Department of the Treasury Internal Revenue Service

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. ax year beginning JUL 1, 2018 and ending JUN 30,

ΑI	For the	e 2018 calendar year, or tax year beginning $$ JUL $1,$ 2018 and ending	g JÜ	JN 30,	2019	
В	Check if	C Name of organization		D Emplo	yer identific	cation number
â	applicab	FRIENDS OF THE NEUBERGER MUSEUM		-	-	
	Addre	SS OF ART, INC.				
	Name				23-7	179855
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/	suite	F Telenh	one number	
	Final	735 ANDEDGON HILL DOAD	June	- relepin		251-6100
	termir ated			G Gross red		2,944,022.
	Amen				s a group re	
	Applic					? Yes X No
	pendi	SAME AS C ABOVE				icluded? Yes No
$\overline{}$	Гах-ех	empt status: X 501(c)(3) 501(c) ()	527			list. (see instructions)
		te: NWW.NEUBERGER.ORG	_		-	n number
						A State of legal domicile; NY
	art I	Summary	r car or	TOTTILICITE.	2375 1	otate of legal definienc, 24 2
	1	Briefly describe the organization's mission or most significant activities: SUPPORT	AND	DEVE	LOPMEN	лт Ов тнв
e	l '	NEUBERGER MUSEUM OF ART AND FINE ARTS PROGRAI				
Governance	2	Check this box if the organization discontinued its operations or disposed of r				
Æ	3	•			1 1	16
် ဗ	4	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)				16
જ	5	Total number of individuals employed in calendar year 2018 (Part V, line 1a)				0
ties	6					55
Activities &	0	Total number of volunteers (estimate if necessary)				0.
Ac	/ a	Total unrelated business revenue from Part VIII, column (C), line 12				0.
_	B	Net unrelated business taxable income from Form 990-T, line 38	<u></u>	Prior Y		
	_	Contributions and sugate (Doct VIII line 41)			L,631.	Current Year 695, 215.
ne	8	Contributions and grants (Part VIII, line 1h)			2,090.	130,839.
Revenue	9	Program service revenue (Part VIII, line 2g)			5,439.	415,659.
Be.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)				-17,001.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			7,607. L,553.	1,224,712.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,401	0.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		-	L,000.	0. 637.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		_	_	
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
×	_b	Total fundraising expenses (Part IX, column (D), line 25) 52,896.		1 17/	2 2 2 1	006 255
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,1/0	5,321.	
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,1/	7,321.	996,892.
	19	Revenue less expenses. Subtract line 18 from line 12	-		1,232.	
Net Assets or					urrent Year	End of Year
Sset	20	Total assets (Part X, line 16)			5,026.	10,569,928.
etA	21	Total liabilities (Part X, line 26)	<u> </u>),858.	171,966.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block	<u> </u>	.0,134	1,168.	10,397,962.
		ulties of perjury, I declare that I have examined this return, including accompanying schedules and st			-	knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer na	as any knov	vieage.	
۵.		Signature of officer		 	ate	
Sig		<u> </u>		Di	atto	
Her	e	SUSAN DUBIN, CHAIRPERSON Type or print name and title				
			Da	ite	Chast. F	PTIN
<u>.</u>		Print/Type preparer's name Preparer's signature	Da	ιι υ	Check if	
Paid		ARIEL F AMMIRATO] ₂	self-employ	
	parer	Firm's name BONADIO & CO., LLP		Fi	rm's EIN 📐	16-1131146
Use	Only	Firm's address 6 WEMBLEY CT			/ -	10\ 464 4000
		ALBANY, NY 12205		Pi	none no. (5	18) 464-4080
May	v the l	RS discuss this return with the preparer shown above? (see instructions)				X Yes No

Pa	rt 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 \$ 414 , 471 • 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
	CHANGING SCHEDULE TWICE PER YEAR FOR UP TO A TOTAL OF 8 SPECIAL
	EXHIBITIONS PER YEAR.
4b	(Code:) (Expenses \$ 105 , 420 • including grants of \$) (Revenue \$ 121 •
	EDUCATION PROGRAMS - THE NEUBERGER MUSEUM OF ART'S DYNAMIC EDUCATIONAL
	PROGRAMMING PROMOTES THE DEVELOPMENT OF STUDENTS' CRITICAL THINKING AND
	OBSERVATIONAL SKILLS, AND FOSTERS AN APPRECIATION OF ART FROM A YOUNG
	AGE. EACH YEAR, MORE THAN 2,000 STUDENTS EXPLORE THE MUSEUM'S
	TRADITIONAL AFRICAN ART COLLECTION AND A RANGE OF 20TH-CENTURY AND
	CONTEMPORARY ART THROUGH INQUIRY-BASED EXHIBITION TOURS THAT COMPLY
	WITH CURRENT NEW YORK STATE LEARNING STANDARDS AND NATIONALLY-BASED
	BEST PRACTICES IN LEARNING.
	DDD 114101100D 114 DDM441110.
4c	(Code:) (Expenses \$ 212,653. including grants of \$) (Revenue \$ 130,839.
70	MEMBERSHIP - OUR MEMBERSHIP BASE NUMBERS APPROXIMATELY 200 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.
	KUMUMAU AMD IAKIMUKDIIII DIKAILGI:
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 43,834 • including grants of \$) (Revenue \$ 17,526 •)
4e	Total program service expenses ► 776,378.

