

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07/01, 2015, and ending 06/30, 2016

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>THE NEW YORK HISTORICAL SOCIETY</u>			D Employer identification number <u>13-1624124</u>
	Doing Business As			E Telephone number <u>(212) 873-3400</u>
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	G Gross receipts \$ <u>46,410,876.</u>
	<u>170 CENTRAL PARK WEST</u>			
City or town, state or province, country, and ZIP or foreign postal code <u>NEW YORK, NY 10024</u>			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: <u>LOUISE MIRRER</u> <u>170 CENTRAL PARK WEST NEW YORK, NY 10024</u>			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			If "No," attach a list. (see instructions)	
J Website: ▶ <u>WWW.NYHISTORY.ORG</u>			H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: <u>1809</u> M State of legal domicile: <u>NY</u>	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>COLLECT, PRESERVE, AND INTERPRET, FOR THE BROADEST POSSIBLE PUBLIC, MATERIAL RELEVANT TO THE HISTORY OF THE UNITED STATES IN GENERAL AND OF NEW YORK STATE AND CITY IN PARTICULAR.</u>	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 49.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 48.
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5 472.
	6 Total number of volunteers (estimate if necessary)	6 165.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 34,598.
b Net unrelated business taxable income from Form 990-T, line 34	7b -26,411.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 27,903,340. Current Year 29,059,900.
	9 Program service revenue (Part VIII, line 2g)	3,493,116. 3,889,387.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,080,574. 180,983.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,719,318. 2,483,921.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	37,196,348. 35,614,191.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	60,000. 60,000.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	13,914,253. 15,652,812.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	210,000. 205,000.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>2,437,148.</u>	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	35,708,546. 18,563,828.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	49,892,799. 34,481,640.
19 Revenue less expenses. Subtract line 18 from line 12	-12,696,451. 1,132,551.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 144,345,801. End of Year 144,785,492.
	21 Total liabilities (Part X, line 26)	7,379,663. 8,778,805.
	22 Net assets or fund balances. Subtract line 21 from line 20.	136,966,138. 136,006,687.

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Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	<u>04/25/2017</u>			
	<u>RICHARD SHEIN</u> Type or print name and title	AST.TREAS & CFO			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<u>PHILLIP GROFF</u>		<u>04/25/2017</u>	<input type="checkbox"/>	<u>P01247783</u>
	Firm's name ▶ <u>KPMG LLP</u>	Firm's EIN ▶ <u>13-5565207</u>	Phone no. <u>212-758-9700</u>		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2015)

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. THE NEW YORK HISTORICAL SOCIETY	Employer identification number (EIN) or 13-1624124
	Number, street, and room or suite no. If a P.O. box, see instructions. 170 CENTRAL PARK WEST	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10024-5194	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

RICHARD A. SHEIN

- The books are in the care of ► 170 CENTRAL PARK WEST, NEW YORK, NY 10024

Telephone No. ► 212 485-9245 FAX No. ► 212 362-0591

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2017, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 20____ or
- tax year beginning 07/01, 2015, and ending 06/30, 2016.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box.

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	THE NEW YORK HISTORICAL SOCIETY	13-1624124
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	170 CENTRAL PARK WEST	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	NEW YORK, NY 10024-5194	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of RICHARD A. SHEIN, 170 CENTRAL PARK WEST, NEW YORK, NY 10024
Telephone No. 212 485-9245 Fax No. 212 362-0591

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 05/15, 20 17 .

5 For calendar year _____, or other tax year beginning 07/01, 20 15, and ending 06/30, 20 16 .


6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title PAID PREPARER Date 02/03/2017

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

THE MISSION OF THE NEW-YORK HISTORICAL SOCIETY (NEW-YORK HISTORICAL) IS TO COLLECT, PRESERVE, AND INTERPRET, FOR THE BROADEST POSSIBLE PUBLIC, MATERIAL RELEVANT TO THE HISTORY OF THE UNITED STATES IN GENERAL AND OF NEW YORK STATE AND CITY IN PARTICULAR.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 14,985,109. including grants of \$) (Revenue \$ 2,323,787.)

