, "end the transmost of the foreign country is the organization that it was or is a party to a prohibited tax shelter transaction?  55 We in "Yes," to line 5 ao r50, did the organization that it was or is a party to a prohibited tax shelter transaction solicit any contributions that were not tax eductibles?  56 D Sos the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductibles or a charitable contributions?  56 D Sos the organization shell where yes solicitation an express statement that such contributions or gifts were not tax deductibles?  57 Organizations that may receive deductible contributions under section 17(c).  58 B W TY'es," if did the organization notity the donor of the value of the geods or services provided?  59 Did the organization regiment is excess of \$3. make party as a contribution or appropriation to the party of the		1 1		1c	X			
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to a-file (see instructions)  3a	2a							
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3 Did the organization have unrelated business gross income of \$1,000 or more during the year?  3 In "Nes," has it filed a Form 990-1 for this year? If "No," to line 3b, provide an explanation in Schedule O  3 In such any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly over, a financial account in a foreign country. ►  5 In "Yes," enter the name of the foreign country. ►  5 See instructions for filing requirements for FiniDEH Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5 Was the organization aparty to a prohibited tax shelter transaction?  5 B X  5 If "Yes," or line is a 50, bid the organization that it was or is a party to a prohibited tax shelter transaction?  5 B X  5 If "Yes," or line is a 50, bid the organization file Form 8886-17  5 C Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charitable contributions or gifts were not tax deductibles a charitable contributions or gifts were not tax deductibles a charitable contributions and express statement that such contributions or gifts were not tax deductibles a charitable contribution or property for goods and services provided to the payor?  6 B Yes, "indicate the number of Forms 8282 filed during the year and permitted to the Form 82827  6 If "Yes," indicate the number of Forms 8282 filed during the year  7 If Yes, "Indicate the number of Forms 8282 filed during the year  9 If "Yes," indicate the number of Forms 828								
3a   X   X   b   f 'Yes,' has it filed a Form 990.7 for this year? If 'No,' to fine 3b, provide an explanation in Schedule O   3b   X   X   A   X   X   X   X   X   X   X	b			2b				
b If Yes, *las it flied a Form 990-T for this year? If *No,* to line 3b, provide an explanation in Schedule O  4a At any time during the calendar year, oif the organization have an interest in, or a signature or other authority over, a financial account? 4a    X  b If *Yes,* enter the name of the foreign country. ►  See instructions for fling requirements for FindCEN Form 114, Report of Foreign Bank and Financial account? 5BAR).  See instructions for fling requirements for FindCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for fling requirements for FindCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Sa X  b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  Sa If Yes, * for the Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  Sa If Yes, * for the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles?  The same transaction include with every solicitation an express statement that such contributions or gifts were not tax deductibles?  The same transaction include with every solicitation an express statement that such contributions or gifts were not tax deductibles?  To granizations that many receive apyment in excess of \$75 made party as contribution and party for goods and services provided to the promise of the organization include with every solicitation an express statement that such contributions or gifts were not tax every the same transaction of the value of the goods or services provided?  The same transactions and the number of Forms 8282 filed during the year  To Use the organization on notify the donor of the value of the goods or services provided?  The organization foreived a contribution of cares, boats, single party o	0-			0-		v		
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the fire the name of the foreign country;   ■   ■   X    b   fires, "enter the name of the foreign country;   ■   ■   See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  See instructions for the report for filing for filing filing for filing filin		· · · · · · · · · · · · · · · · · · ·		30				
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a Initiation fees and capital contributions included on Part VIII, line 12	10			0.0				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  c Enter the amount of reserves any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b								
11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  c Enter the amount of reserves on hand  13c  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b		, , , , , , , , , , , , , , , , , , , ,						
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c 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 in Schedule O. 14b								
amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	а	Gross income from members or shareholders						
amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	b	Gross income from other sources (Do not net amounts due or paid to other sources against						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c 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  15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  16b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  17b In Table  18c In Table								
13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c 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  15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  15d	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a				
a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c 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  15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	а	•		13a				
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b								
c 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 in Schedule O 14b	b							
14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b								
b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O				4 -		v		
						Λ_		
Form <b>990</b> (2017	b	ıт "Yes," nas ıt тыед a Form /20 to report these payments? If "No," provide an explanation in Schedule О			990	(2017)		

OF ART INC. 23-7179855 Page 6 Form 990 (2017) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 16 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 16 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Х Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶NY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request X Another's website \_\_ Other (explain in Schedule O) Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

735 ANDERSON HILL ROAD, PURCHASE, NY 10577-1400

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State the name, address, and telephone number of the person who possesses the organization's books and records:

statements available to the public during the tax year.