Form 990 (2018) OF ART, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			l
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
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		<u> </u>
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		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			3,7
_	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,	l _		\
_	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		v	
_	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?			_V
40	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	40	Х	
	endowments, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10	Λ	
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,			x
	Part VI	11a		
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		<u> </u>
C		11c		x
А	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		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	1		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? 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			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	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	000	X
			44(1	(0010)

Form 990 (2018) OF ART, INC.

Part IV Checklist of Required Schedules (continued)

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			Yes	No
22	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_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			l
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			37
	Schedule J	23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			ı
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	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? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b		
C		24c		ı
ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	Lou		
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			ı
	Schedule L. Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			ı
	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			ı
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			l
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u>X</u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		х
21	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		Х
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete	31		
OZ.	, ,	32		Х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			I
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			l
Par	Note. All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
ı al	Check if Schedule O contains a response or note to any line in this Part V			
	Shock if Solidadio O contains a responde of floto to any line in this fact v			L L
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	_		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
·	(gambling) winnings to prize winners?	1c	Х	
832004	12-31-18			(2018)

Form 990 (2018) OF ART, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	o de la continued			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			100	110
	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	•	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				
За		,	За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C)	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	counts (FBAR).			
5a	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
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
			6a		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		_	v	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a	X	
b		o roquirod	7b	Λ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa to file Form 8282?	is required	7c		Х
d	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d	70		- 21
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	•	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	l I			
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	441.			
10-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	10-		
12a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
u	Note. See the instructions for additional information the organization must report on Schedule O.		iou		
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
			Farm	990	(2010)

OF ART INC. 23-7179855 Page 6 Form 990 (2018) 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 Х of officers, directors, or trustees, or key employees to a management company or other person? 3 X 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 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 X persons other than the governing body? 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 Х 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

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	►NY

735 ANDERSON HILL ROAD, PURCHASE. NY

exempt status with respect to such arrangements?

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available 18 for public inspection. Indicate how you made these available. Check all that apply

X Upon request Own website X Another's website Other (explain in Schedule O)

in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records PAUL ZUKOWSKY - 914-251-6100

Form **990** (2018)

PUR00901

10577-1400

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.

X Check this box if neither the organization ne	or any related	orga	niza	tion	con	nper	sat	ed any current officer, di	rector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos heck) than d	one	Reportable	Reportable	Estimated
	hours per					s both		compensation	compensation	amount of
	week (list any						Ĺ	from the	from related organizations	other compensation
	hours for	director				P		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** = ** * * * * * * * * * * * * * * * *	organization
	organizations	trust	nal tru		oyee	om pe				and related
	below	Individual trustee or	Institutional trustee	cer	Key employee	Highest compensated employee	Former			organizations
	line)	lnd	Inst	Officer	Ke	en Hig	For			
(1) SUSAN DUBIN	1.50								•	•
CHAIR	1 50	Х	_	Х				0.	0.	0.
(2) LYNN HALBFINDER	1.50								•	•
VICE CHAIR	1 50	Х		Х				0.	0.	0.
(3) PAUL ZUKOWSKY	1.50	.,		,,					0	0
TREASURER	1 50	Х		Х				0.	0.	0.
(4) JAMIE GORDON	1.50	3,7		,,					0	0
SECRETARY	1 00	Х		Х				0.	0.	0.
(5) BONNIE KLUGMAN	1.00	. ,							0	0
TRUSTEE (6) O. ANTHONY MADDALENA	1.00	Х						0.	0.	0.
TRUSTEE	1.00	Х						0.	0.	0.
(7) JIM NEUBERGER	0.30	Λ							0.	0.
TRUSTEE	0.30	Х						0.	0.	0.
(8) BARRY PEARSON	3.00	77							0.	<u> </u>
TRUSTEE - EX-OFFICIO	3.00	Х						0.	0.	0.
(9) MARVIN SCHWARTZ	1.00	22						•	<u> </u>	0.
TRUSTEE	1.00	х						0.	0.	0.
(10) THOMAS SCHWARZ	3.00									•
TRUSTEE - EX-OFFICIO		х						0.	0.	0.
(11) HELEN STAMBLER NEUBERGER	1.00								•	•
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) CATHERINE M. BROD	1.00									
TRUSTEE - EX-OFFICIO		Х						0.	0.	0.
(15) DEBBIE HEIDECORN	1.00									
TRUSTEE		Х						0.	0.	0.
(16) LAURA BLANK	1.00									
TRUSTEE		Х						0.	0.	0.
(17) JUDITH FIELDS	1.00									
TRUSTEE - EX-OFFICIO		Х						0.	0.	0.

