(Rev. January 2020) Department of the Treasury Internal Revenue Service

A For the 2019 calendar year, or tax year beginning

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

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

► Go to www.irs.gov/Form990 for instructions and the latest information. and ending JUN 30, 2020

JUL 1, 2019

OMB No. 1545-0047 Open to Public

Inspection

В	Check if applicable:	C Name of organization		D Employer identific	cation number	
		AMERICAN MIGEIN OF BUE MOVING TWACE				
F	Address change Name	AMERICAN MUSEUM OF THE MOVING IMAGE Doing business as MUSEUM OF THE MOVING IMAGE		11-27307	1 4	
F	change		n/suite	E Telephone number		
F	return Final return/	36-01 35TH AVENUE		7-6800		
	termin- ated	G Gross receipts \$	6,311,675.			
	Amende	City or town, state or province, country, and ZIP or foreign postal code ASTORIA, NY 11106-1226		H(a) Is this a group re		
F	Applica-	F Name and address of principal officer: CARL GOODMAN		for subordinates		
	pending	SAME AS C ABOVE		H(b) Are all subordinates in		
$\overline{\mathbf{T}}$	Tax-exer	npt status: $X = 501(c)(3)$ $= 501(c)($) $= (insert no.)$ $= 4947(a)(1)$ or $= 1000$	527	• •	list. (see instructions)	
		► WWW.MOVINGIMAGE.US		H(c) Group exemption		
		·			State of legal domicile: NY	
		Summary			<u> </u>	
_	1 B	riefly describe the organization's mission or most significant activities: MUSEUM	OF 7	THE MOVING	IMAGE	
Governance	A	DVANCES THE UNDERSTANDING, ENJOYMENT, AND	APPI	RECIATION O	F THE ART,	
š.	2 0	heck this box 🕨 🔲 if the organization discontinued its operations or disposed o	of more t	than 25% of its net as		
8	3 N	umber of voting members of the governing body (Part VI, line 1a)		3	34	
<u>ه</u>	4 N	umber of independent voting members of the governing body (Part VI, line 1b)			33	
Activities &		otal number of individuals employed in calendar year 2019 (Part V, line 2a)			114	
ĭĒ		otal number of volunteers (estimate if necessary)			55	
Act		otal unrelated business revenue from Part VIII, column (C), line 12			0.	
_	b N	et unrelated business taxable income from Form 990-T, line 39		7b	0.	
				Prior Year	Current Year	
ē	8 C	ontributions and grants (Part VIII, line 1h)		4,587,470.	4,126,033.	
ē	9 P	rogram service revenue (Part VIII, line 2g)		1,990,406.	1,352,261.	
Revenue	10 Ir	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		247.	106.	
_	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		691,852.	568,134.	
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,269,975.	6,046,534.	
		rants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
		enefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
Expenses	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,669,198.	4,032,716.	
eü	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)		51,600.	43,300.	
Ä	b T	otal fundraising expenses (Part IX, column (D), line 25) 384,100.		2 700 124	1 006 267	
_	17 0	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,799,124. 7,519,922.	1,986,267. 6,062,483.	
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-249,947.	-15,949.	
_ 0	19 R	evenue less expenses. Subtract line 18 from line 12		inning of Current Year		
Net Assets or Find Balances	<u> </u>	otal assets (Part X, line 16)	Beg	5,615,257.	End of Year 5,574,526.	
ASSE	20 T	otal liabilities (Part X, line 16) otal liabilities (Part X, line 26)	.	2,449,406.	2,424,624.	
let /	21 T	et assets or fund balances. Subtract line 21 from line 20		3,165,851.	3,149,902.	
P	art II	Signature Block		3,103,031.	3/113/3021	
		es of perjury, I declare that I have examined this return, including accompanying schedules and	statemer	nts, and to the best of my	/ knowledge and belief, it is	
	•	and complete. Declaration of preparer (other than officer) is based on all information of which pr		•	,	
	ĺ		•			
Sig	ın 📙	Signature of officer		Date		
Here CARL GOODMAN, EXECUTIVE DIRECTOR						
		Type or print name and title				
	F	Print/Type preparer's name Preparer's signature	Da	ate Check	PTIN	
Pai		REDERICK MARTENS		if self-employe	d P00298107	
Pre	parer [irm's name LUTZ AND CARR, CPAS LLP		Firm's EIN ▶	13-1655065	
Use	e Only	irm's address 551 FIFTH AVENUE, SUITE 400				
		NEW YORK, NY 10176		Phone no. 21	2-697-2299	
Ма	y the IRS	6 discuss this return with the preparer shown above? (see instructions)			X Yes No	

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	MUSEUM OF THE MOVING IMAGE ADVANCES THE UNDERSTANDING, ENJOYMENT, AND
	APPRECIATION OF THE ART, HISTORY, TECHNIQUE, AND TECHNOLOGY OF FILM,
	TELEVISION, AND DIGITAL MEDIA BY PRESENTING EXHIBITIONS, EDUCATION
	PROGRAMS, SIGNIFICANT MOVING-IMAGE WORKS, AND INTERPRETIVE PROGRAMS,
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 2,427,983. including grants of \$) (Revenue \$
	EXHIBITIONS AND COLLECTIONS:
	THE MUSEUM PRESENTS EXHIBITIONS AND INSTALLATIONS THAT EXPLORE THE
	CREATION OF MOVING IMAGES, AND MAINTAINS A COLLECTION OF ARTIFACTS THAT
	IS ONE OF THE MOST IMPORTANT OF ITS KIND. THE MUSEUM'S CORE
	EXHIBITION, BEHIND THE SCREEN, IMMERSES VISITORS IN THE CREATIVE
	PROCESS OF MAKING MOVING IMAGES. IT FEATURES OVER 1,400 ARTIFACTS, FROM
	NINETEENTH-CENTURY OPTICAL TOYS TO VIDEO GAMES, AS WELL AS AN ARRAY OF
	INTERACTIVE EXPERIENCES, AUDIOVISUAL MATERIAL, AND ARTWORKS. THE
	MUSEUM IS ALSO HOME TO A PERMANENT EXHIBITION DEVOTED TO THE CREATIVE
	PROCESS AND CAREER OF THE LEGENDARY JIM HENSON, ANCHORED BY THE
	DONATION OF MORE THAN 400 ARTIFACTS BY MR. HENSON'S FAMILY. THE
4b	(Code:) (Expenses \$ 1,291,150 · including grants of \$) (Revenue \$ 421,838 ·)
	SCREENINGS AND PUBLIC EVENTS:
	THE MUSEUM PRESENTS OVER 400 SCREENINGS PER YEAR, IN A MIX OF THE
	CLASSIC AND CONTEMPORARY. WITH LIVE MUSIC FOR SILENT FILMS, RESTORED
	PRINTS FROM THE WORLD'S LEADING ARCHIVES, AND OUTSTANDING NEW FILMS
	FROM THE INTERNATIONAL FESTIVAL CIRCUIT, MUSEUM SCREENINGS AND PUBLIC
	EVENTS ARE RECOGNIZED FOR THEIR QUALITY AS WELL AS THEIR SCOPE.
	SCREENING PROGRAMS IN FISCAL YEAR 2020 INCLUDED FIRST LOOK FESTIVAL,
	THE MUSEUM'S ANNUAL SHOWCASE FOR INTERNATIONAL CINEMA; VISIONS OF
	RESISTANCE: RECENT FILMS BY BRAZILIAN WOMEN DIRECTORS, SPOTLIGHTING A
	NEW GENERATION OF DIRECTORS CREATING BOLD, POLITICALLY-ENGAGED CINEMA;
	AND ONGOING SERIES SUCH AS CHANGING THE PICTURE, DEVOTED TO WORKS BY
40	
	(Code:) (Expenses \$810 , 081 •including grants of \$) (Revenue \$) (Revenue \$)
	THE MUSEUM PROVIDES CURRICULUM-BASED EDUCATIONAL EXPERIENCES TO
	APPROXIMATELY 70,000 STUDENTS EACH YEAR, AS WELL AS AN ARRAY OF
	DYNAMIC, ENGAGING TOURS, TALKS, WORKSHOPS, AND SCREENINGS FOR CHILDREN,
	TEENS, FAMILIES, ADULTS, AND SENIORS. LEARNING ACTIVITIES INCLUDE
	GUIDED TOURS OF THE MUSEUM'S EXHIBITIONS, FREE DESIGN JAMS AT WHICH
	STUDENTS EXPERIMENT WITH DIGITAL TOOLS TO SOLVE DESIGN CHALLENGES, AND
	INTENSIVE MULTI-DAY WORKSHOPS FOR HIGH-SCHOOL STUDENTS IN WHICH
	PARTICIPANTS EXPERIMENT WITH STATE-OF-THE-ART DIGITAL AND ANALOG VIDEO
	GAME DESIGN. ONGOING FAMILY-FRIENDLY PROGRAMMING INCLUDES
	MORNINGS@MOMI, A BI-MONTHLY OPPORTUNITY FOR FAMILIES TO EXPLORE
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 4,529,214.
	Form 990 (2019