PAUL ZUKOWSKY - 914-251-6100

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	(do	Position do not check more than one				nne	Reportable	Reportable	Estimated
	hours per	box, unles		ox, unless person is both an fficer and a director/trustee)			an	compensation	compensation	amount of
	week		Ler an	uau	recid	i / ii us	iee)	from	from related	other 
	(list any hours for	Individual trustee or director				L		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC)	(***2/1099-141130)	organization
	organizations	truste	Institutional trustee		yee	mper		(** 27 1000 111100)		and related
	below	idual	tution	er	Key employee	est co loyee	ıer			organizations
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former			
(1) SUSAN DUBIN	1.50							_	_	_
CHAIR		Х		Х				0.	0.	0.
(2) LYNN HALBFINDER	1.50							_		_
VICE CHAIR		Х		Х				0.	0.	0.
(3) PAUL ZUKOWSKY	1.50							_		_
TREASURER		Х		Х				0.	0.	0.
(4) JAMIE GORDON	1.50									_
SECRETARY		Х		Х				0.	0.	0.
(5) BONNIE KLUGMAN	1.00									_
TRUSTEE	1 00	Х						0.	0.	0.
(6) ANTHONY MADDALENA	1.00									_
TRUSTEE		Х						0.	0.	0.
(7) JIM NEUBERGER	0.30									
TRUSTEE		Х						0.	0.	0.
(8) BARRY PEARSON	3.00	ļ								•
TRUSTEE - EX-OFFICIO	1 00	Х						0.	0.	0.
(9) MARVIN SCHWARTZ	1.00	ļ								•
TRUSTEE		Х						0.	0.	0.
(10) THOMAS SCHWARZ	3.00	ļ							•	•
TRUSTEE - EX-OFFICIO	1 50	Х						0.	0.	0.
(11) HELEN STAMBLER NEUBERGER	1.50	.,							0	0
TRUSTEE	1 00	Х						0.	0.	0.
(12) LUCILLE WERLINICH	1.00	<b>.</b> ,						_	0	0
TRUSTEE - EX-OFFICIO	2 00	Х						0.	0.	0.
(13) TRACY FITZPATRICK, MUSEUM EXEC.	3.00	v							0	0
TRUSTEE - EX-OFFICIO	1.00	Х						0.	0.	0.
(14) RONNI BOLGER	1.00	Х						_	0.	^
TRUSTEE (15) CATHERINE M. BROD	1.00	Λ						0.	0.	0.
TRUSTEE - EX-OFFICIO	1.00	Х						0.	0.	0.
(16) DEBBIE HEIDCORN	1.00	Δ						0.	0.	0.
TRUSTEE	1.00	Х						0.	0.	0.
(17) LAURA BLANK	1.00	^	$\vdash$		$\vdash$	$\vdash$		0.	0.	<b>U</b> •
TRUSTEE	1.00	Х						0.	0.	0.
	I	77	<u> </u>		L	L		J •	<u> </u>	

732007 11-28-17 Form **990** (2017)

Part VII   Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hi	ghes	st C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per	(do box	not c	Posi heck i	c) ition more rson i		one n an	( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	ion a		(F) imated ount of
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer p	Key employee	Highest compensated 5		from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	s	comp fro orga and	other pensation om the inization related nizations
(18) JUDITH FIELDS TRUSTEE - EX-OFFICIO	1.00	х						0.		0.		0.
		•										
		•										
1b Sub-total								0.		0.		0.
c Total from continuation sheets to Part VI	, Section A							0.		0.		0.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but n							o re		000 of reportable			0
compensation from the organization											,	Yes No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch individual										3	х
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	-							· · · · · · · · · · · · · · · · · · ·	-		4	Х
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com	ccrue compen	ısati	on fr	om	any	unre	elate	ed organization or individ	dual for services		5	Х
Section B. Independent Contractors  1 Complete this table for your five highest contractors	-										tion fror	n
the organization. Report compensation for	· ·	-									(C)	
Name and business	address	N	ONE	3				Description of s	ervices		compen	
Total number of independent contractors (ii	ncluding but no	ot lir	nited	d to 1	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organization	zation >				(	)					Eorm 0	90 (2017)

23-7179855 Page **9** OF ART, INC. Form 990 (2017) Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any line	in this Part VIII			
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
ပ္ မ	1 a	Federated campaigns	1a					3.12 3.1.
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
۾ ق		Fundraising events		320,965.				
iffts ar A		Related organizations						
s, G mik		Government grants (contributi						
Sign		All other contributions, gifts, grant						
but		similar amounts not included abov		520,666.				
ÖĒ	g	Noncash contributions included in lines		1				
<u>ခ် လ</u>	h	Total. Add lines 1a-1f		<b>&gt;</b>	841,631.			
				Business Code				
ø	2 a	MEMBERSHIPS		900099	36,906.	36,906.		
e <u>č</u>	b	ADMISSION RECEIPTS		900099	5,184.	5,184.		
Program Service Revenue	С							
am eve	d	l <u></u>						
Во	е							
Ā		All other program service reve						
	g	Total. Add lines 2a-2f		<b></b>	42,090.			
	3	Investment income (including	•	· .				
		other similar amounts)			168,011.			168,011.
	4	Income from investment of tax		' [ F				
	5	Royalties	1					
		-	(i) Real	(ii) Personal				
		Gross rents		+				
		Less: rental expenses		<del>                                     </del>				
		Rental income or (loss)						
		Net rental income or (loss)						
	/ a	Gross amount from sales of	(i) Securities 8,453,587	(ii) Other				
	<b>L</b>	assets other than inventory	0,433,307	+				
	Ь	Less: cost or other basis and sales expenses	5,996,159					
	•	Gain or (loss)						
		Net gain or (loss)			2,457,428.			2,457,428.
		Gross income from fundraising						
ne	o u	including \$ 320	•					
Other Reven		contributions reported on line	<u> </u>					
æ		Part IV, line 18	,	41,525.				
the l	b	Less: direct expenses		155,095.				
ō		Net income or (loss) from fund			-113,570.			-113,570.
		Gross income from gaming ac	-					
		Part IV, line 19	6	a				
	b	Less: direct expenses						
	С	Net income or (loss) from gam	ing activities .					
	10 a	Gross sales of inventory, less	returns					
		and allowances	6	a				
	b	Less: cost of goods sold	t	·				
	С	Net income or (loss) from sales	s of inventory	▶				
		Miscellaneous Revenue	e	Business Code				
	11 a	OTHER SOURCES		900099	5,963.	5,963.		
	b							
	С							
		All other revenue						
		Total. Add lines 11a-11d			5,963.			
J	12	Total revenue. See instructions.		<b>&gt;</b>	3,401,553.	48,053.	0.	2,511,869.