832007 12-31-18

Page 8

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Posi		ነ than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	son i	is both or/trus	n an	compensation	compensation	amount of
	week		Cei ai		i ecic	T	100)	from	from related	other
	(list any hours for	director						the	organizations	compensation
	related	ord	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	ruste	l trus		99	ubeu		(00-2/1099-101130)		organization and related
	below	dual t	tiona		oldr	yee or				organizations
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
		_	_		Ť	1	_			
		•								
						_				
							L		0	
1b Sub-total								0.	0	
c Total from continuation sheets to Part VI								0.	0	
d Total (add lines 1b and 1c)							<u> </u>			0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	0
compensation from the organization										Yes No
O Distalla consciention that are former of the	-Post - Arm - Arm							h. '		Tes No
3 Did the organization list any former officer,										3 X
line 1a? If "Yes," complete Schedule J for si										3 X
4 For any individual listed on line 1a, is the su										
and related organizations greater than \$150										4 X
5 Did any person listed on line 1a receive or a					•			•		
rendered to the organization? <i>If</i> "Yes," com Section B. Independent Contractors	plete Schedule	e J fo	or st	ıch r	oers	on				5 X
·	mpanastad ina	lono		at ac	+			and reasilized mare than C	100 000 of company	ation from
1 Complete this table for your five highest countries the organization. Report compensation for the organization.										ation from
(A)	ine calendar ye	ear e	riuii	ig w	ILIT C	JI WI	111111	(B)	ear.	(C)
Name and business	address	NO	ONE	7.				Description of s	ervices	Compensation
								•		
							\dashv			
							_			
						_				
2 Total number of independent contractors (in	ncluding but no	ot lin	nited	to t	thos	se lis	ted	above) who received mo	ore than	
\$100,000 of compensation from the organization	zation 🕨				()				
	-									Form 990 (2018)

 $\begin{array}{c|c} \text{Form 990 (2018)} & \text{OF} & ART \text{,} \\ \hline \textbf{Part VIII} & \textbf{Statement of Revenue} \end{array}$

		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
			a	J	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1 a	Federated campaigns	1a					
ant	b	Membership dues						
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising events		212,529.				
ifts	d	Related organizations	1 1	,				
i, G	e	Government grants (contributi						
ons	f	All other contributions, gifts, gran						
uti		similar amounts not included above		482,686.				
off:	а	Noncash contributions included in lines						
Son	h	Total. Add lines 1a-1f			695,215.			
<u> </u>		Total Add Miles Ta 11		Business Code	,			
•	2 a	MEMBERSHIPS		900099	130,839.	130,839.		
vice	2 a b				, , , , , ,	, , , , , ,		
Ser	c							
ım (d							
gra	e							
Program Service Revenue	f	All other program service reve	nue					
		Total. Add lines 2a-2f			130,839.			
	3	Investment income (including			,			
		other similar amounts)		· ·	145,482.			145,482.
	4	Income from investment of tax						· ·
	5	Royalties						
		· · · · / · · · · · · · · · · · · · · · · · · ·	(i) Real	(ii) Personal				
	6 a	Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	1,927,111.					
	b	Less: cost or other basis						
		and sales expenses	1,656,934.					
	С	Gain or (loss)	270,177.					
		Net gain or (loss)			270,177.			270,177.
ıne	8 a	Gross income from fundraising including \$ 212						
Other Revenu		contributions reported on line						
Re		Part IV, line 18		27,970.				
her	b	Less: direct expenses		50.0=6				
₽		Net income or (loss) from fund		, 	-34,406.			-34,406.
		Gross income from gaming ac	-					
	- 4	Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sales						
		Miscellaneous Revenue		Business Code				
	11 a	OTHER SOURCES		900099	17,405.	17,405.		
	b							
	С							
		All other revenue						
	е	Total. Add lines 11a-11d			17,405.			
	12	Total revenue. See instructions	<u></u>	<u></u> ▶	1,224,712.	148,244.	0.	381,253.