MUSEUM AND MUSEUM EXHIBITIONS- THE MISSION OF THE NEW-YORK HISTORICAL'S MUSEUM IS TO GATHER, PRESERVE, AND INTERPRET MATERIALS RELATED TO AMERICAN HISTORY THROUGH THE LENS OF NEW YORK. IT HOLDS ONE OF THE WORLD'S GREATEST COLLECTIONS OF HISTORICAL ARTIFACTS, AMERICAN ART, AND OTHER MATERIALS. THE MUSEUM'S COLLECTION HOLDINGS COMPRISE MORE THAN TWO MILLION WORKS. EXHIBITIONS, BOTH PERMANENT AND ROTATING, IN-HOUSE AND TRAVELING, ENABLE THE NEW-YORK HISTORICAL SOCIETY TO INTERPRET AND SHOWCASE THESE MATERIALS TO THE BROADEST POSSIBLE PUBLIC. FOR MORE INFORMATION, SEE SCHEDULE O.

4b (Code:) (Expenses \$ 5,802,544. including grants of \$) (Revenue \$ 3,901.)

LIBRARY - THE NEW-YORK HISTORICAL SOCIETY'S LIBRARY (THE PATRICIA D. KLINGENSTEIN LIBRARY) IS ONE OF THE OLDEST RESEARCH LIBRARIES IN THE UNITED STATES. ITS MISSION IS TO FOSTER AND FACILITATE RESEARCH THAT REVEALS THE DYNAMISM OF HISTORY AND ITS INFLUENCE ON THE WORLD TODAY. THE LIBRARY'S COLLECTION CONTAINS MORE THAN 12 MILLION ITEMS. FOR MORE INFORMATION, SEE SCHEDULE O.

4c (Code:) (Expenses \$ 5,699,085. including grants of \$ 60,000.) (Revenue \$ 1,473,157.)

EDUCATION AND PUBLIC PROGRAMS - THE NEW-YORK HISTORICAL SOCIETY INFORMS AND EDUCATES THE PUBLIC THROUGH ITS SCHOOL PROGRAMS, ADULT PUBLIC PROGRAMS AND WEBSITE. FOR MORE INFORMATION, SEE SCHEDULE O.

4d Other program services (Describe in Schedule O.) ATTACHMENT 1 (Expenses \$ 2,920,959. including grants of \$) (Revenue \$ 88,542.)

4e Total program service expenses 29,407,697.

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)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		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? <i>If "Yes," complete Schedule C, Part II.</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		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? <i>If "Yes," complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>	X	
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	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)? <i>If "Yes," complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No checkboxes. Rows include questions 20a through 38 regarding organizational operations, financial statements, grants, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No response columns. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 990, Form 720, and Form 709.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (49), 1b (48), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

RICHARD A SHEIN 170 CENTRAL PARK WEST NEW YORK, NY 10024

212-485-9245

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PAM B. SCHAFLE CHAIR	5.00 0.	X		X			0.	0.	0.	
(2) RICHARD REISS, JR. VICE-CHAIR	1.00 0.	X		X			0.	0.	0.	
(3) LOUISE MIRRER PRESIDENT AND CEO	35.00 0.	X		X			494,731.	0.	73,312.	
(4) ROGER HERTO EXECUTIVE COMMITTEE CHAIR	1.00 0.	X		X			0.	0.	0.	
(5) RUSSELL P. PENNOYER TREASURER	1.00 0.	X		X			0.	0.	0.	
(6) HELEN APPEL TRUSTEE	1.00 0.	X					0.	0.	0.	
(7) NORMAN BENZAQUEN TRUSTEE	1.00 0.	X					0.	0.	0.	
(8) JUDITH ROTH BERKOWITZ TRUSTEE	1.00 0.	X					0.	0.	0.	
(9) FRANCI J. BLASSBERG TRUSTEE	1.00 0.	X					0.	0.	0.	
(10) JAMES S. CHANOS TRUSTEE	1.00 0.	X					0.	0.	0.	
(11) RAVENEL B. CURRY III TRUSTEE	1.00 0.	X					0.	0.	0.	
(12) SUSAN FRIER DANILOW TRUSTEE	1.00 0.	X					0.	0.	0.	
(13) ELIZABETH B. DATER TRUSTEE	1.00 0.	X					0.	0.	0.	
(14) BARBARA KNOWLES DEBS TRUSTEE	1.00 0.	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) SCOTT DELMAN ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
(16) JOSEPH A. DIMENNA ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
(17) BUZZY GEDULD ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
(18) RICHARD GILDER ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
(19) JAMES GRANT ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
(20) MARTIN J. GROSS ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
(21) AGNES HSIN-MEI (HSU-TANG) ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
(22) EDWARD R. HINTZ ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
(23) LON JACOBS ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
(24) PATRICIA KLINGENSTEIN ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
(25) SIDNEY LAPIDUS ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
1b Sub-total							494,731.	0.	73,312.	
c Total from continuation sheets to Part VII, Section A							1,751,567.	0.	403,688.	
d Total (add lines 1b and 1c)							2,246,298.	0.	477,000.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 17