732009 11-28-17

Form **990** (2017)

# Part IX | Statement of Functional Expenses

_	Check if Schedule O contains a respons	e or note to any line in t	his Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16	1,000.	1,000.		
4 5	Benefits paid to or for members  Compensation of current officers, directors,	1,000.	1,000.		
3	trustees, and key employees				
6	Compensation not included above, to disqualified				
O	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes				
1	Fees for services (non-employees):				
а					
b					
c	Accounting	9,344.		9,344.	
d		-,		2/4221	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	15,688.		15,688.	
g					
9	column (A) amount, list line 11g expenses on Sch O.)	554,312.	402,067.	152,245.	
2	Advertising and promotion	554,312. 61,364.	402,067. 61,364.		
3	Office expenses	•	,		
4	Information technology				
5	Royalties				
6	Occupancy				
7	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	10,904.	10,904.		
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	5,626.		5,626.	
3	Insurance	27,459.	16,811.	10,648.	
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	TNICHALLAMION MAMPDIALC	81,908.	81,908.		
a b	DEDECOMANCE LEGISTES	78,912.	38,814.		40,098
C	CULTUDING C CADMING	62,795.	62,795.		20,000
d	03 E3 T 0011E	48,772.	48,772.		
	All other expenses SEE SCH O	219,237.	215,459.	3,778.	
5 5	Total functional expenses. Add lines 1 through 24e	1,177,321.	939,894.	197,329.	40,098
6	Joint costs. Complete this line only if the organization	. , ,	,	- ,	.,
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Par	ιΛ	balance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			392,225.	1	1,098,829.
	2	Savings and temporary cash investments			1,126,919.	2	268,214.
	3	Pledges and grants receivable, net			5,462.	3	2,146.
	4	Accounts receivable, net			4		
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensation	ated em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958(c	)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501	(c)(9) voluntary			
Ø		employees' beneficiary organizations (see instr).		·		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9				22,787.	9	17,938.
	10a	Land, buildings, and equipment: cost or other					
			10a	103,948.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	98,961.	10,613.	10c	4,987.
	11	Investments - publicly traded securities			8,418,995.	11	4,987. 8,939,428.
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		124,379.	15	73,484.	
	16	Total assets. Add lines 1 through 15 (must equ	10,101,380.	16	10,405,026.		
	17	Accounts payable and accrued expenses	55,338.	17	30,764.		
	18	Grants payable		18			
	19	Deferred revenue		16,309.	19	16,309.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
တ္သ	22	Loans and other payables to current and former	officers	s, directors, trustees,			
iitie		key employees, highest compensated employee	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa	yables t	to related third			
		parties, and other liabilities not included on lines	3 17-24)	. Complete Part X of			
		Schedule D			86,506.	25	223,785.
	26	Total liabilities. Add lines 17 through 25			158,153.	26	270,858.
		Organizations that follow SFAS 117 (ASC 958		k here ▶ X and			
es		complete lines 27 through 29, and lines 33 an			405 065		E00 60E
Jue	27	Unrestricted net assets			405,967.	27	502,627.
3ak	28	Temporarily restricted net assets			5,563,252.	28	5,785,533.
힏	29				3,974,008.	29	3,846,008.
Fu		Organizations that do not follow SFAS 117 (A	SC 958	), check here			
٥		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			0 042 227	32	10 124 160
2	33	Total net assets or fund balances	9,943,227.	33	10,134,168.		
	34	Total liabilities and net assets/fund balances .			10,101,380.	34	10,405,026.

Form **990** (2017)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				[]	X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>, 553</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,1	<u> 177</u>	, 321	<u>l.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			, 232	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			, 22	
5	Net unrealized gains (losses) on investments	5	-1,7	792	, 558	<u>3.</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2	240	,733	3.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	10,1	L34	,168	3.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				[	X _
			_	Y	es N	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 O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L <i>i</i>	2a		<u> </u>
	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?		<u>L</u> :	2b 2	X L	
	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?		<u>L</u> :	2c 2	X L	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit				
	Act and OMB Circular A-133?		<u>L</u> :	За		<u>X_</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
			Fo	orm <b>9</b> 9	<b>90</b> (20	)17)

732012 11-28-17

#### **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

Open to Public Inspection

**Employer identification number** 

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) above (see instructions))