Form 990 (2018) OF ART, INC. Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons			(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to 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				
	individuals. See Part IV, lines 15 and 16	637.	637.		
4	Benefits paid to or for members	037.	03/•		
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
9 10					
11	Payroll taxes				
a	Management				
b					
	Legal				
ч	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	500,111.	364,288.	135,823.	
12	Advertising and promotion	500,111. 39,472.	39,472.		
13	Office expenses	•	,		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	12,678.	12,678.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,987.		4,987.	
23	Insurance	30,034.	16,499.	13,535.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	PROFESSIONAL FEES	99,773.	99,773.		
b	SHIPPING & CARTING	79,379.	79,379.		
С	MISCELLANEOUS	66,829.	50,227.	7,633.	8,969
d	LOAN FEES, ART EXHIBITI	48,120.	48,120.		
е	All other expenses SEE SCH O	114,872.	65,305.	5,640.	43,927
25	Total functional expenses. Add lines 1 through 24e	996,892.	776,378.	167,618.	52,896
26	Joint costs . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2018)
Part X Balance Sheet

Part .	^	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1,098,829.	1	1,332,495
	2	Savings and temporary cash investments		268,214.	2	252,158
	3	Pledges and grants receivable, net	2,146.	3	2,500	
	4	Accounts receivable, net		4		
	5	Loans and other receivables from current and fo				
		trustees, key employees, and highest compensa	ated employees. Complete			
					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			
_χ		employees' beneficiary organizations (see instr).	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
8	8	Inventories for sale or use			8	
	9	5		17,938.	9	5,770
1	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a 0.			
	b	Less: accumulated depreciation	10b	4,987. 8,939,428.	10c	
1	11	Investments - publicly traded securities		8,939,428.	11	8,886,492
1	12	Investments - other securities. See Part IV, line 1	l1		12	
1	13	Investments - program-related. See Part IV, line			13	
1	14	Intangible assets			14	
1	15	Other assets. See Part IV, line 11		73,484.	15	90,513
1	16	Total assets. Add lines 1 through 15 (must equ		10,405,026.	16	10,569,928
1	17	Accounts payable and accrued expenses		30,764.	17	11,832
1	18	Grants payable		18		
1	19	Deferred revenue		16,309.	19	16,309
2	20	Tax-exempt bond liabilities			20	
2	21	Escrow or custodial account liability. Complete			21	
2 مِ	22	Loans and other payables to current and former	officers, directors, trustees,			
≝		key employees, highest compensated employee	es, and disqualified persons.			
		Complete Part II of Schedule L			22	
□ 2	23	Secured mortgages and notes payable to unrela	ated third parties		23	
2	24	Unsecured notes and loans payable to unrelated	d third parties		24	
2	25	Other liabilities (including federal income tax, pa	yables to related third			
		parties, and other liabilities not included on lines	s 17-24). Complete Part X of			
		Schedule D		223,785.	25	143,825
2	26	Total liabilities. Add lines 17 through 25		270,858.	26	171,966
		Organizations that follow SFAS 117 (ASC 958	s), check here 🕨 🔟 and			
န္မ		complete lines 27 through 29, and lines 33 an				
<u> </u>	27	Unrestricted net assets		502,627.	27	536,481
8 2	28	Temporarily restricted net assets		5,785,533.	28	6,015,473
2 2	29			3,846,008.	29	3,846,008
5		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 🔛			
5		and complete lines 30 through 34.				
2 3 B	30	Capital stock or trust principal, or current funds			30	
န္ 3	31	Paid-in or capital surplus, or land, building, or ed			31	
Net Assets or Fund balances	32	Retained earnings, endowment, accumulated in		40.404.45	32	40 00- 00-
١٢	33	Total net assets or fund balances		10,134,168.	33	10,397,962
3	34	Total liabilities and net assets/fund balances .		10,405,026.	34	10,569,928

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>	·····	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			712.
2	Total expenses (must equal Part IX, column (A), line 25)	2			892.
3	Revenue less expenses. Subtract line 2 from line 1	3			820.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,1		
5	Net unrealized gains (losses) on investments	5		<u>35,</u> 9	974.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	10,3	<u>97,</u> 9	962.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
			_	Yes	s No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а	X
	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?		2	b X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2	c X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
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?		3	а	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	ar audite, applein why in Cahadula O and describe any stans taken to undergo such audite		ا ا	_	1

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

2018

Open to Public Inspection

FRIENDS OF THE NEUBERGER MUSEUM **Employer identification number** Name of the organization OF ART INC 23-7179855 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