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			٦,
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			.
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		Х	
•	Schedule D, Part III	8	Λ	
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?	_		x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	Х	
11	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10	21	
•••	as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	0.44	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		X
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16	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,	10		
• • •	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	.,	-	
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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		Х

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00	Х	
24.5	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
2 4 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			. v
00	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			37
	"Yes," complete Schedule L, Part IV	28c	v	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30	Х	
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
-	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	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?	26		X
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	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?	<u> </u>		
		38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	•		
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 56	4		
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	X	

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

2a Inter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, 2a Interest, 1166 for the calendary are enricing with or within the year covered by the return Interest and calendary are enricing with or within the year covered by the return Interest and 2a is greater than 250, you may be required to 6-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. Such if Yes, 1 fine the name of the foreign country by See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FEAF). 5b Was the organization aparty to a prohibited tax sheriter transaction and any time during the tax year? 5c If Yes to fine 5 or 5b, did the organization that it was or is a party to a prohibited tax sheriter transaction or 5c. 5c If Yes to fine 5 or 5b, did the organization that it was or is a party to a prohibited tax sherter transaction solicit any contributions that were not tax deductibles or mornally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles or exhartable contributions? 6c If Yes to did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles or chartables contributions? 7c Organizations that may receive deductible contributions under section 170(c). 8d Did the organization receive a planet in access of \$57 made party as a contribution of quality for goods and services provided to the payor? 8d Did the organization receive a planet in access of \$57 made party as a contribution and party for goods and services provided to the payor and the pa				Yes	No
b If at least one is reported on line 2a. did the organization file air required feorial employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 A tax y time during the calendary year, did the organization have an interest in, or a significant or office authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5 Was the organization are foreign country? 5 Was the organization are froign country. 5 Was the organization are froign country feel of the properties of the security of the properties of the security of the secu	2a				
Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business goes income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 990 T for this year? If "No" to file 3b, provide an explanation on Schedule 0 3c If "Yes," the set of the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country [such as a bank account, securities account, or other financial accountry of the securities account, or other financial accountry (such as a bank account, securities account, or other financial accountry (such as a bank account, securities account, or other financial accountry (such as a bank account, securities account, or other financial accounts (FBAR). 5c West the organization a party to a prohibited tax sheller transaction? 5c West to line 5a or 5b, clid the organization file form 8888-17 5c West to line 5a or 5b, clid the organization file form 8888-17 6c Does the organization and pross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5c West of the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? 6c West of the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," did the organization notity the donor of the value of the goods or services provided? 7d Did the organization sell, exchange, or otherwise dispose of tanglish personal property for which it was required to the Form 8222? 7d If "Yes," did the organization notity the donor of the value of the goods or services provided? 7e Did the organization received any funds, directly or indirectly, to pay prenature of the provided to		filed for the calendar year ending with or within the year covered by this return 2a 114			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 5b If "Yes," in this tifled a Form 980T for this year? If "No 1 file 780, your olde an explanation on Schedule O 5c If "Yes," and it fled a Form 980T for this year? If "No 1 file 780, your old an explanation on Schedule O 5c If "Yes," or the foreign country (such as a bank account, securities account, or other financial accounts (FBAR), or the securities account, or other financial accounts (FBAR), or the securities account, or other financial Accounts (FBAR), or the securities account, or other financial Accounts (FBAR), or the securities account, or other financial Accounts (FBAR), or the security of the organization in the organization that it was or is a party to a prohibited tax whether transaction? 5c If "Yes to line 5a or 5b, did the organization the Form 88867. 5d Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that when to tax deductibles carbitation contributions? 5d If "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 6d If "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 7d Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductibles contributions under section 170(c). 8 If "Yes," indicate the number of forms 8282 filed during the year. 9 If "Yes," indicate the number of forms 8282 filed during the year. 10 If the organization receive an only the donor of the value of the goods or sevices for the second of the organization file a form 18840? 9 If the organization received a contribution of qualified intellectual property, did the organization file a form 18840? 10	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
b if Yes," has it filled a Form 990.7 for this year? If Yeo'r to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4b if Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR), Sea instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), Sea Was the organization a party to a prohibited tax shelter transaction? 5b bid any taxable party notify the organization that It was or is a party to a prohibited tax shelter transaction? 5c bid Did any taxable party notify the organization file Form 8886.17 5c above the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles as charitable contributions? 5c bif Yes," did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? 7 or Organizations that may receive deductible contributions under section 170(c). 8 bif Yes," did the organization notify the donor of the value of the goods or services provided? 7 bid the organization receive a payment in excess of \$5 made party is as contribution and party for goods and services provided to the payor? 7 received to the organization receive any payment in excess of \$5 made party is as contribution of undersome the organization received an contribution of undersome the year? 8 bid the organization received an contribution of undersome the year? 9 bid the organization received an contribution of undersome the year organization file a Form 1088.0? 9 spensoring organization received an contribution of undersome the year organization file a Form 1088.0? 9 spensoring organization make any taxability d		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Intitation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans C Enter the amount of reserves on hand 13b	9				
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11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 Is the organization 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 X If "Yes," complete Form 4720, Schedule O.					
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			15		X
If "Yes," complete Form 4720, Schedule O.	40		4-		v
	16		16		
		IT "Yes," complete Form 4/20, Schedule O.	Form	000	(2010)

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

	Check if Schedule O contains a response or note to any line in this Part VI					X			
Sec	tion A. Governing Body and Management								
					Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a] 3	4					
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	b Enter the number of voting members included on line 1a, above, who are independent 1b								
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?			2		X			
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision						
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form	990 w	as filed?	4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		Х			
6	Did the organization have members or stockholders?			6		Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a								
	more members of the governing body?			7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,								
	persons other than the governing body?			7b		Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye								
а	The governing body?			8a	Х				
b	Each committee with authority to act on behalf of the governing body?			8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	Revenu	e Code.)						
					Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapte	rs, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	ore filing the form?	11a	X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to cor	iflicts?	12b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")	res," a	escribe						
	in Schedule O how this was done			12c	X				
13	Did the organization have a written whistleblower policy?			13	Х				
14	Did the organization have a written document retention and destruction policy?			14	Х				
15	Did the process for determining compensation of the following persons include a review and approv	al by i	ndependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?							
а	The organization's CEO, Executive Director, or top management official			15a	X				
b	b Other officers or key employees of the organization								
	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 arrange	ment v	vith a						
	taxable entity during the year?			16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its	oarticipation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anizatio	n's						
	exempt status with respect to such arrangements?			16b					
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶ NY								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 99	0-T (Section 501(c)	(3)s only	/) avail	lable			
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website Another's website X Upon request Other (explain		,						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	onflict	of interest policy, a	ınd fina	ncial				
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks a	nd records 🕨						
	JILL ENGEL - 718-777-6800 36-01 35TH AVENUE, ASTORIA, NY 11106								