PUR00902

23-7179855 Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	914,236.	942,874.	673,856.	439,962.	863,609.	3834537.
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	323,683.	198,362.		223,694.		1145515.
4	Total. Add lines 1 through 3	1237919.	1141236.	795,869.	663,656.	1141372.	4980052.
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)						1006885.
	Public support. Subtract line 5 from line 4.						3973167.
Sec	ction B. Total Support				T		
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	1237919.	1141236.	795,869.	663,656.	1141372.	4980052.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,		100 071	445 400	4.24 .24	1.60 011	<b>650 440</b>
	and income from similar sources	114,808.	122,871.	115,438.	131,984.	168,011.	653,112.
9	Net income from unrelated business						
	activities, whether or not the						T 601
	business is regularly carried on	7,601.					7,601.
10	Other income. Do not include gain						
	or loss from the sale of capital	1 1	1 000	1 2 1		0.60	0 406
	assets (Explain in Part VI.)	15.	1,297.	131.		963.	2,406.
	<b>Total support.</b> Add lines 7 through 10						5643171.
	Gross receipts from related activities,	•	,			12	35,620.
13	First five years. If the Form 990 is for						
Sec	organization, check this box and stop ction C. Computation of Publi	c Support Per	centage				<b>&gt;</b>
	Public support percentage for 2017 (li			olumn (f\)		14	70.41 %
						15	60 4 5
	Public support percentage from 2016 33 1/3% support test - 2017. If the o						
IUa	<b>stop here.</b> The organization qualifies						
h	33 1/3% support test - 2016. If the control of the						
	and <b>stop here.</b> The organization qual	•		•		•	
17a	10% -facts-and-circumstances test						
., a	and if the organization meets the "fac	_					
	meets the "facts-and-circumstances"					-	
h	10% -facts-and-circumstances test						
	more, and if the organization meets the	_					
	organization meets the "facts-and-circ						•
18	Private foundation. If the organization		•	•	,		
	ato loundation. Il tile organizatio	ala not oncon a l	557 OIT III 10 TO, TO	<u>,, ,ου, ,,α, οι 17υ</u>	, or look trill box at	ia soo ii isti dotioi is	

Schedule A (Form 990 or 990-EZ) 2017

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

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

qualify under the tests listed be Section A. Public Support	elow, please comp	olete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and	(4) = 0 : 0	(3) = 3 · ·	(5) = 5 + 5	(4,7 = 3 : 5	(0) =0	(1) 1010.
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		_				
Calendar year (or fiscal year beginning in) ► 🛚	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organiza	ation,
check this box and stop here						
Section C. Computation of Public	Support Per	rcentage				
15 Public support percentage for 2017 (lin	ne 8, column (f) d	ivided by line 13, c	olumn (f))		15	%
16 Public support percentage from 2016	Schedule A, Part	III, line 15			16	%
Section D. Computation of Invest	tment Income	e Percentage				
17 Investment income percentage for 20	<b>17</b> (line 10c, colui	mn (f) divided by lir	ne 13, column (f))		17	%
18 Investment income percentage from 2	<b>016</b> Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2017. If the	organization did r	not check the box	on line 14, and line	15 is more than 3	33 1/3%, and line 17	7 is not
more than 33 1/3%, check this box and	d <b>stop here.</b> The	e organization qual	ifies as a publicly	supported organiz	ation	<b>&gt;</b>
b 33 1/3% support tests - 2016. If the	organization did r	not check a box on	line 14 or line 19a	ı, and line 16 is m	ore than 33 1/3%, a	nd
line 18 is not more than 33 1/3%, chec	k this box and <b>s</b> t	t <b>op here.</b> The orga	nization qualifies a	as a publicly suppo	orted organization	
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	<b>&gt;</b>

Т..

# Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

		Yes	No
	1		
	•		
	2		
	3a		
	oa		
	OI-		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
	7		
	8		
	J		
	9a		
	Ja		
	Qh		
	9b		
	9с		
	10a		
	10b		
_		O E71	

Pa	rt 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		
<u>Sec</u>	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			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	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	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	ructions)		Na
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
h	that these activities constituted substantially all of its activities.	Za		
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b		
3	activities but for the organization's involvement.  Parent of Supported Organizations. Answer (a) and (b) below.	ZU		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
5	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2017

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	nizations	- agr
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	Ilv integrate	ed Type III supporting orga	inization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions).

Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations <sub>(continued)</sub>	
Secti	on D - Distributions			Current Year
_1_	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
_5_	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which th	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
_1_	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
с	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i_	Carryover from 2012 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

## FRIENDS OF THE NEUBERGER MUSEUM

Schedule A	(Form 990 or 990-EZ) 2017	OF AR	r, INC.			23-7179855 P	age 8
Part VI	Supplemental Information Part IV, Section A, lines 1, line 1; Part IV, Section D, Section D, lines 5, 6, and	<b>mation.</b> P , 2, 3b, 3c, 4 lines 2 and 3	rovide the expla o, 4c, 5a, 6, 9a, ; Part IV, Sectio	, 9b, 9c, 11a, 11b, on E, lines 1c, 2a, 2	and 11c; Part IV, Section 2b, 3a, and 3b; Part V, lir	line 17a or 17b; Part III, line 12; n B, lines 1 and 2; Part IV, Section C, ne 1; Part V, Section B, line 1e; Part V nny additional information.	
	(See instructions.)						

Schedule A (Form 990 or 990-EZ) 2017

## **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

	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Donor advised funds	(w) i dried 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 wr	iting that the assets hold in donor advi	isod funds
	are the organization's property, subject to the organization's ex	-	
	Did the organization inform all grantees, donors, and donor adv		
	for charitable purposes and not for the benefit of the donor or o		
	• •		
Parl			
1	Purpose(s) of conservation easements held by the organization		,
	Preservation of land for public use (e.g., recreation or edu		storically important land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
	Number of conservation easements on a certified historic struc		
	Number of conservation easements included in (c) acquired aft		
	listed in the National Register	*	l l
	Number of conservation easements modified, transferred, relea		
	year 🕨		
4	Number of states where property subject to conservation ease	ment is located >	
	Does the organization have a written policy regarding the perio		- f
	violations, and enforcement of the conservation easements it h	olds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing cor	nservation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserv	ation easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizatio	n's financial statements that describes	s the organization's accounting for
	conservation easements.		
Part	t III Organizations Maintaining Collections of A		other Similar Assets.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public exhib	oition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe	es these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statemer	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of pu	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
			<b>&gt;</b> \$
2	If the organization received or held works of art, historical treas	ures, or other similar assets for financi	ial gain, provide
	the following amounts required to be reported under SFAS 116	· ·	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	Assets included in Form 990, Part X		