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 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
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 32

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) LEWIS E. LEHRMAN TRUSTEE	1.00 0.	X					0.	0.	0.	
(27) GLEN S. LEWY TRUSTEE	1.00 0.	X					0.	0.	0.	
(28) TARKY LOMBARDI, JR. TRUSTEE	1.00 0.	X					0.	0.	0.	
(29) CARL B. MENGES TRUSTEE	1.00 0.	X					0.	0.	0.	
(30) JOHN MONSKY TRUSTEE	1.00 0.	X					0.	0.	0.	
(31) NEAL MOSZKOWSKI TRUSTEE	1.00 0.	X					0.	0.	0.	
(32) STUART J. RABIN TRUSTEE	1.00 0.	X					0.	0.	0.	
(33) CHARLES M. ROYCE TRUSTEE	1.00 0.	X					0.	0.	0.	
(34) THOMAS A. SAUNDERS III TRUSTEE	1.00 0.	X					0.	0.	0.	
(35) BENNO SCHMIDT TRUSTEE	1.00 0.	X					0.	0.	0.	
(36) BERNARD L. SCHWARTZ TRUSTEE	1.00 0.	X					0.	0.	0.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 17

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 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

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

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) MICHELLE SMITH TRUSTEE	1.00 0.	X					0.	0.	0.	
(38) ERNEST TOLLERSON TRUSTEE	1.00 0.	X					0.	0.	0.	
(39) IRA UNSCHULD TRUSTEE	1.00 0.	X					0.	0.	0.	
(40) ERIC J. WALLACH TRUSTEE	1.00 0.	X					0.	0.	0.	
(41) SUE ANN WEINBERG TRUSTEE	1.00 0.	X					0.	0.	0.	
(42) MICHAEL WEISBERG TRUSTEE	1.00 0.	X					0.	0.	0.	
(43) BYRON R. WIEN TRUSTEE	1.00 0.	X					0.	0.	0.	
(44) ROY ZUCKERBERG TRUSTEE	1.00 0.	X					0.	0.	0.	
(45) ANDREW H. TISCH TRUSTEE (BEGAN 2/8/16)	1.00 0.	X					0.	0.	0.	
(46) JOEL I. PICKET TRUSTEE (BEGAN 2/8/16)	1.00 0.	X					0.	0.	0.	
(47) JONATHAN M. MOSES TRUSTEE (BEGAN 10/5/15)	1.00 0.	X					0.	0.	0.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 17

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 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

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

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) SUZANNE F. PECK ----- TRUSTEE (BEGAN 10/5/15)	1.00 ----- 0.	X					0.	0.	0.	
(49) SY STERNBERG ----- TRUSTEE (BEGAN 10/5/15)	1.00 ----- 0.	X					0.	0.	0.	
(50) JENNIFER SCHANTZ ----- SEC; GEN COUN AND COO	35.00 ----- 0.			X			176,950.	0.	61,042.	
(51) RICHARD SHEIN ----- ASSISTANT TREASURER AND CFO	35.00 ----- 0.			X			176,544.	0.	54,361.	
(52) ANDREW BUONPASTORE ----- VP OPERATIONS	35.00 ----- 0.				X		203,199.	0.	31,967.	
(53) MARCI REAVEN-TANIS ----- VP HISTORY EXHIBITS	35.00 ----- 0.				X		167,893.	0.	16,766.	
(54) MICHAEL RYAN ----- VP LIBRARY DIRECTOR	35.00 ----- 0.				X		206,425.	0.	28,765.	
(55) MATTHEW BREGMAN ----- VP DEVELOPMENT	35.00 ----- 0.				X		187,246.	0.	50,830.	
(56) DALE GREGORY ----- VP FOR PUBLIC PROGRAMS	35.00 ----- 0.					X	130,516.	0.	34,087.	
(57) SHARON DUNN ----- VP EDUCATION	35.00 ----- 0.					X	143,303.	0.	11,368.	
(58) VALERIE PALEY ----- VP SCHOLARLY PROGRAMS	35.00 ----- 0.					X	136,844.	0.	45,759.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 17