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

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

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

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

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

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

(A) Name and title	(B) Average hours per		not c	Pos heck	more	than		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee		irecto		tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) IVAN L. LUSTIG	1.00	x		x				0.	0.	0.
CO-CHAIRMAN (2) MICHAEL BARKER	1.00	^		^				0.	0.	0.
CO-CHAIRMAN	1.00	X		x				0.	0.	0.
(3) WARRINGTON HUDLIN	1.00	^		^				0.	0.	<u>0 •</u>
VICE-CHAIRMAN & SECRETARY	1.00	X		x				0.	0.	0.
(4) STUART MATCH SUNA	1.00	125						0.	0.	
VICE-CHAIRMAN	1100	x		x				0.	0.	0.
(5) MICHAEL PALITZ	1.00			-						
TREASURER		X		x				0.	0.	0.
(6) CARL GOODMAN	40.00							-		
EXECUTIVE DIRECTOR		X		х				247,300.	0.	36,086.
(7) HERBERT S. SCHLOSSER	1.00									
CHAIRMAN EMERITUS		Х						0.	0.	0.
(8) ADAM BARTOS	1.00									
TRUSTEE		Х						0.	0.	0.
(9) MATTHEW C. BLANK	1.00									
TRUSTEE		Х						0.	0.	0.
(10) CHARLES COHEN	1.00									
TRUSTEE		Х						0.	0.	0.
(11) ELLIN DELSENER	1.00							_	_	_
TRUSTEE		Х						0.	0.	0.
(12) JO-ANN FOX-WEINGARTEN	1.00	۱								•
TRUSTEE	1 00	Х						0.	0.	0.
(13) MICHAEL GORDON	1.00	١,,								•
TRUSTEE	1 00	Х						0.	0.	0.
(14) CHERYL HENSON	1.00	Į.,							0	0
TRUSTEE	1 00	Х						0.	0.	0.
(15) LINDA LEROY JANKLOW TRUSTEE	1.00	x						0.	0.	0.
(16) JON KAMEN	1.00	^						0.	0.	<u></u>
TRUSTEE	1.00	X						0.	0.	0.
(17) JEFFREY KATZENBERG	1.00	122							0.	•
TRUSTEE	1.00	X						0.	0.	0.
02007 01 00 00	1									Form 990 (2010)

Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (A) (F) (D) (E) Position Name and title Average Reportable Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations ndividual trustee or director the compensation hours for organization (W-2/1099-MISC) from the related nstitutional trustee (W-2/1099-MISC) organization organizations (ey employee and related below organizations line) (18) HELEN LEE 1.00 TRUSTEE 0. 0. 0. X (19) MATTHEW LOEB 1.00 X 0 0. 0. TRUSTEE 1.00 (20) JOHN T. MCGUIRE 0 X 0. 0. TRUSTEE 1.00(21) WALTER MOSELY X 0 0. TRUSTEE 0. (22) THOMAS J. O'DONNELL 1.00 0 0 TRUSTEE Х Ο. (23) DENNIS PAUL 1.00 X 0. 0. TRUSTEE 0. (24) RICHARD PLEPLER 1.00 X 0. 0. 0. TRUSTEE (25) DAVID RIVEL 1.00 X 0. 0. 0. TRUSTEE 1.00(26) LISA ROSENBLUM TRUSTEE Х 0 0 0. 247,300. 0. 36,086. 1b Subtotal 58,760. 601,088. 0. c Total from continuation sheets to Part VII, Section A 94,846. 848,388. d Total (add lines 1b and 1c). Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 6

compensation from the organization

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
•	TRAVELING EXHIBITION MANAGEMENT AND COMM	183,898.
,,,,,,,,,	TEMPORARY SECURITY GUARDS	138,547.
,	CONSULTING DIRECTOR OF EVENTS	138,307.

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

SEE PART VII, SECTION A CONTINUATION

Form 990 AMERICAN									11-2/3	0/14
Part VII Section A. Officers, Directors, Tru	ustees, Key Eı	nplo	oyee	s, a	nd l	ligh	est	Compensated Employ	rees (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average			Posi		1		Reportable	Reportable	Estimated
	hours	(c	heck	all t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	recto				empl		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	ruste	l frus		ee/	npen				organizations
	below	Individual trustee or director	Institutional trustee	L	Key employee	stco	in 1			organization o
	line)	Indivi	Institu	Officer	Key e	Highest compensated employee	Former			
(27) HAL ROSENBLUTH	1.00									
TRUSTEE		х						0.	0.	0
(28) JOSHUA W. SAPAN	1.00							•	•	
TRUSTEE		х						0.	0.	0
(29) HENRY S. SCHLEIFF	1.00									
TRUSTEE	1100	Х						0.	0.	0
(30) HON. CLAIRE SHULMAN	1.00							0.	•	0 .
TRUSTEE	1.00	Х						0.	0.	0
(31) MARK SIMONIAN	1.00							0.	•	0 .
TRUSTEE	1:00	Х						0.	0.	0
(32) SOUMYA SRIRAMAN	1.00							0.	•	-
TRUSTEE	1:00	Х						0.	0.	0
(33) ANDREW H. TISCH	1.00							0.	•	-
TRUSTEE	1100	x						0.	0.	0 .
(34) JEFFREY ZUCKER	1.00									
TRUSTEE		x						0.	0.	0.
(35) LISA GIUFFRE	40.00									<u>_</u>
CHIEF FINANCIAL OFFICER	40.00			x				114,537.	0.	2,206
(36) WENDELL WALKER	40.00			25				111,557.	•	2,200
DEPUTY DIRECTOR	40.00					x		129,718.	0.	20,315
(37) FRED BAEZ	35.00							125,710.	•	20,313
CHIEF PROJECTIONIST	33.00					x		132,855.	0.	10,346
(38) CAROLYN FUNK	35.00							132,033.	•	10,540
PROJECTIONIST	33.00					Х		101,477.	0.	10,346
(39) BARBARA MILER	40.00							101,411.	•	10,540
DEPUTY DIRECTOR	40.00					x		122,501.	0.	15,547
DEI 011 DIRECTOR								122,301.	•	13,347
		ł								
			\vdash	\vdash	\vdash	\vdash	\vdash			
		ł								
		\vdash	\vdash	\vdash	\vdash	\vdash	<u> </u>			
		ł								
								601 000		E0 760
Total to Part VII, Section A, line 1c								601,088.		58,760