Schedule D (Form 990) 2017

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

	t III Organizations Maintaining Co		. Historical Tre	asures, oi	Othe			Continu	
	Using the organization's acquisition, accession								
•	(check all that apply):	in, and other records	, or containy or the r	onowing that	aro a or	grimodric			.01110
а	X Public exhibition	d	Loan or exc	hange progra	ıms				
b	Scholarly research	e	Other	nango progre					
c	X Preservation for future generations	Ü							
4	Provide a description of the organization's co	llections and explain	how they further th	e organizatio	ın's exer	nnt nurna	se in Part	XIII	
5	During the year, did the organization solicit or						oo iirr art	/ lii.	
Ū	to be sold to raise funds rather than to be ma							Yes	X No
Pai	t IV Escrow and Custodial Arrang								140
	reported an amount on Form 990, Part		to ii tilo organizatio	ii anoworca	100 011	1 01111 000	,, , a,,,,,		
	Is the organization an agent, trustee, custodia	n or other intermedia	ary for contributions	or other ass	ets not i	included			
	on Form 990, Part X?							Yes	☐ No
h	If "Yes," explain the arrangement in Part XIII a								
-	11 100, explain the arrangement in rare xiii e	and complete the lone	owing table.					Amount	
_	Beginning balance					1c		Amount	
	Additions during the year					. —			
e									
f	Distributions during the year					1f			
	Ending balance  Did the organization include an amount on Fo							Yes	No
	If "Yes," explain the arrangement in Part XIII.					ıty :		_ 1 <del>C</del> S	
	t V Endowment Funds. Complete if					10			
	The state of the s	(a) Current year	(b) Prior year	(c) Two year		<b>(d)</b> Three y	vaare hack	(a) Four v	/ears back
10	Paginning of year balance	6,643,287.	6,028,543.		706.		12,568.		503,559.
_	Beginning of year balance	0,043,207.	0,020,343.	0,202	,,,,,,,,,	0,1	12,300.	,,	303,333.
b	Contributions	490,387.	874,574.	_11	2,411.	1	01,518.	1 1	117,891.
C	Net investment earnings, gains, and losses	490,387.	074,374.	-12	3,411.		01,310.	Ι,.	117,091.
d	Grants or scholarships								
е	Other expenditures for facilities	F26 673	250 020	226	750	2	44 200	,	000
_	and programs	526,673.	259,830.	220	3,752.		44,380.	-	208,882.
f	Administrative expenses	6 607 001	C C42 207	C 000	. 543	<u> </u>	CO 70C		110 560
g	End of year balance	6,607,001.	6,643,287.	· · · · ·	3,543.	6,2	69,706.	6,4	112,568.
2	Provide the estimated percentage of the curre	ent year end balance		) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment ► 58.20	%							
С	Temporarily restricted endowment ▶ 41								
	The percentages on lines 2a, 2b, and 2c should be should	•							
За	Are there endowment funds not in the posses	ssion of the organizat	ion that are held an	id administer	ed for th	ie organiza	ation		
	by:								Yes No
	(i) unrelated organizations							3a(i)	X
								3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organizat							3b	
4	Describe in Part XIII the intended uses of the		ment funds.						
Pai	t VI Land, Buildings, and Equipme								
	Complete if the organization answered			1					
	Description of property	(a) Cost or ot	` '	or other		ccumulate	II	(d) Book	value
		basis (investm	ent) basis	(otner)	ae	preciation			
	Land								
b	Buildings								
С	Leasehold improvements		4.0	2 0 4 0		00 0			007
d	Equipment		10	3,948.		98,9	ρΤ•	4	,987.
									007
Total	I. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part X	(. column (B), line 10	Oc.)				4	,987.

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 OF ART, INC	THE NEUBERGE	R MUSEUM	23	-7179855 Pa	age \$
Part VII Investments - Other Securities.	· •			7175055 P	age •
Complete if the organization answered "Yes"	on Form 990. Part IV. li	ne 11b. See Form 990. P	art X. line 12.		
(a) Description of security or category (including name of security)	(b) Book value			of-year market value	 e
(1) Financial derivatives				•	
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes"					
(a) Description of investment	(b) Book value	(c) Method of va	luation: Cost or end	-of-year market value	<u>e</u>
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.					
	on Form 000 Port IV li	no 11d Soo Form 000 D	art V lina 15		
Complete if the organization answered "Yes"	Description	ne 11a. See Form 990, P	art A, iiile 15.	(b) Book value	
(1)	Bescription			(b) Book value	
(1)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990. Part X. col. (B) lin	e 15.)				
Part X Other Liabilities.					
Complete if the organization answered "Yes"	on Form 990, Part IV, li		990, Part X, line 25.		
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes		105 105			
(2) DUE TO PURCHASE COLLEGE	OTTITE	105,105.			
(3) DUE TO PURCHASE COLLEGE F	OUNDATION	118,680.			
(4)					
(5)					
(6)					
(7)	l l				

223,785.  $\triangleright$ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

(8) (9)