Sec	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	942,874.	673,856.	439,962.	863,609.	682,304.	3602605.	
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	198,362.	122,013.	223,694.	277,763.	154,055.	975,887.	
4	Total. Add lines 1 through 3	1141236.			1141372.			
	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)						832,460.	
6	Public support. Subtract line 5 from line 4.						3746032.	
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
7	Amounts from line 4	1141236.	795,869.	663,656.	1141372.	836,359.	4578492.	
	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	122,871.	115,438.	131,984.	168,011.	145,482.	683,786.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	1,297.	131.		963.	17,526.	19,917.	
11	Total support. Add lines 7 through 10						5282195.	
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					>	
Sec	ction C. Computation of Publi	c Support Per	centage					
14	Public support percentage for 2018 (I	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	70.92 %	
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	70.41 %	
16a	33 1/3% support test - 2018. 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	as a publicly supp	orted organization				▶ X	
b	33 1/3% support test - 2017. 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	- 2018. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,	
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check thi	is box and stop h	ere. Explain in Par	rt 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							
	more, and if the organization meets th	ne "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explain	n in Part VI how the	;	
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported orgar	nization	>	
18	Private foundation. If the organization							
				· · · · · · · · · · · · · · · · · · ·		dula A /Farm 000		

Schedule A (Form 990 or 990-EZ) 2018

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		T			_	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	· ·			•	. , . ,	
0	check this box and stop here						>
	ction C. Computation of Publi			. (5)		T .= T	
	Public support percentage for 2018 (li	, (,,	,	(,,		15	<u>%</u>
	Public support percentage from 2017 ction D. Computation of Inves					16	%
	-			20 13 column (f)		17	0/
	Investment income percentage for 20 Investment income percentage from 2					18	<u>%</u>
198	33 1/3% support tests - 2018. If the						. .
L	more than 33 1/3%, check this box an 33 1/3% support tests - 2017. If the						
i.	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
За		
3b		
3c		
4 -		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ju		
9b		
9с		
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		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	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	_		
Sec	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) The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	uctions!		
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			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on N	lov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Sec	tions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	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-functiona	Ily integrated	d Type III supporting orga	inization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	inizations _(continued)	
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			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	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 Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	•	(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
<u>a</u>	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
<u>_ i</u>	Carryover from 2013 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
с	Excess from 2016			
	Excess from 2017			
	Evenes from 2018			

Schedule A (Form 990 or 990-EZ) 2018

FRIENDS OF THE NEUBERGER MUSEUM

Schedule A	(Form 990 or 990-EZ) 2018 OF ART, INC.	23-7179855 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, 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; P Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any add	'a or 17b; Part III, line 12; les 1 and 2; Part IV, Section C, art V, Section B, line 1e; Part V,
	(See instructions.)	

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

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
·	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		
	• •		
Pai			
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 structo	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
	>		
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conserva	tion easements during the year
_	> \$		6 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	on'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		
12	If the organization elected, as permitted under SFAS 116 (ASC		ment and halance sheet works of art
Iu	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 rain Am,
h	If the organization elected, as permitted under SFAS 116 (ASC		t and halance sheet works of art, historical
D	treasures, or other similar assets held for public exhibition, ed	· ·	
	relating to these items:	addition, or resourer in farther area or pa	bile service, provide the following amounts
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
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		J, p. 5.1.45
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		

Schedule D (Form 990) 2018

PUR00901

Sche	dule D (Form 990) 2018 OF ART,						23-71			age 2
Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or Othe	r Si	mila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that are a s	ignifi	cant u	se of its c	ollection	items	
	(check all that apply):									
а	Public exhibition	d		hange programs						
b	Scholarly research	е	Other							
С	X Preservation for future generations									
4	Provide a description of the organization's co						se in Part	XIII.		
5	During the year, did the organization solicit o							7	77	1
Do	to be sold to raise funds rather than to be ma							Yes	X	No
Par	t IV Escrow and Custodial Arranger reported an amount on Form 990, Par		ete if the organizatio	n answered "Yes" or	n Fori	m 990	, Part IV, I	ine 9, or		
10			ion, for contribution	or other seeds not	inolu	ıdad				
ıa	Is the organization an agent, trustee, custodi							Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							_ 1 <i>e</i> s] 140
D	Tres, explain the arrangement in rare Ami	and complete the lon	lowing table.		٢			Amount		
c	Beginning balance				ŀ	1c		711100110		
	Additions during the year				- 1	1d				
	Distributions during the year					1e				
f	Ending balance				···	1f				
	Did the organization include an amount on Fo				ility?			Yes		No
	If "Yes," explain the arrangement in Part XIII.				-]
Par	t V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo	rm 990, Part IV, line	10.					
		(a) Current year	(b) Prior year	(c) Two years back	(d)	Three y	ears back	(e) Four	years l	back
1a	Beginning of year balance	6,605,717.	6,643,287.	6,028,543.		6,2	69,706.	6,	412,5	568.
b	Contributions									
С	Net investment earnings, gains, and losses	309,475.	490,387.	874,574.	-12,411				101,5	518.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	298,311.	527,957.	259,830.		2	28,752.		244,3	380.
f	Administrative expenses									
g	End of year balance	6,616,881.	6,605,717.	6,643,287.		6,0	28,543.	6,	269,	706.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:						
	Board designated or quasi-endowment		_%							
	Permanent endowment ► 58.00	 %								
С	Temporarily restricted endowment ▶ <u>4</u>									
	The percentages on lines 2a, 2b, and 2c sho	•								
За	Are there endowment funds not in the posse .	ssion of the organiza	tion that are held ar	nd administered for t	he or	ganiza	ation	Г	T	
	by:								Yes	No X
	(i) unrelated organizations							3a(i)	\dashv	X
L	(ii) related organizations							3a(ii)	\dashv	
4	Describe in Part XIII the intended uses of the							3b		
÷	t VI Land, Buildings, and Equipm		willent fulfus.							
	Complete if the organization answere		Part IV line 11a S	ee Form 990 Part X	line	10				
	Description of property	(a) Cost or of				nulate	ed	(d) Book	value	
	becomplied of property	basis (investm	, , ,	' '		iation		(a) 200r	, value	•
	Land				Ė					
	Buildings									
	Leasehold improvements									
	Equipment									
	Other									
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990. Part 2	X. column (B), line 1	Oc.)			•			0.