Form	rt V I			OM OF IN	E MOVING 1	MAGE	11-2/30	714 Page 9
га	ILV	••••						
			Check if Schedule O contains a response of	or note to any lir	ne in this Part VIII	/D\	(C)	
						(B) Related or exempt	Unrelated	(D) Revenue excluded
					Total revenue	function revenue		from tax under
								sections 512 - 514
ts	1 :	a	Federated campaigns 1a					
ran				206,941.				
ھ ج				297,542.				
fts r A				277,3426	-			
i <u>a</u> ig			Related organizations 1d	250 701				
ns,			* ` / 	250,784.				
er S	1		All other contributions, gifts, grants, and					
Ę				370,766.				
Contributions, Gifts, Grants and Other Similar Amounts	(g	Noncash contributions included in lines 1a-1f 1g \$	19,185.				
a Co	- 1	h	Total. Add lines 1a-1f		4,126,033.			
				Business Code				
o l	2 :	2	ADMISSIONS	713990	1,069,096.	1.069.096.		
Ņ.			TRAVELING EXHIBITIONS	713990	271 000	271,000.		
šer	'		PROGRAM FEES	713990	12,165.	12,165.		
m S	•	-	FROGRAM FEED	113330	12,103.	12,103.		
Program Service Revenue	•	d						
ŗ		е						
Д.	1	f	All other program service revenue					
		g	Total. Add lines 2a-2f		1,352,261.			
	3		Investment income (including dividends, intere	st, and				
			other similar amounts)		106.			106.
	4		Income from investment of tax-exempt bond p					
	5		Royalties	•				
	Ū		(i) Real	(ii) Personal				
	6 a Gross rents 6a 432,902.		(.,, : : : : : : : : : : : : : : : : : :					
			` '		212 105			212 105
			Net rental income or (loss)		313,195.			313,195.
	7 a	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
	ı	b	Less: cost or other basis					
ine			and sales expenses 7b					
Revenue			Gain or (loss) 7c					
Re			Net gain or (loss)					
			Gross income from fundraising events (not					
Other	0 0		including \$ 297,542. of					
			contributions reported on line 1c). See	10 612				
			Part IV, line 18 8a	49,643.				
			Less: direct expenses 8b	49,643.				
	•	С	Net income or (loss) from fundraising events		0.			
	9 a	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
	ı	b	Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns	•				
			and allowances 10a	206,277.				
			Less: cost of goods sold 10b	95,791.	•			
					110,486.	110,486.		
		С	Net income or (loss) from sales of inventory		110,400.	110,400.		
sn			OURD INCOME	Business Code	1// /52	1// /52		
ne je	11 a	а	OTHER INCOME	900099	144,453.	144,453.		
lan	ı	b						
es Se	(С						
Miscellaneous Revenue	(d	All other revenue					
		е	Total. Add lines 11a-11d		144,453.			
	12		Total revenue. See instructions	.	6,046,534.	1,607,200 .	0.	313,301.

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

6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal c Accounting d 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, column (A) amount, list line 11g expenses on Sch 0.) 248,075. 2494,249. 202,847. 210 267,982. 122,538. 139,728. 5 241,187. 108,652. 1122,293. 10 135,376. 152,372. 12 43,500. 43 43 50. 43 43 50. 43 60 61 61 61 61 61 61 61 62 62 63 63 64 64 65 65 66 67 67 68 68 69 69 60 60 60 60 60 60 60 60	
Total expenses Program service Ranagement and general expenses Program service Rexpenses Program service Program s	
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 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 7 Compensation of current officers, directors, trustees, and key employees 8 Pension plan accruals and contributions (include section 4986(f)(1)) and persons described in section 4986(f)(1)) and persons described in section 4986(g)(3)(8) 9 Other salaries and wages 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): 11 Fees for services (nonemployees): 12 Advertising and promotion 13 Advertising and promotion 13 Advertising and promotion 13 Office expenses 123 , 383 , 94 , 332 , 26 , 476 , 22 17 Travel 18 Payments of travel or entertainment expenses for any tederal, state, or local public officials 18 Payments of travel or entertainment expenses for any tederal, state, or local public officials	
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 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation included above to disqualified persons (as defined under section 4958(t)(1)) and persons described in section 4958(c)(3)(8) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 4918(x) and 403(x)) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal c Accounting 3 2,642. d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees 9 Other: (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. 0.) 12 Advertising and promotion 13 Office expenses 123 , 383 94 , 332 . 26 , 476 . 22 17 Travel 18 Payments of travel or entertainment expenses for any tederal, state, or local public officials 18 Payments of travel or entertainment expenses for any tederal, state, or local public officials 19 Grants and other assistance to foreign organizations, and toreign individuals. See Part IV, line 5 (248, 075).	
individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of included above to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(8) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal c Accounting 4 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, column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 13 Office expenses 123 ,383 ,94 ,332 ,264,375 ,248 ,075 ,248 ,075 ,248 ,075 ,248 ,075 ,248 ,075 ,248 ,075 ,248 ,075 ,248 ,075 ,248 ,075 ,248 ,075 ,248 ,075 ,248 ,075 ,248 ,075 ,248 ,075 ,248 ,075 ,270 ,000 ,000 ,000 ,000 ,000 ,000 ,000	
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. 4 Benefits paid to or for members. 5 Compensation of current officers, directors, trustees, and key employees. 6 Compensation included above to disqualified persons (as defined under section 4958(r)(11)) and persons (as defined under section 4958(c)(3)(B). 7 Other salaries and wages. 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). 9 Other employee benefits. 10 Payroll taxes. 10 Payroll taxes. 10 Advantagement. 10 Lobbying. 11 Fees for services (nonemployees): 21 Advantagement fees. 9 Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch D.) 12 Advertising and promotion. 13 Office expenses. 14 Information technology. 15 Royalties. 16 Occupancy. 17 Travel. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 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 persons described in section 4958(f)(1) and 4958(f) an	
Individuals. See Part IV, lines 15 and 16 Benefits paid to or for members See Compensation of current officers, directors, trustees, and key employees 315,354	
4 Benefits paid to or for members 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 persons described in section 4958(f)(1) and	
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7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 267,982. 122,538. 139,728. 5 9 Other employee benefits 241,187. 108,652. 122,293. 10 10 Payroll taxes 300,509. 135,376. 152,372. 12 11 Fees for services (nonemployees): a Management b Legal c Accounting d 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, column (A) amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 13 Office expenses 10 Occupancy 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials	
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Section 401(k) and 403(b) employer contributions 267,982.	<u>, ၁४४</u>
10 Payroll taxes 300,509. 135,376. 152,372. 12 11 Fees for services (nonemployees): a Management b Legal c Accounting d 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, column (A) amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 13 Office expenses 123,383. 94,332. 26,476. 2 14 Information technology 15 Royalties 16 Occupancy 248,075. 248,075. 17 Travel 88,656. 80,288. 4,338. 4	71 <i>6</i>
10 Payroll taxes 300,509. 135,376. 152,372. 12 11 Fees for services (nonemployees): a Management b Legal c Accounting 32,642. 32,642. d 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, column (A) amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 13,561. 13,561. 13 Office expenses 123,383. 94,332. 26,476. 2 14 Information technology 15 Royalties 16 Occupancy 248,075. 248,075. 17 Travel 88,656. 80,288. 4,338. 4	<u>, , , , o</u>
11 Fees for services (nonemployees): a Management 32,642. b Legal 32,642. c Accounting 32,642. d Lobbying 43,500. e Professional fundraising services. See Part IV, line 17 43,500. f Investment management fees 370,370. g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 370,370. 263,337. 95,037. 11 12 Advertising and promotion 13,561. 13,561. 13,561. 13,561. 12 13 Office expenses 123,383. 94,332. 26,476. 2 14 Information technology 248,075. 248,075. 248,075. 15 Royalties 88,656. 80,288. 4,338. 4 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 88,656. 80,288. 4,338. 4	,242 ,761
a Management b Legal c Accounting 32,642. d Lobbying 9 e Professional fundraising services. See Part IV, line 17 f Investment management fees 9 g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 13,561. 13 Office expenses 123,383. 94,332. 26,476. 2 14 Information technology 15 Royalties 16 Occupancy 248,075. 248,075. 17 Travel 88,656. 80,288. 4,338. 4 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 15 description 15 description 15 description 16 description 17 description 17 description 18 description 18 description 18 description 18 description 19 desc	, / 01
b Legal c Accounting d 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, column (A) amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials	
c Accounting 32,642. 32,642. d Lobbying 43,500. 43 f Investment management fees 9	
d 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, column (A) amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 13,561. 13,561. 13 Office expenses 123,383. 94,332. 26,476. 2 14 Information technology 15 Royalties 16 Occupancy 248,075. 248,075. 17 Travel 88,656. 80,288. 4,338. 4 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 17 Information technology 18 Information technology 19 Information technology 10 Information technology 11 Informa	
Professional fundraising services. See Part IV, line 17 43,500 43	
f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 13 Office expenses 123 , 383 . 94 , 332 . 26 , 476 . 2 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials	,500
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 370,370. 263,337. 95,037. 11 12 Advertising and promotion 13,561. 13,561. 26,476. 2 13 Office expenses 123,383. 94,332. 26,476. 2 14 Information technology 248,075. 248,075. 248,075. 16 Occupancy 248,075. 248,075. 248,075. 17 Travel 88,656. 80,288. 4,338. 4 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 6000000000000000000000000000000000000	,500
column (A) amount, list line 11g expenses on Sch 0.) 370,370. 263,337. 95,037. 11 12 Advertising and promotion 13,561. 13,561. 2 13 Office expenses 123,383. 94,332. 26,476. 2 14 Information technology 248,075. 248,075. 2 16 Occupancy 248,075. 248,075. 248,075. 17 Travel 88,656. 80,288. 4,338. 4 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 4 4 4	
12 Advertising and promotion 13,561. 13,561. 13 Office expenses 123,383. 94,332. 26,476. 2 14 Information technology 80,288. 248,075. <t< td=""><td>,996</td></t<>	,996
13 Office expenses 123,383. 94,332. 26,476. 2 14 Information technology 15 Royalties 2 16 Occupancy 248,075. 248,075. 17 Travel 88,656. 80,288. 4,338. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 4	,
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16 Occupancy 248,075. 248,075. 17 Travel 88,656. 80,288. 4,338. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 4	-
17 Travel 88,656 80,288 4,338 4 18 Payments of travel or entertainment expenses for any federal, state, or local public officials	
Payments of travel or entertainment expenses for any federal, state, or local public officials	,030
for any federal, state, or local public officials	
19 Conferences, conventions, and meetings	
20 Interest 55,444. 55,444.	
21 Payments to affiliates	
22 Depreciation, depletion, and amortization 360,617. 301,832. 58,785.	
23 Insurance 128,600. 116,485. 12,115.	
Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)	
amount, list line 24e expenses on Schedule 0.) a FILM/EXHIBITION RENTALS 152,883. 152,883.	
	,551
	$\frac{,531}{,548}$
d BANK & LOAN FEES 56,330. 56,330.	, 5 1 5
e All other expenses 180,863. 137,167. 42,773.	923
	,100
26 Joint costs. Complete this line only if the organization	<u>,</u>
reported in column (B) joint costs from a combined	
educational campaign and fundraising solicitation.	
Check here if following SOP 98-2 (ASC 958-720)	