OF ART, INC.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.				
Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1 Total revenue, gains, and other support per audited financial statements			1	1,969,712.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a	-1,792,558. 277,763.		
<b>b</b> Donated services and use of facilities	2b	277,763.		
c Recoveries of prior year grants	2c			
d Other (Describe in Part XIII.)		98,642.		
e Add lines 2a through 2d			2e	-1,416,153.
3 Subtract line 2e from line 1			3	3,385,865.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
a Investment expenses not included on Form 990, Part VIII, line 7b		15,688.		
<b>b</b> Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b			4c	15,688.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,401,553.
Part XII Reconciliation of Expenses per Audited Financial State		n Expenses per H	teturr	1.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12				1 520 020
1 Total expenses and losses per audited financial statements			1	1,538,038.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	ایا	277 762		
a Donated services and use of facilities		277,763.		
<b>b</b> Prior year adjustments				
c Other losses		00 642		
d Other (Describe in Part XIII.)	-	98,642.		276 105
e Add lines 2a through 2d			2e	376,405. 1,161,633.
3 Subtract line 2e from line 1			3	1,101,033.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	الما	15 600		
a Investment expenses not included on Form 990, Part VIII, line 7b		15,688.		
b Other (Describe in Part XIII.)			4-	15,688.
c Add lines 4a and 4b			4c 5	1,177,321.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.			3	1,111,521.
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV lines 1h	and 2h: Part V line 4	· Part )	( line 2: Part XI
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac			, , , , , , ,	ζ, πιο Σ, τ αιτ λίι,
PART III, LINE 1A:				
IN CONFORMITY WITH U.S. GAAP FOLLOWED BY AR	r MUSEU	MS, THE VAL	UE (	)F
FRIENDS' COLLECTIONS HAVE BEEN EXCLUDED FROM	и тнг с	татемент ог	ודת	JANCTAT.
THE PERIOD COLLECTIONS MILE BELLY BROADED THOSE	0	111111111111111111111111111111111111111		111101111
POSITION AND GIFTS OF ART OBJECTS ARE EXCLU	DED FRO	M REVENUE I	N TI	HE
STATEMENT OF ACTIVITIES. PURCHASE OF ART OF	влестс	BY THE FRIE	NDS	ARE
	202012	<u> </u>		
RECORDED AS DECREASES IN NET ASSETS IN THE S	STATEME	NT OF ACTIV	ITII	ES.
PROCEEDS FROM THE SALE OF ART ARE RECORDED A	AS TNCR	EASES IN TE	мроі	RARTIV
TROUBLE TROM THE BIBL OF THE TIME RECORDED I	IID IIICI		111 01	WIII I
RESTRICTED NET ASSETS.				
PART III, LINE 4:				
·	OE 0777	ם 1 בוס מוסף	vc /	OF WADVING
THE FRIENDS' COLLECTION OF ART IS COMPRISED	OF OVE	K 1,500 WOR	CA (	OF VARIING
TYPES, INCLUDING PAINTING, SCULPTURES AND PROPERTY.	HOTOGRA			ECTION IS
732054 10-09-17			Sched	lule D (Form 990) 2017

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.					
PART XI, LINE 2D - OTHER ADJUSTMENTS:					
FUNDRAISING EXPENSES SHOWN ON PART VIII 98,642.					
PART XII, LINE 2D - OTHER ADJUSTMENTS:					
FUNDRAISING EXPENSES SHOWN ON PART VIII 98,642.					

#### **SCHEDULE G**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**ZU 1**/

Open to Public Inspection

	OF THE NEUBERGER	MUSI	EUM				ntification number
OF ART,						23-7179	
Part I Fundraising Activities. required to complete this part	Complete if the organization answ t.	ered "Y	es" on	Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
<ul> <li>Indicate whether the organization raised funds through any of the following activities. Check all that apply.</li> <li>a Mail solicitations e Solicitation of non-government grants</li> <li>b Internet and email solicitations f Solicitation of government grants</li> <li>c Phone solicitations g Special fundraising events</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?</li> <li>Yes No</li> </ul>							
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.							
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
otal			<b>•</b>				
<b>3</b> List all states in which the organizatio or licensing.	n is registered or licensed to solicit	contrib	utions	or has been notified	it is e	exempt from reg	gistration

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

Schedule G (Form 990 or 990-EZ) 2017

Schedule G	G (Form 990 or 990-EZ) 2017						7179855	Page 2
Part II	Fundraising Events.	Com	plete if the	e organization answered	l "Yes" on Form 990, Par	t IV, line 18, or reported	more than \$15,	000
	of fundraising event contri	bution	s and gro	ss income on Form 990	-EZ, lines 1 and 6b. List e	events with gross receipt	s greater than \$	\$5,000.
				(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total ev	onte.
						NONE	(add col. (a) t	
			h	BENEFFTF	дрт .там		(aud coi. (a) t	mougn

			BENEFETE	ART JAM	1,01,1	(add col. (a) through
4			(event type)	(event type)	(total number)	col. <b>(c)</b> )
nue						
Revenue	1	Gross receipts	250,815.	111,675.		362,490.
Щ						
	2	Less: Contributions	218,440.	102,525.		320,965.
	_	Cross income (line 1 minus line 2)	32,375.	9,150.		41,525.
	3	Gross income (line 1 minus line 2)	32,373.	9,130.		41,525.
	4	Cash prizes				
	5	Noncash prizes				
ses						
pen	6	Rent/facility costs				
Direct Expenses	7	Food and haveveree				
irec	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	~~ ~= ~	65,225.		155,095.
	10	Direct expense summary. Add lines 4 through			<b>&gt;</b>	155,095.
	11	Net income summary. Subtract line 10 from li			<b>&gt;</b>	-113,570.
Pa	rt I		answered "Yes" on Form	ı 990, Part IV, line 19, or ı	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue				3.41 . 3		(-) 3 (-)
R	1	Gross revenue				
S	2	Cash prizes				
Direct Expenses						
ĭxb€	3	Noncash prizes				
ect [	4	Rent/facility costs				
Dir	7	Tient/lacinty costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	☐ No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)		_	
	0	Net garning income summary. Subtract line r	mont line 1, column (a)			
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
		the organization licensed to conduct gaming ac	_	states?		Yes No
b	If "	No," explain:				
	_					
	_					
		ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax y	rear?	Yes No
b	IT "	Yes," explain:				
	_					