Schedule D (Form 990) 2018

OF ART, INC.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or	end-of-year market value
) Financial derivatives				
Closely-held equity interests				
Other				
(A)				
(B)				
(C)				
•				
(D)				
(E)				
(F)				
(G)				
(H)				
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
art VIII Investments - Program Related.				
Complete if the organization answered "Yes" of	on Form 990, Part IV, I	ne 11c. See Form 990	, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of	valuation: Cost or	end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(0)				
(9)				
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.	on Form 990. Part IV. I	ne 11d. See Form 990	. Part X. line 15.	
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) [on Form 990, Part IV, li Description	ne 11d. See Form 990	, Part X, line 15.	(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) [ne 11d. See Form 990	, Part X, line 15.	(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) [1] (1) (2)		ne 11d. See Form 990	, Part X, line 15.	(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" complete if the organization and		ne 11d. See Form 990	, Part X, line 15.	(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" c (a) [(1) (2) (3) (4)		ne 11d. See Form 990	, Part X, line 15.	(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" c (a) [(1) (2) (3) (4) (5)		ne 11d. See Form 990	, Part X, line 15.	(b) Book value
Tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Tart IX Other Assets. Complete if the organization answered "Yes" complete if the organization and the organizat		ne 11d. See Form 990	, Part X, line 15.	(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" c (a) [(1) (2) (3) (4) (5)		ne 11d. See Form 990	, Part X, line 15.	(b) Book value
Tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Tart IX Other Assets. Complete if the organization answered "Yes" complete if the organization and the organizat		ne 11d. See Form 990	, Part X, line 15.	(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) [(1) (2) (3) (4) (5) (6) (7)		ne 11d. See Form 990	, Part X, line 15.	(b) Book value
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All. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" co	Description 15.)			>
Tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" of (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line (art X) Other Liabilities. Complete if the organization answered "Yes" of (art X) Complete if the organization answered "Yes" of (art X)	Description 15.)	ne 11e or 11f. See For		>
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Complete if the organization answered "Yes" of (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line eart X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) DUE TO PURCHASE COLLEGE (3) (4) (5)	Description 15.) On Form 990, Part IV, I	ne 11e or 11f. See For (b) Book value	m 990, Part X, line	>
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Tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Tart IX Other Assets. Complete if the organization answered "Yes" of (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line (B)	Description 15.) On Form 990, Part IV, I	ne 11e or 11f. See For (b) Book value	m 990, Part X, line	>
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al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" of (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) DUE TO PURCHASE COLLEGE (3) DUE TO PURCHASE COLLEGE FO (4) (5) (6) (7) (8)	Description 15.) On Form 990, Part IV, I	ne 11e or 11f. See For (b) Book value	m 990, Part X, line	>

832053 10-29-18

Schedule D (Form 990) 2018

OF ART, INC.