Part	t X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			182,069.	1	642,992
	2	Savings and temporary cash investments			470,650.	2	436,950
	3	Pledges and grants receivable, net			896,379.	3	663,066
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe		F		6	
ts	7	Notes and loans receivable, net			22 222	7	22.25
Assets	8	Inventories for sale or use			32,222.	8	39,978
`	9				192,763.	9	260,858
	10a	Land, buildings, and equipment: cost or other		0 671 074			
		basis. Complete Part VI of Schedule D	$\overline{}$	9,671,974.	2 041 174		2 520 602
		Less: accumulated depreciation		6,141,292.	3,841,174.	10c	3,530,682
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line		F		13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	5,615,257.	15	5,574,526		
	16	Total assets. Add lines 1 through 15 (must equ	1,338,371.	16 17	1,071,939		
	17	Accounts payable and accrued expenses	1,330,371.	18	1,0/1,000		
	18 19	Grants payable	600,708.	19	610,029		
	20	Deferred revenue			000,700.	20	010,025
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete				21	
	22	Loans and other payables to any current or forr					
<u>i</u>	~~	trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the				22	
<u>ا</u> ٿ	23	Secured mortgages and notes payable to unrela	•		500,000.	23	500,000
	24	Unsecured notes and loans payable to unrelate		F	,	24	236,619
	25	Other liabilities (including federal income tax, pa					,
		parties, and other liabilities not included on lines					
		of Schedule D	-		10,327.	25	6,037
	26	Total liabilities. Add lines 17 through 25			2,449,406.	26	2,424,624
,		Organizations that follow FASB ASC 958, che					
Se		and complete lines 27, 28, 32, and 33.					
Ja	27	Net assets without donor restrictions			1,587,069.	27	1,598,905
1 B	28	Net assets with donor restrictions	<u></u>	1,578,782.	28	1,550,997	
<u> </u>		Organizations that do not follow FASB ASC 9	58, che	eck here 🕨 📖			
느		and complete lines 29 through 33.					
; ts	29	Capital stock or trust principal, or current funds				29	
ese	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			2 465 254	31	2 1 1 2 2 2 2
å	32	Total net assets or fund balances			3,165,851.	32	3,149,902
	33	Total liabilities and net assets/fund balances			5,615,257.	33	5,574,526. Form 990 (2019

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		5,04		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,06		
3	Revenue less expenses. Subtract line 2 from line 1	3			49.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,16	5,8	51.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3,14	9,9	02.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e 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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	-	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

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

Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.					
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	heck only	one box.)						
1		A church, convention of ch										
2		A school described in sect i										
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) .										
4	\Box	A medical research organiz						the hospital's name				
		city, and state:	a operatea ee.	ngan onon man a moopha		000		,				
5			or the benefit of a co	llege or university owner	d or operat	ted by a d	overnmental unit describ	ned in				
J			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				aantal unit daaarihad in	coetion 17	70/6\/4\/A\	(v)					
6	X	A federal, state, or local gov						nublic described in				
′	21	An organization that norma	•	riliai part of its support i	rom a gov	emmentai	unit or from the general	public described in				
_		section 170(b)(1)(A)(vi). (C	. ,	(4)(A)(-1) (Ol-t- D								
8	H	A community trust describe										
9		An agricultural research org				-		-				
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	e or				
		university:										
10	Ш	An organization that norma										
		activities related to its exen	•	•				•				
		income and unrelated busing		(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.				
		See section 509(a)(2). (Cor	•									
11	\vdash	An organization organized a	•	•	-							
12		An organization organized a	•	•	•		•					
		more publicly supported or						Check the box in				
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	plete lines	s 12e, 12f, and 12g.					
а			anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	giving giving				
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting				
		organization. You must o	complete Part IV, Se	ections A and B.								
b			anization supervised	or controlled in connec	tion with it	s support	ed organization(s), by ha	iving				
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported				
	_	organization(s). You mus	t complete Part IV,	Sections A and C.								
С			grated. A supporting	g organization operated	in connec	tion with, a	and functionally integrat	ed with,				
	_	its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ctions A,	D, and E.					
d			/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organ	zation(s)				
		that is not functionally int	egrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and an attent	iveness				
	_	requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V.					
е		☐ Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III					
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organiz	zation.						
f	Ente	er the number of supported o	organizations									
g		vide the following information		· · · · · · · · · · · · · · · · · · ·	(iv) le the erge	nization listed						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				
.												
Γ∩t≤	11											