732082 09-13-17

Schedule G (Form 990 or 990-EZ) 2017

## FRIENDS OF THE NEUBERGER MUSEUM

Schedu	le G (Form 990 or 990-EZ) 2017 OF ART, INC.	<u>23-7:</u>	<u> 17985</u>	5 Page <b>3</b>
	es the organization conduct gaming activities with nonmembers?		Yes	No
<b>12</b> Is 1	the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed administer charitable gaming?		Yes	No
	licate the percentage of gaming activity conducted in:			
	e organization's facility	1	13a	%
	outside facility		13b	%
	ter the name and address of the person who prepares the organization's gaming/special events books and record			
Na	ime 🕨			
Ad	ldress ▶			
<b>15a</b> Do	es the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
b If "	Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount of gaming revenue received by the organization	unt		
of	gaming revenue retained by the third party > \$			
c If "	Yes," enter name and address of the third party:			
Na	me 🕨			
Ad	ldress ▶			
<b>16</b> Ga	uming manager information:			
Na	me <b>&gt;</b>			
Ga	uning manager compensation  \$			
De	scription of services provided			
_				
_				
[	Director/officer Employee Independent contractor			
<b>17</b> Ma	andatory distributions:			
	the organization required under state law to make charitable distributions from the gaming proceeds to			
	ain the state gaming license?		Yes	☐ No
	ter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the		
org	ganization's own exempt activities during the tax year  \$			
Part I	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III, line	es 9, 9b, 1	0b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

# FRIENDS OF THE NEUBERGER MUSEUM

Schedule G (Form 990 or 990-EZ) OF ART, INC.  Part IV Supplemental Information (continued)	23-7179855 Page 4
Part IV   Supplemental Information (continued)	

#### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) epartment of the Treasury

# Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

FRIENDS OF THE NEUBERGER MUSEUM OF ART, INC.

**Employer identification number** 23-7179855

FORM 990, PART VI, SECTION A, LINE

HELEN STAMBLER NEUBERGER AND JIM NEUBERGER ARE HUSBAND AND WIFE.

FORM 990, PART VI, SECTION A, LINE 4:

THE BYLAWS WERE AMENDED AS FOLLOWS:

EXPANDED THE DESCRIPTION OF THE POWERS OF THE BOARD IN A STANDARD MANNER.

REVISED SO THAT THE DIRECTOR OF THE NEUBERGER MUSEUM OF ART SERVES AS AN

EX OFFICIO VOTING MEMBER OF THE BOARD OF DIRECTORS.

REVISED THE PROVISION REGARDING ELECTION OF DIRECTORS TO BE ELECTED BY A

MAJORITY OF THE ENTIRE BOARD TO COMPLY WITH THE NPCL AND THE MINIMUM AND

MAXIMUM NUMBER OF BOARD MEMBERS TO COMPLY WITH OUR CERTIFICATE OF

INCORPORATION.

CLARIFICATION THAT THE DIRECTOR OF THE MUSEUM REPORTS TO THE PRESIDENT OF

THE COLLEGE BUT THAT THE BOARD CONSULTS WITH THE PRESIDENT OF PURCHASE

COLLEGE IN CONNECTION WITH THE APPOINTMENT OF THE DIRECTOR.

ADD A TERM LIMIT FOR THE CHAIR -- THE INDIVIDUAL SERVING AS CHAIR OF THE

BOARD MAY NOT SERVE MORE THAN TWO CONSECUTIVE TERMS AS CHAIR UNLESS

TWO-THIRDS OF THE DIRECTORS VOTE IN FAVOR OF SUCH AN ELECTION.

PROVIDED THAT THE OFFICERS SERVE FOR THREE YEAR TERMS CONSISTENT WITH

THE LENGTH OF BOARD SERVICE.

STANDING COMMITTEES LISTED IN THE BY-LAWS HAVE BEEN UPDATED TO FIT

WITH CURRENT PRACTICE.

THE BOARD SHALL ADOPT A WHISTLEBLOWER POLICY CONSISTENT WITH NPCL 715-B

IN ORDER TO PROTECT PERSONS WHO REPORT SUSPECTED IMPROPER CONDUCT. ALTHOUGH

THE CORPORATION DOES NOT HAVE THE MINIMUM NUMBER OF EMPLOYEES THAT REQUIRES

ADOPTION OF THIS POLICY, WE RECOMMEND ITS ADOPTION FOR CORPORATE GOVERNANCE

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

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

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Name of the organization FRIENDS OF THE NEUBERGER MUSEUM OF ART, INC.

Employer identification number 23-7179855

REASONS AND TO NOT RAISE ANY CONCERNS WITH OUR NOT-FOR-PROFIT STATUS.