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 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

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

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for MARGARET HOFER and STEPHEN EDIDIN.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 17

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation.

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b	1,004,250.					
	c Fundraising events	1c	5,474,331.					
	d Related organizations	1d						
	e Government grants (contributions) . .	1e	2,311,562.					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	20,269,757.					
	g Noncash contributions included in lines 1a-1f: \$		333,517.					
	h Total. Add lines 1a-1f			29,059,900.				
	Program Service Revenue	Business Code						
2a <u>ADMISSION</u>			900099	1,694,255.	1,694,255.			
b <u>EDUCATION AND PUBLIC PROGRAM FEES</u>			900099	1,426,106.	1,426,106.			
c <u>TRAVELLING EXHIB & LOAN FEES</u>			900099	571,599.	571,599.			
d <u>MEMBERSHIP FEES</u>			900099	94,100.	94,100.			
e <u>REPRODUCTION FEES</u>			900099	88,542.	88,542.			
f All other program service revenue				14,785.	14,785.			
g Total. Add lines 2a-2f			3,889,387.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).			287,331.			287,331.	
	4 Income from investment of tax-exempt bond proceeds .			0.				
	5 Royalties			161,770.			161,770.	
	6a Gross rents	(i) Real	1,561,545.					
		(ii) Personal						
		b Less: rental expenses						
	c Rental income or (loss)		1,561,545.					
	d Net rental income or (loss)			1,561,545.			1,561,545.	
	7a Gross amount from sales of assets other than inventory	(i) Securities	9,748,434.					
		(ii) Other						
		b Less: cost or other basis and sales expenses		9,854,782.				
		c Gain or (loss)		-106,348.				
	d Net gain or (loss)			-106,348.			-106,348.	
	8a Gross income from fundraising events (not including \$ <u>5,474,331.</u> of contributions reported on line 1c). See Part IV, line 18	a		342,450.				
		b Less: direct expenses	b		375,148.			
c Net income or (loss) from fundraising events.				-32,698.			-32,698.	
9a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses	b						
	c Net income or (loss) from gaming activities.			0.				
10a Gross sales of inventory, less returns and allowances	a		1,040,120.					
	b Less: cost of goods sold	b		566,755.				
	c Net income or (loss) from sales of inventory.			473,365.		34,598.	438,767.	
Miscellaneous Revenue			Business Code					
11a <u>CAFE/CATERING FEE INCOME</u>			900099	301,090.			301,090.	
	b <u>CAFE IMPROVEMENT FEE</u>		900099	10,714.			10,714.	
	c <u>OTHER</u>		900099	8,135.			8,135.	
	d All other revenue							
e Total. Add lines 11a-11d				319,939.				
12 Total revenue. See instructions.				35,614,191.	3,889,387.	34,598.	2,630,306.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	60,000.	60,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	1,665,021.	723,508.	772,385.	169,128.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	10,573,967.	9,301,213.	665,281.	607,473.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	504,361.	455,637.	16,163.	32,561.
9 Other employee benefits	1,866,080.	1,554,196.	184,115.	127,769.
10 Payroll taxes	1,043,383.	843,317.	126,451.	73,615.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	53,622.	43,453.	7,016.	3,153.
c Accounting	173,954.		173,954.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	205,000.			205,000.
f Investment management fees	123,628.		123,628.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2,147,521.	1,751,634.	126,073.	269,814.
12 Advertising and promotion	728,001.	707,020.	18,087.	2,894.
13 Office expenses	584,666.	396,658.	46,941.	141,067.
14 Information technology	395,121.	327,163.	20,730.	47,228.
15 Royalties	0.			
16 Occupancy	1,860,069.	1,769,775.	60,196.	30,098.
17 Travel	90,659.	73,413.	9,427.	7,819.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	10,547.	9,974.		573.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	6,267,545.	6,164,794.	69,012.	33,739.
23 Insurance	251,232.	242,985.	5,498.	2,749.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EXHIBITION COSTS -----	1,996,540.	1,996,540.		
b EQUIPMENT RENTAL AND REPAIR -----	1,289,846.	1,050,813.	102,444.	136,589.
c PRINTING AND PUBLICATION -----	427,685.	310,085.	34,084.	83,516.
d OTHER SUPPLIES -----	830,599.	457,508.	36,823.	336,268.
e All other expenses -----	1,332,593.	1,168,011.	38,487.	126,095.
25 Total functional expenses. Add lines 1 through 24e	34,481,640.	29,407,697.	2,636,795.	2,437,148.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,945,681.	1	2,311,522.
	2 Savings and temporary cash investments	968,775.	2	692,108.
	3 Pledges and grants receivable, net	14,527,289.	3	17,107,442.
	4 Accounts receivable, net	355,912.	4	702,726.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	324,846.	8	216,920.
	9 Prepaid expenses and deferred charges	2,321,674.	9	1,992,594.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 125,340,139.		
	b Less: accumulated depreciation	10b 50,042,493.	73,601,999.	10c 75,297,646.
	11 Investments - publicly traded securities	22,645,888.	11	23,201,292.
	12 Investments - other securities. See Part IV, line 11	26,639,337.	12	23,248,842.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	14,400.	15	14,400.
16 Total assets. Add lines 1 through 15 (must equal line 34)	144,345,801.	16	144,785,492.	
Liabilities	17 Accounts payable and accrued expenses	3,867,659.	17	4,960,127.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	744,132.	19	981,305.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,767,872.	25	2,837,373.
	26 Total liabilities. Add lines 17 through 25	7,379,663.	26	8,778,805.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	67,040,978.	27	59,539,198.
	28 Temporarily restricted net assets	35,646,707.	28	39,512,481.
	29 Permanently restricted net assets	34,278,453.	29	36,955,008.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	136,966,138.	33	136,006,687.
34 Total liabilities and net assets/fund balances	144,345,801.	34	144,785,492.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	35,614,191.
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,481,640.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,132,551.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	136,966,138.
5	Net unrealized gains (losses) on investments	5	-2,092,002.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	136,006,687.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash 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?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization THE NEW YORK HISTORICAL SOCIETY	Employer identification number 13-1624124
--	---