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5016497.	3929936.	4565133.	4587470.	4126033.	22225069.
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						
4	Total. Add lines 1 through 3	5016497.	3929936.	4565133.	4587470.	4126033.	22225069.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						724,620.
6	Public support. Subtract line 5 from line 4.						21500449.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	5016497.	3929936.	4565133.	4587470.	4126033.	22225069.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	502,298.	415,592.	703,304.	669,582.	313,301.	2604077.
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.)	43,856.	71,326.	65,571.	75,735.	144,453.	400,941.
11	Total support. Add lines 7 through 10						25230087.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 9	,606,224.
13	First five years. If the Form 990 is for	-			•		
_	organization, check this box and stor	here					<u></u>
	ction C. Computation of Publ						05.00
14	Public support percentage for 2019 (14	85.22 %
15	Public support percentage from 2018					15	85.14 %
16a	33 1/3% support test - 2019. If the o	•		•		•	
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	ū					*
	and if the organization meets the "fac		•	-	•	•	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	_					
	more, and if the organization meets the		•		•		
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b			
					Sche	eaule A (Form 990	or 990-EZ) 2019

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

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

Section A. Public Support	ow, picase con	ipicie i ait ii.j				
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(6) 2017	(4) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and	(a) 2013	(0) 2010	(c) 2017	(d) 2018	(6) 2019	(f) Total
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					-	<u> </u>
b Amounts included on lines 2 and 3 received from other than disgualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
14 First five years. If the Form 990 is for t	he organization	's first second thir	L d fourth or fifth t	av vear as a secti	n 501(c)(3) organiz	zation
	J		,	,		·
Section C. Computation of Public						
15 Public support percentage for 2019 (lin			column (f))		15	9
16 Public support percentage from 2018 S					16	9
Section D. Computation of Invest					1 1	
17 Investment income percentage for 201			ne 13, column (f))		17	9
18 Investment income percentage from 20					18	9
19a 33 1/3% support tests - 2019. If the o					33 1/3%, and line 1	17 is not
more than 33 1/3%, check this box and	-					
b 33 1/3% support tests - 2018. If the o						and
line 18 is not more than 33 1/3%, chec	•			·	•	
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		
_		
3a		
3b		
3с		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
00		
9c		
10a		
10b		

Pa	t IV Supporting Organizations (continued)			
	(donumod)		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	_		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		<u> </u>
<u> </u>	tion B. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	•		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	truction	-1	
с 2	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instactivities Test. Answer (a) and (b) below.	uctions	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	۵.		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		<u></u>

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	n Nov. 20, 1970 (explain in	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in 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-functional	Illy integra	ated Type III supporting org	ganization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions		(SS) MINGS	Current Year			
1	Amounts paid to supported organizations to accomplish exe						
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	es of supported organization	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	e				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2019 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
1	Distributable amount for 2019 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2019 (reason-						
	able cause required- explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2019						
а	From 2014						
b	From 2015						
С	From 2016						
d	From 2017						
е	From 2018						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2019 distributable amount						
i	Carryover from 2014 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2019 from Section D,						
	line 7: \$						
	Applied to underdistributions of prior years						
b	Applied to 2019 distributable amount						
С	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2019, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2019. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2020. Add lines 3j						
_	and 4c.						
8	Breakdown of line 7:						
	Excess from 2015						
	Excess from 2016						
C	Excess from 2017						

Schedule A (Form 990 or 990-EZ) 2019

d Excess from 2018e Excess from 2019

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 omplete if the organization is described below. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Inspection

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

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

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

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

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

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

	., (000 00)					
		01(c)(4), (5), or (6) organiza	tions: Complete Part III.		F	Janes idantification muscless
ivai	ne of orga		N MUCEUM OF BUE	MONTHIO THEOT	'	oloyer identification number
D			N MUSEUM OF THE I panization is exempt unde			11-2730714
F	art I-A	Complete ii the org	janization is exempt und	er section sor(c)	or is a section 527 (organization.
			cation's direct and indirect political			
			ures			\$
3	Voluntee	er hours for political campai	gn activities			
_	1					
			janization is exempt und			
1	Enter the	e amount of any excise tax	incurred by the organization und	er section 4955	> :	\$
2	Enter the	e amount of any excise tax	incurred by organization manage	rs under section 4955	- ▶	\$
3	If the or	ganization incurred a sectio	n 4955 tax, did it file Form 4720 t	or this year?		Yes 🖳 No
4	a Was a c	orrection made?				Yes No
	f "Yes,"	describe in Part IV.				
Pa	art I-C	Complete if the org	janization is exempt und	er section 501(c),	except section 501	(c)(3).
1	Enter the	e amount directly expended	d by the filing organization for sec	tion 527 exempt functi	ion activities	\$
2	Enter the	e amount of the filing organ	ization's funds contributed to oth	ner organizations for se	ction 527	
	exempt	function activities			>	\$
3	Total ex	empt function expenditures	s. Add lines 1 and 2. Enter here ar	nd on Form 1120-POL,		
	line 17b				▶:	\$
4			1120-POL for this year?			
5			nployer identification number (EIN			
			tion listed, enter the amount paid			
	contribu	tions received that were pr	omptly and directly delivered to a	separate political orga	nization, such as a separ	ate segregated fund or a
	political	action committee (PAC). If	additional space is needed, provi	de information in Part I	V.	
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
		(4) : (4)	(5) / (55)	(5) =	filing organization's	contributions received and
					funds. If none, enter -0-	
						delivered to a separate political organization.
						If none, enter -0
						,
				+		
				1		

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

Schedule C (Form 990 or 990-EZ) 2019

LHA

932041 11-26-19

137,710.

123,804.

Schedule C (Form 990 or 990-EZ) 2019

506,294.

759,441.

113,281.

c Total lobbying expenditures

d Grassroots nontaxable amounte Grassroots ceiling amount

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

f Grassroots lobbying expenditures

131,499.

Schedule C (Form 990 or 990-EZ) 2019 AMERICAN MUSEUM OF THE MOVING IMAGE 11-273071 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

AMERICAN MUSEUM OF THE MOVING IMAGE

Employer identification number 11-2730714

Pa			milar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6. (a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held	d in donor advised fur	nds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grar	nt funds can be used	only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any	other purpose confe	erring
	impermissible private benefit?			
Pa	t II Conservation Easements. Complete if the org	anization answered "Yes"	on Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recreated	tion or education) 🔲 I	Preservation of a hist	orically important land area
	Protection of natural habitat		Preservation of a cert	tified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribut	tion in the form of a c	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
	Total number of conservation easements			2a
	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	·		
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, release	eased, extinguished, or te	rminated by the orga	nization during the tax
	year ▶			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per		on, handling of	
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and	l enforcing conservat	ion easements during the year
_	<u> </u>			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enfo	orcing conservation e	asements during the year
_	\$		4-04-14-14	27.00
8	Does each conservation easement reported on line 2(d) abov	•		
_	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footn	iote to the organization's f	inanciai statements t	nat describes the
Dai	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Δrt Historical Tres	sures or Other	Similar Assets
I a	Complete if the organization answered "Yes" on Form	•	isures, or other	ommur Assets.
12	If the organization elected, as permitted under FASB ASC 95.		nuo statomont and ha	planca shoot works
Ia	of art, historical treasures, or other similar assets held for pub	, ,		
	service, provide in Part XIII the text of the footnote to its finan	·		ance of public
h	If the organization elected, as permitted under FASB ASC 95			co shoot works of
ь	art, historical treasures, or other similar assets held for public	•		
	•	exhibition, education, or i	esearch in furtherand	Le of public service,
	provide the following amounts relating to these items:			• •
	(i) Revenue included on Form 990, Part VIII, line 1			
0	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical trea			
2				, provide
_	the following amounts required to be reported under FASB A			• •
a h	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X			
D	べっってっ !!!Cluueu !!! FU!!!! おおい, だはに ハ			🖊 🔻