WE ALSO INCLUDED A REFERENCE TO A CONFLICT OF INTEREST POLICY IN

ACCORDANCE WITH NPCL 715-A IN ORDER TO ENSURE TO ENSURE THAT ITS

DIRECTORS, OFFICERS AND KEY PERSONS ACT IN THE FRIENDS OF THE NEUBERGER

MUSEUM'S BEST INTERESTS AND COMPLY WITH APPLICABLE LEGAL REQUIREMENTS. AS

PART OF THIS POLICY, EACH MEMBER OF THE BOARD FILES A CONFLICT OF INTEREST

DISCLOSURE STATEMENT EACH YEAR.

ARTICLE VII, ASSETS AND FUNDS, HAS BEEN ADDED TO CLARIFY HOW FUNDS MAY BE MANAGED AND ENSURE COMPLIANCE WITH ARTICLE 5-A OF THE NPCL.

ARTICLE XII, INDEMNIFICATION HAS BEEN EXPANDED TO REFLECT EXPANSION OF INDEMNIFICATION RIGHTS IN THE NPCL.

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

FRIENDS OF THE NEUBERGER MUSEUM OF ART HAS ITS FORM 990 PREPARED BY AN

OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO

ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE

FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND IS READY TO BE FILED

WITH THE INTERNAL REVENUE SERVICE, IT IS ELECTRONICALLY SENT TO BOARD

MEMBERS OF THE ORGANIZATION FOR ANY COMMENTS. ANY COMMENTS ARE THE

GROUPED, SUMMARIZED AND PROVIDED TO THE OUTSIDE ACCOUNTANTS. 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 MEMBERS OF THE

ORGANIZATION. EACH BOARD MEMBER IS REQUIRED TO READ AND SIGN THE CONFLICT

OF INTEREST POLICY WHEN IT IS UPDATED. THE POLICY IS REVIEWED ON A YEARLY

BASIS. THE ORGANIZATION MONITORS THE CONFLICT OF INTEREST POLICY THROUGH
732212 09-07-17 Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization FRIENDS OF THE NEUBERGER MUSEUM **Employer identification number** OF ART, INC. 23-7179855 THE NORMAL COURSE OF BUSINESS. WHENEVER A MATTER ARISES FOR ACTION BY THE BOARD, OR THE MUSEUM ENGAGED IN AN ACTIVITY WHERE THERE IS A POSSIBLE CONFLICT OR APPEAPRANCE OF CONFLICT BETWEEN THE INTERESTS OF THE MUSEUM AND AN OUTSIDE OR PERSONAL INTEREST OF A BOARD MEMBER, THE OUTSIDE 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 NOT THE TRUSTEE HAS A CONFLICT OF INTEREST. IN THOSE CASES WHERE THE BOARD MEMBER IS PRESENT WHEN A VOTE IS TAKEN IN CONNECTION WITH SUCH QUESTION, HE OR SHE SHOULD ABSTAIN. FORM 990, PART VI, SECTION C, LINE 19: COPIES OF INTERNAL POLICIES, GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVALIABLE UPON REQUEST AT THE OFFICES DURING REGULAR BUSINESS HOURS. FORM 990 IS AVALIABLE UPON REQUEST, AT OFFICES DURING REGULAR BUSINESS HOURS, ON THE WEBSITE OF THE OFFICE OF THE ATTORNEY GENERAL OF THE STATE OF NY, AND ON THE WEBSITE WWW.GUIDESTAR.ORG. FORM 990, PART IX, LINE 11G, OTHER FEES: SECURITY: PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 3,324. FUNDRAISING EXPENSES 0.\_ TOTAL EXPENSES 3,324. CONTRACT LABOR: 402,067. PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES 148,921.

Name of the organization FRIENDS OF THE NEUBERGER MUSEUM OF ART, INC.	Employer identification number 23-7179855
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	550,988.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	554,312.
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENS	ES:
PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	42,348.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	42,348.
LOAN FEES, ART EXHIBITIONS:	
PROGRAM SERVICE EXPENSES	35,750.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	35,750.
NEW ACQUISITION EXPENSE:	
PROGRAM SERVICE EXPENSES	35,000.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	35,000.
CONSERVATION:	
PROGRAM SERVICE EXPENSES	34,746.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES 732212 09-07-17 So	34,746. Chedule O (Form 990 or 990-EZ) (2017

Name of the organization FRIENDS OF THE NEUBERGER MUSEUM OF ART, INC.	Employer identification number 23-7179855
MISCELLANEOUS:	
PROGRAM SERVICE EXPENSES	20,525.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	20,525.
MUSEUM TOURING:	
PROGRAM SERVICE EXPENSES	20,452.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	
PROFESSIONAL AND MEMBERSHIP DEVELOPMENT:	
PROGRAM SERVICE EXPENSES	8,633.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	8,633.
SIGNAGE:	
PROGRAM SERVICE EXPENSES	7,785.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	7,785.
STUDENT EVENTS:	
PROGRAM SERVICE EXPENSES	4,769.
MANAGEMENT AND GENERAL EXPENSES	0 <b>.</b> Schedule O (Form 990 or 990-EZ) (2017)
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Name of the organization FRIENDS OF THE NEUBERGER MUSEUM OF ART, INC.	Employer identification number 23-7179855
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,769.
NEWSLETER & JOURNALS:	
PROGRAM SERVICE EXPENSES	3,760.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,760.
EQUIPMENT AND MAINTENANCE:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	2,516.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,516.
HONARIUMS, INTERSHIPS, AND SCHOLARSHIPS:	
PROGRAM SERVICE EXPENSES	1,691.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,691.
POSTAGE:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,262.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,262.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 219,237.

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