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

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

Schedule A (Form 990 or 990-EZ) 2015

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.)

Section A. Public Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2015 (79.80%); 15 Public support percentage from 2014 Schedule A, Part II, line 14 (79.02%); 16a 33 1/3% support test - 2015 (checked); 16b 33 1/3% support test - 2014; 17a 10%-facts-and-circumstances test - 2015; 17b 10%-facts-and-circumstances test - 2014; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 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? Row 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?

Section E. Type III Functionally-Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): a, b, c. Row 2: Activities Test. Answer (a) and (b) below. Sub-rows 2a, 2b. Row 3: Parent of Supported Organizations. Answer (a) and (b) below. Sub-rows 3a, 3b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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		
Section 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		
<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2011	2012	2013	2014	2015	TOTAL
OTHER INCOME	204,683.	939,125.	459,482.	432,960.	319,939.	2,356,189.
TOTALS	<u>204,683.</u>	<u>939,125.</u>	<u>459,482.</u>	<u>432,960.</u>	<u>319,939.</u>	<u>2,356,189.</u>

Schedule of Contributors

2015

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization THE NEW YORK HISTORICAL SOCIETY	Employer identification number 13-1624124
--	---

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization THE NEW YORK HISTORICAL SOCIETY	Employer identification number 13-1624124
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____	\$ 2,817,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____	\$ 2,006,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____	\$ 1,199,069.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE NEW YORK HISTORICAL SOCIETY	Employer identification number 13-1624124
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____	\$ 823,890.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____	\$ 750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____	\$ 660,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____	\$ 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE NEW YORK HISTORICAL SOCIETY