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

Schedule D (Form 990) 2019

Par	t III Organizations Maintaining C	collections of Ar	t, Historical Tr	easures, or Ot	her Simila	ar Asse	ts (continu	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that mak	e significant	use of its			
	collection items (check all that apply):								
а	X Public exhibition	d	Loan or exc	hange program					
b	X Scholarly research	е	Other						
С	X Preservation for future generations								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.								
5	During the year, did the organization solicit of	r receive donations of	of art, historical trea	sures, or other sim	ilar assets		_		
	to be sold to raise funds rather than to be maintained as part of the organization's collection?								
Par	t IV Escrow and Custodial Arran		ete if the organizatio	n answered "Yes"	on Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod					_	7		
	on Form 990, Part X?					L	Yes	└─ No	
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:						
							Amount		
	Beginning balance								
	Additions during the year								
е	Distributions during the year								
f	Ending balance								
	Did the organization include an amount on F				•	L	Yes	├─ No	
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete i			· · · · · · · · · · · · · · · · · · ·					
		(a) Current year	(b) Prior year	(c) Two years back			(e) Four y	years back	
1a	Beginning of year balance	50,000.	50,000.	50,000	<u>'• </u>	50,000.		50,000.	
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses	50.000	50.000	50.000	.	50.000			
g	End of year balance	50,000.	50,000.	,	٠.	50,000.		50,000.	
2	Provide the estimated percentage of the cur	rent year end balanc		a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С		%							
_	The percentages on lines 2a, 2b, and 2c sho								
За	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered to	r the organiz	zation	Г.		
	by:							Yes No X	
	(i) Unrelated organizations						3a(i)	$\frac{x}{x}$	
	(ii) Related organizations							— A	
b	If "Yes" on line 3a(ii), are the related organiza	-					3b		
Day	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment tunas.						
ı aı	Complete if the organization answere) Dart IV line 11a S	oo Form 000 Part	V line 10				
						<u>.d</u>	(d) Pook	voluo	
	Description of property	(a) Cost or of basis (investn	' '		Accumulate depreciation	u	(d) Book	value	
10	Land	,	norty Baolo	(ourier)	acprediation				
	Land Buildings								
	Leasehold improvements		6.75	4,976. 3	,287,4	51.	3.467	7,525.	
	Equipment				,853,8		63	$\frac{73231}{3,157}$	
	Other			-,	,	 		, _ 0 , •	
	. Add lines 1a through 1e. (Column (d) must e		X column (R) line 1	0c)			3,530	,682.	
Total	That in to Ta through Te. (Oblantin (a) mast e	gaari omi ooo, r art	л, ээлинн (<i>D)</i> , ште т	···/				000\0040	

Schedule D (Form 990) 2019 AMERICAN MU	SEUM OF THE M	OVING IMAGE	11-2730714 Page
Part VII Investments - Other Securities.			J
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: C	ost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 000 Part IV line	110 Soo Form 000 Part V line	. 12
(a) Description of investment	(b) Book value		cost or end-of-year market value
(1)	(-,	(-,	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line	e 15.
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		>
Part X Other Liabilities.	5 000 B . W. W		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			6 027
(2) CAPITAL LEASE OBLIGATION			6,037
(3)			
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2019

6,037.

(8)

Part XI	Recond	ciliation o	f Revenue	per Audited	Financial	Statements 1	With Reven	ue per Return.

Pai	TEXT Reconciliation of Revenue per Audited Financial Sta	itements with	Revenue per R	eturr	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	6,061,744.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	15,210.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	15,210.
3	Subtract line 2e from line 1			3	6,046,534.
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.)		5	6,046,534.
Pa	rt XII Reconciliation of Expenses per Audited Financial St		Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.			
1	Total expenses and losses per audited financial statements			1	6,077,693.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	15,210.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	15,210.
3	Subtract line 2e from line 1			3	6,062,483.
4	Amounts included on Form 990, Part IX, line 25, 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			_
_	Add lines 4a and 4h			4c	0.

Part XIII Supplemental Information.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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

PART III, LINE 1A:

COLLECTION OF ARTIFACTS:

THE MUSEUM COLLECTS HISTORIC AND CONTEMPORARY ARTIFACTS ASSOCIATED WITH
THE PRODUCTION, PROMOTION AND EXHIBITION OF MOTION PICTURES, TELEVISION,
VIDEO AND DIGITAL MEDIA. COLLECTION ITEMS ACQUIRED EITHER THROUGH PURCHASE
OR DONATION ARE NOT CAPITALIZED. PURCHASES OF COLLECTION ITEMS ARE
RECORDED AS DECREASES IN UNRESTRICTED NET ASSETS. A DESCRIPTION OF THE
CONTENTS OF THE COLLECTION IS KEPT BY THE REGISTRAR AND IS CURRENTLY
INSURED FOR A VALUE OF APPROXIMATELY \$8,000,000 PLUS \$2,400,000 FOR ITEMS
ON LOAN.

PART III, LINE 4:

6,062,483.

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

2019

Open to Public Inspection

Name of the organization

AMERICAN MUSEUM OF THE MOVING IMAGE

Employer identification number 11-2730714

Part I Fundraising Activities required to complete this pa	• Complete if the organization answert.	ered "Y	'es" o	n Form 990, Part IV,	line 17. Form 990-E2	I filers are not
 1 Indicate whether the organization rail a X Mail solicitations b X Internet and email solicitation c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written 	sed funds through any of the following the following set of the followin	tion of tion of fundra I (inclue profess	non-g gover aising ding o ional f	overnment grants rnment grants events fficers, directors, tru fundraising services	stees, or	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
ELINORE ANTELL - 345 SOUTH		Yes	No X	0.		
END AVENUE, #5B, NEW YORK, NY	FUNDRAISING CONSULTING				43,500.	0.
Total 3 List all states in which the organization	on is registered or licensed to solicit		. Dution:	s or has been notifie	43,500. d it is exempt from re	egistration

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2019

or licensing.

NY

Schedule G (Form 990 or 990-EZ) 2019 AMERICAN MUSEUM OF THE MOVING IMAGE Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events NONE (add col. (a) through FALL GALA col. (c)) (event type) (total number) (event type) Revenue 1 Gross receipts 347,185 347,185. 297,542 297,542. 2 Less: Contributions 49,643 49,643. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 49,643. 49,643. 7 Food and beverages 8 Entertainment Other direct expenses 49,643. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2019