	t XI Reconciliation of Revenue per Audited Financial Statement	ts Witl	n Revenue per Re	turn.	
	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	1,436,236.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	35,974. 154,055.		
b	Donated services and use of facilities	2b	154,055.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	21,495.		
е	Add lines 2a through 2d			2e	211,524.
3	Subtract line 2e from line 1			3	1,224,712.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_	
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		U. P	5	1,224,712.
Pal	rt XII Reconciliation of Expenses per Audited Financial Statemer	nts Wi	ın Expenses per ı	Retur	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			1 1	1 1 1 1 1 1 1 1 1
1	Total expenses and losses per audited financial statements			1	1,172,442.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		454 055		
а	Donated services and use of facilities	2a	154,055.	-	
b	Prior year adjustments	2b		-	
С	Other losses	2c	01 405	-	
d	, , , , , , , , , , , , , , , , , , , ,	2d	21,495.		185 550
е	Add lines 2a through 2d			2e	175,550.
3	Subtract line 2e from line 1			3	996,892.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-	
b	Other (Describe in Part XIII.)	4b			0
С	Add lines 4a and 4b			4c	0.
5 D 2	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18,)rt XIII Supplemental Information.			5	996,892.
		, 1: 4			/ I' O D 1 1 1
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV			l; Part)	K, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	onal into	ormation.		
PAF	RT III, LINE 1A:				
	ti iii, bina iii				
IN	CONFORMITY WITH U.S. GAAP FOLLOWED BY ART M	I USET	JMS. THE VAL	UE (OF
			,		
FRI	ENDS' COLLECTIONS HAVE BEEN EXCLUDED FROM T	THE S	STATEMENT OF	' FII	NANCIAL
		-			
POS	SITION AND GIFTS OF ART OBJECTS ARE EXCLUDED	FRO	OM REVENUE I	N TI	HE
STA	ATEMENT OF ACTIVITIES. PURCHASE OF ART OBJE	ECTS	BY THE FRIE	NDS	ARE
REC	CORDED AS DECREASES IN NET ASSETS IN THE STA	ATEMI	ENT OF ACTIV	TTI	ES.
PRO	OCEEDS FROM THE SALE OF ART ARE RECORDED AS	INC	REASES IN TE	MPOI	RARILY
RES	STRICTED NET ASSETS.				
D 7 T	OM TIT I IND 4.				
PAL	RT III, LINE 4:				
ηυτ	E FRIENDS' COLLECTION OF ART IS COMPRISED OF	ייזי∩ י	ar 1 500 wor	י צע	ης γαρντης
1111	TIVIENDS CONTECTION OF WELL IS COMEKISED OF	. 001	IL I,JUU WUR	Tro (OT. AUVITING
ͲϒΙ	PES, INCLUDING PAINTING, SCULPTURES AND PHOT	rogr z	APHS. THE C	י.ד.דמי	ECTION IS
	4 10 20 19				fule D (Form 990) 2018

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 21,495.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
FUNDRAISING EXPENSES SHOWN ON PART VIII 21,495.

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 instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

	OF THE NEUBERGER	MUSI	EUM				ntification number	
OF ART,						23-7179		
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. a								
 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 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	or con	fundraiser have custody or control of from activity		fundraiser lave custody or control of from activity to (or retain fundra)		Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No					
otal			•					
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) 2018

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 gro	oss income on Form 990	EZ, lines 1 and 6b. List e	events with gross receip	ts greater than \$5,000.
			(a) Event #1 BIG PARTY 2018	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Jue			, ,,,	71. 7	,	
Revenue	1	Gross receipts	240,499.			240,499.
<u></u>	2	Less: Contributions	212,529.			212,529.
	3	Gross income (line 1 minus line 2)	27,970.			27,970.
	4	Cash prizes				
	5	Noncash prizes				
ses						
çpen	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
_	8	Entertainment				
	9	Other direct expenses	62,367.			62,367.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		>	62,367.
D-		Net income summary. Subtract line 10 from li				-34,397.
Pá	ırt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
	l	\$15,000 on Form 990-EZ, line 6a.	I	(In) Dull tobo/instant		(d) Total gaming (add
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
R	1	Gross revenue				
ses	2	Cash prizes				
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
		1	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
۵	En	ter the state(s) in which the organization condu	icte gaming activities:			
		the organization licensed to conduct gaming ac	_			Yes No
		No," explain:				
~						
		ere any of the organization's gaming licenses re			/ear?	Yes No
b	lf "	Yes," explain:				
	_					
	_					

832082 10-03-18

Schedule G (Form 990 or 990-EZ) 2018

FRIENDS OF THE NEUBERGER MUSEUM

Schedule G (Form 990 or 990-EZ) 2018 OF ART, INC. 11 Does the organization conduct gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		855	Page 3
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		Yes	☐ No
to administer charitable daming?	,	Yes	No
13 Indicate the percentage of gaming activity conducted in:			
a The organization's facility	13a		%
	13b		
b An outside facility14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	130		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records.			
Name			
Address >			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount			
of gaming revenue retained by the third party \$\bigs\\$			
c If "Yes," enter name and address of the third party:			
• II 103, Office flame and address of the time party.			
Nama N			
Name			
Address			
16 Gaming manager information:			
Name			
Gaming 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			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		Yes	☐ No
Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Yes	☐ No
 a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the 		Yes	☐ No
 a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 			
 a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV 			
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 a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV 			
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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)	
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

FRIENDS OF THE NEUBERGER MUSEUM OF ART, INC.