Employer identification number

13-1624124

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization THE NEW YORK HISTORICAL SOCIETY

Employer identification number

13-1624124

Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2015

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

THE NEW YORK HISTORICAL SOCIETY

13-1624124

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2015

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a [X] Public exhibition
b [X] Scholarly research
c [X] Preservation for future generations
d [X] Loan or exchange programs
e [] Other
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 or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? [] Yes [X] No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? [] Yes [] No
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? [] Yes [] No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII []

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 1.0000 %
b Permanent endowment 70.0000 %
c Temporarily restricted endowment 29.0000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

Table with 2 columns: Yes, No. Rows: (i) unrelated organizations, (ii) related organizations, b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) ALTERNATIVE INVESTMENTS	23,248,842.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	23,248,842.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (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 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) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ASSET RETIREMENT OBLIGATION	2,837,373.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,837,373.

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

Part XIII Supplemental Information (continued)

FORM 990, SCHEDULE D, PART III LINE 1A

DESCRIPTION OF COLLECTION PER AUDITED FINANCIAL STATEMENTS- COLLECTIONS ARE NOT CAPITALIZED IN THE NEW-YORK HISTORICAL SOCIETY'S FINANCIAL STATEMENTS. COLLECTIONS, BOTH MUSEUM AND LIBRARY, ARE HELD FOR PUBLIC EXHIBITION, EDUCATION AND RESEARCH. THE NEW-YORK HISTORICAL SOCIETY'S BOARD HAS ADOPTED A POLICY WHEREBY ANY PROCEEDS FROM THE SALE OF COLLECTION ITEMS CAN BE UTILIZED ONLY FOR ACQUISITIONS, DIRECT CARE (E.G. CONSERVATION, PRESERVATION, REHOUSING, OR STORAGE), PROCESSING AND/OR CATALOGING OF THE COLLECTIONS AND COLLECTIONS MANAGEMENT.

FORM 990, SCHEDULE D, PART III LINE 4

DESCRIPTION OF NEW-YORK HISTORICAL'S COLLECTIONS

THE NEW-YORK HISTORICAL SOCIETY HAS TWO MAIN COLLECTIONS- A MUSEUM COLLECTION AND A LIBRARY COLLECTION.

THE MUSEUM HOLDINGS COMPRISE MORE THAN TWO MILLION WORKS RELATING TO THE FOUNDING OF THE UNITED STATES, THE HISTORY OF ART IN AMERICA, THE HISTORY OF THE UNITED STATES IN GENERAL, AND THE HISTORY OF NEW YORK AND ITS PEOPLE IN PARTICULAR. THE COLLECTION INCLUDES PAINTINGS, DRAWINGS, SCULPTURES, FURNITURE, DECORATIVE ARTS, SHIP MODELS, TOYS, AND CARRIAGES.

THE PATRICIA D. KLINGENSTEIN LIBRARY AT THE NEW-YORK HISTORICAL SOCIETY IS ONE OF THE OLDEST INDEPENDENT RESEARCH LIBRARIES IN THE UNITED STATES. COLLECTION STRENGTHS INCLUDE LOCAL HISTORY OF NEW YORK CITY AND STATE, COLONIAL HISTORY, THE REVOLUTIONARY WAR, AMERICAN MILITARY AND NAVAL HISTORY, RELIGIONS AND RELIGIOUS MOVEMENTS, THE ANGLO-AMERICAN SLAVE

Part XIII Supplemental Information (continued)

TRADE AND CONDITIONS OF SLAVERY IN THE UNITED STATES, THE CIVIL WAR, AMERICAN BIOGRAPHY AND GENEALOGY, AMERICAN ART AND ART PATRONAGE, THE DEVELOPMENT OF AMERICAN ARCHITECTURE, 19TH AND 20TH CENTURY PORTRAITURE AND DOCUMENTARY PHOTOGRAPHS OF NEW YORK CITY. THE LIBRARY HOLDINGS CONTAIN MORE THAN 12 MILLION ITEMS.