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? Yes			2730714	Page 3
to administer charitable gaming?	to administer charitable gaming? a The organization's facility b An outside facility 13a		Does the organization conduct gaming activities with nonmembers?	Yes	└── No
13 Indicate the percentage of gaming activity conducted in: a The organization's facility 13a 9/6 b An outside facility 15a 9/6 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 P\$ and the amount of gaming revenue retained by the third party: Name ▶ Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$	13 Indicate the percentage of gaming activity conducted in: a The organization's facility b An outside facility 13a 96 b An outside facility 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No	12		Yes	☐ No
b An outside facility 13b 36 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶	b An outside facility 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?	13			
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?	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?				%
Address ► Address F Address F 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Name ► Address ► 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?			13b	%
Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	b if "Yes," enter the amount of gaming revenue received by the organization Ps		Name		
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$ and the amount of gaming revenue retained by the third party: If "Yes," enter name and address of the third party: Name ▶	b If "Yes," enter the amount of gaming revenue received by the organization		Address		
of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party: Name ▶ Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	of gaming revenue retained by the third party c If "Yes," enter name and address of the third party: Name Address Address Gaming manager information: Name Gaming manager compensation \$	15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party: Name ▶ Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	of gaming revenue retained by the third party c If "Yes," enter name and address of the third party: Name Address Address Gaming manager information: Name Gaming manager compensation \$	b	If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount		
Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	Address ► Address ► 16 Gaming manager information: Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer				
Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	Address ▶ 16 Garning manager information: Name ▶ Garning manager compensation ▶ \$ Description of services provided ▶ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? □ Yes □ No 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 III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:	С	If "Yes," enter name and address of the third party:		
Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer		Name		
Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer		Address ▶		
Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	Description of services provided Director/officer	16	Gaming manager information:		
Director/officer	Director/officer		Name		
Director/officer	Director/officer		Gaming manager compensation ▶ \$		
Director/officer	Director/officer		Description of services provided		
17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b 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 III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b 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 III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: (I) NAME OF FUNDRAISER: ELINORE ANTELL		Bescription of services provided P		
17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b 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 III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b 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 III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: (I) NAME OF FUNDRAISER: ELINORE ANTELL				
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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 III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	retain the state gaming license?	17	Mandatory distributions:		
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Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: (I) NAME OF FUNDRAISER: ELINORE ANTELL	b			
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: (I) NAME OF FUNDRAISER: ELINORE ANTELL	Dai		art III. linna O	0h 10h
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:	(I) NAME OF FUNDRAISER: ELINORE ANTELL	Га		art III, lines 9,	90, 100,
SCHEDULE G, FART I, DINE 2B, DIST OF TEN HIGHEST FAID FUNDRAISERS:	(I) NAME OF FUNDRAISER: ELINORE ANTELL	פרי	UPDITE C DADM T ITME 2D ITCM OF MEN UTCHECM DATE FINIDDATCH		
		<u>5C.</u>	MEDULE G, PART I, DINE 2D, DIST OF TEN HIGHEST PAID PONDRAISE	το.	
/ T \ NAME OF FINDDATCED. FITNODE ANTELL			NAME OF FINDDATCED. FITNODE ANTELL		
(1) NAME OF FONDRAISER. EDINORE ANTEDD	(I) ADDRESS OF FUNDRAISER: 345 SOUTH END AVENUE, #5B, NEW YORK, NY 10280	<u> </u>	, NAME OF FUNDATION. EDINORE ANTELD		
(I) ADDRESS OF FUNDRAISER: 345 SOUTH END AVENUE, #5B, NEW YORK, NY 10280		<u>(I</u>) ADDRESS OF FUNDRAISER: 345 SOUTH END AVENUE, #5B, NEW YORK,	NY 10	280

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

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

AMERICAN MUSEUM OF THE MOVING IMAGE

Employer identification number 11-2730714

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

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

Schedule J (Form 990) 2019

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Delients	(5)(1)-(0)	reported as deferred on prior Form 990
(1) CARL GOODMAN	(i)	246,058.	0.	1,242.	35,952.	134.	283,386.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) WENDELL WALKER	(i)	126,518.	0.	3,200.	16,692.	3,623.		0.
DEPUTY DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

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

Pai	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d) Method of donorcash contrib	etermining	unts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	Х	1	19,185	•FAIR MARKET	' VALU	ΙE
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution - Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts	Х	1	C	·N/A		
23	Scientific specimens						
24	Archeological artifacts						
25	Other • ()						
26	Other • ()						
27	Other • ()						
28	Other ()						
29	Number of Forms 8283 received by the organiz		-				_
	for which the organization completed Form 828	3, Part IV,	Donee Acknowled	gement 29			0
						Ye	s No
30a	During the year, did the organization receive by	contribution	on any property rep	ported in Part I, lines 1 thr	ough 28, that it		
	must hold for at least three years from the date						١
	exempt purposes for the entire holding period?					30a	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p					31 X	
32a	Does the organization hire or use third parties of		_		sh	226	x
h	contributions? If "Yes," describe in Part II.					32a	- 21
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of proport	v for which column (a) is a	hecked		
55	describe in Part II.	Jan 11 (C) 10	i a type of propert	y for writeri columni (a) is c	nconeu,		
	UESCHIJE III FAIL II.						

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

Schedule M (Form 990) 2019

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

AMERICAN MUSEUM OF THE MOVING IMAGE

Employer identification number 11-2730714

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

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

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: EXHIBITION FEATURES HISTORIC PUPPETS, ORIGINAL ARTWORK, RARE FILM AND TELEVISION FOOTAGE, AND INTERACTIVE EXPERIENCES. A TRAVELING VERSION OF THIS EXHIBITION IS BOOKED IN VENUES THROUGHOUT THE COUNTY THROUGH 2023. IN FISCAL YEAR 2020, THE MUSEUM PRESENTED THE MAJOR EXHIBITION ENVISIONING 2001: STANLEY KUBRICK'S SPACE ODYSSEY THAT EXPLORED THE DIRECTOR'S INFLUENCES, RESEARCH, AND PRODUCTION PROCESS IN ENVISIONING A WORLD OF THE FUTURE. THE MUSEUM'S COLLECTION OF APPROXIMATELY 130,000 ARTIFACTS RELATING TO THE ART, HISTORY, AND TECHNOLOGY OF THE MOVING INCLUDES A DONATION OF NEARLY 500 ARTIFACTS BY THE FAMILY OF JIM IMAGE, HENSON

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: FILMMAKERS OF COLOR; NEW ADVENTURES IN NONFICTION, FEATURING NEW DOCUMENTARIES AND THEIR DIRECTORS; FIST AND SWORD, FEATURING CONTEMPORARY AND CLASSIC MARTIAL ARTS AND ACTION MOVIES; AND SCIENCE ON SCREEN, WHICH COMBINES SCREENINGS WITH DISCUSSIONS WITH LEADING LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

SCIENTISTS AND FILMMAKERS.

Name of the organization
AMERICAN MUSEUM OF THE MOVING IMAGE

Employer identification number 11-2730714

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

EXHIBITIONS AND PARTICIPATE IN ART-MAKING PROJECTS BEFORE THE MUSEUM

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

PROGRAM THAT OFFERS MODIFIED ART-MAKING PROJECTS FOR FAMILIES WITH

MEMBERS ON THE AUTISM SPECTRUM. A NEIGHBORHOOD COUNCIL OF LOCAL

RESIDENTS AND COMMUNITY-SERVING ORGANIZATIONS, FORMED IN 2018, PROVIDES

SUPPORT IN THE DEVELOPMENT OF NEW PROGRAMS AND CONTRIBUTES NEW VOICES

TO DECISION-MAKING PROCESSES AT THE MUSEUM.

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

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

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

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

AMERICAN MUSEUM OF THE MOVING IMAGE	11-2730714
FORM 990, PART VI, SECTION B, LINE 12C:	
THE MUSEUM'S CONFLICT OF INTEREST POLICY IS DISTRIBUTED	TO MEMBERS OF THE
BOARD OF TRUSTEES UPON THEIR FIRST ELECTION TO THE BOARD	O, AND ANNUALLY AT A
BOARD OF TRUSTEES MEETING. AT BOTH OF THESE TIMES, TRUS	STEES ARE REQUIRED
TO SIGN AND SUBMIT TO THE SECRETARY OF THE BOARD A STATE	EMENT WHICH AFFIRMS
THE TRUSTEE HAS RECEIVED A COPY OF THE POLICY, HAS READ	AND UNDERSTOOD THE
POLICY, AND HAS AGREED TO COMPLY WITH THE POLICY.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE EXECUTIVE COMMITTEE AND COMPENSATION COMMITTEE OF THE	HE BOARD OF TRUSTEES
REVIEW AND APPROVE THE EXECUTIVE DIRECTOR'S COMPENSATION	N AND THE
COMPENSATION OF KEY EMPLOYEES.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE MUSEUM'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST 1	POLICY, AND
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON RI	EQUEST.