Employer identification number 23-7179855

FORM 990, PARTIII, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: FORM 990, PART VI, SECTION A, LINE 2: HELEN STAMBLER NEUBERGER AND JIM NEUBERGER ARE HUSBAND AND WIFE. FORM 990, PART VI, SECTION B, LINE 11B: FRIENDS OF THE NEUBERGER MUSEUM OF ART HAS ITS FORM 990 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 SUMMARIZED AND PROVIDED TO THE OUTSIDE ACCOUNTANTS. EACH ISSUE IS GROUPED, 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 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

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

THE ORGANIZATION MONITORS THE CONFLICT OF INTEREST POLICY THROUGH

CONFLICT OR APPEAPRANCE OF CONFLICT BETWEEN THE INTERESTS OF THE MUSEUM AND LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

BASIS.

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization FRIENDS OF THE NEUBERGER MUSEUM OF ART, INC.	Employer identification number 23-7179855
AN OUTSIDE OR PERSONAL INTEREST OF A BOARD MEMBER, THE C	OUTSIDE INTEREST
SHOULD BE A MATTER OF RECORD. THE CONFLICT OF INTEREST	POLICY PROVIDES FOR
WRITTEN ACKNOWLEDGEMENT BY EACH TRUSTEE THAT EACH HAS RE	EAD AND IS FAMILIAR
WITH THE CONFLICT OF INTERST POLICY AND AS TO WHETHER OF	NOT THE TRUSTEE
HAS A CONFLICT OF INTEREST. IN THOSE CASES WHERE THE BO	OARD MEMBER IS
PRESENT WHEN A VOTE IS TAKEN IN CONNECTION WITH SUCH QUE	ESTION, HE OR SHE
SHOULD ABSTAIN.	
FORM 990, PART VI, SECTION C, LINE 19:	
COPIES OF INTERNAL POLICIES, GOVERNING DOCUMENTS AND FIN	NANCIAL STATEMENTS
ARE AVALIABLE UPON REQUEST AT THE OFFICES DURING REGULAR	R BUSINESS HOURS.
FORM 990 IS AVALIABLE UPON REQUEST, AT OFFICES DURING RE	EGULAR BUSINESS
HOURS, ON THE WEBSITE OF THE OFFICE OF THE ATTORNEY GENE	ERAL OF THE STATE OF
NY, AND ON THE WEBSITE WWW.GUIDESTAR.ORG.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	364,288.
MANAGEMENT AND GENERAL EXPENSES	135,823.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	500,111.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	500,111.
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENS	SES:
EVENTS:	_
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	40,917.
832212 10-10-18 S	chedule O (Form 990 or 990-EZ) (2018)

Name of the organization FRIENDS OF THE NEUBERGER MUSEUM OF ART, INC.	Employer identification number 23-7179855
TOTAL EXPENSES	40,917.
INSTALLATION MATERIALS:	
PROGRAM SERVICE EXPENSES	37,821.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	37,821.
SIGNAGE:	
PROGRAM SERVICE EXPENSES	11,337.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	11,337.
CATALOGUE:	
PROGRAM SERVICE EXPENSES	10,590.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	10,590.
EQUIPMENT AND MAINTENANCE:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	5,190.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,190.
STUDENT EVENTS:	
PROGRAM SERVICE EXPENSES 832212 10-10-18	3,963. Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization FRIENDS OF THE NEUBERGER MUSEUM OF ART, INC.	Employer identification number 23-7179855
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,963.
MEMBERSHIP DEVELOPMENT:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	3,010.
TOTAL EXPENSES	3,010.
NEWSLETTER & JOURNALS:	
PROGRAM SERVICE EXPENSES	1,594.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,594.
POSTAGE:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	450.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	450.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, CO	DL A 114,872.
FORM 990, PART XII LINE 2C:	
THE ORGANIZATION'S AUDIT COMMITTEE ASSUMES THE RESPONSI	BILITY FOR
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND	SELECTION OF AN
INDEPENDENT ACCOUNTANT. THERE IS ONE JOINT AUDIT COMMIT	TEE CONSISTING
OF MEMBERS FROM PURCHASE COLLEGE FOUNDATION, FRIENDS OF	F THE NEUBERGER Schedule O (Form 990 or 990-EZ) (2018)