THE COLLECTIONS ARE AN ESSENTIAL PART OF NEW-YORK HISTORICAL'S MISSION TO COLLECT, PRESERVE, AND INTERPRET AMERICAN HISTORY AND ART THROUGH ITS MATERIAL CULTURAL LEGACY. MORE INFORMATION CAN BE OBTAINED ABOUT BOTH COLLECTIONS ON THE NEW-YORK HISTORICAL SOCIETY'S WEBSITE AT WWW.NYHISTORY.ORG

FORM 990, SCHEDULE D, PART V, LINE 4

INTENDED USE OF THE ENDOWMENT

THE ENDOWMENT SPONSORS PROGRAMMING IN THE FOLLOWING PERCENTAGES:

LIBRARY	4.5%
MUSEUM	13.8%
PUBLIC AND EDUCATIONAL	19.9%
COLLECTION ACQUISITION	.4%
UNRESTRICTED	61.4%

FORM 990, SCHEDULE D, PART X

TAX STATUS

THE NEW-YORK HISTORICAL SOCIETY IS A NOT-FOR-PROFIT ORGANIZATION, EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE FOR RELATED ACTIVITIES. CONTRIBUTIONS TO THE NEW-YORK HISTORICAL SOCIETY ARE TAX DEDUCTIBLE BY DONORS AS PRESCRIBED BY THE CODE. IN

Part XIII Supplemental Information (continued)

ADDITION, THE NEW-YORK HISTORICAL SOCIETY IS TAX EXEMPT FROM STATE AND LOCAL INCOME TAX FOR RELATED ACTIVITIES, PROPERTY TAXES, AND SALES TAX. DURING THE YEARS ENDING JUNE 30, 2016, AND JUNE 30, 2015, THE NEW-YORK HISTORICAL SOCIETY WAS NOT SUBJECT TO UNRELATED BUSINESS INCOME TAXES. THE NEW-YORK HISTORICAL SOCIETY RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. THE NEW-YORK HISTORICAL SOCIETY HAS EVALUATED ITS TAX POSITIONS AND HAS DETERMINED THAT IT IS MORE LIKELY THAN NOT THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS AND THAT IT WILL CONTINUE TO BE EXEMPT FROM TAXES.

FORM 990, SCHEDULE D, PART XI

RECONCILIATION OF REVENUE WITH AUDIT REPORT

LINE 2D - INDIRECT COST OF SPECIAL EVENTS	(\$544,706)
LINE 4B - COST OF INVENTORY SOLD	(\$566,755)

FORM 990, SCHEDULE D, PART XII

RECONCILIATION OF EXPENSES WITH AUDIT REPORT

LINE 2D - COST OF INVENTORY SOLD	\$566,755
LINE 4B - INDIRECT COST OF SPECIAL EVENTS	\$544,706

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

THE NEW YORK HISTORICAL SOCIETY

Employer identification number

13-1624124

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		16,426,452.
(2) EUROPE			PROGRAM SERVICES	EXHIBITION DESIGN	1,746,969.
(3) EUROPE			PROGRAM SERVICES	SPEAKER/PERFORMER	50,000.
(4) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	EXHIBITION DESIGN	19,765.
(5) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	OTHER	1,318.
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					18,244,504.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					18,244,504.

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

Schedule F (Form 990) 2015

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. ▶ _____

3 Enter total number of other organizations or entities. ▶ _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

FORM 990, SCHEDULE F, PART I, LINE 3

ACTIVITIES OUTSIDE THE U.S.

DURING THE TAX YEAR, THE NEW-YORK HISTORICAL SOCIETY RECEIVED FUNDS FROM FOREIGN SOURCES, AS FOLLOWS:

- (1) \$1,463,000 IN PROCEEDS FROM THE LIQUIDATION OF AN INVESTMENT FROM A CARIBBEAN COUNTRY
- (2) \$2,334 IN ROYALTIES FROM EUROPEAN SOURCES
- (3) \$47,500 IN EVENT RENTAL INCOME FROM A EUROPEAN SOURCE
- (4) \$18,663 IN RIGHTS AND REPRODUCTION INCOME FROM EUROPEAN SOURCES
- (5) \$17,940 IN LOAN FEE INCOME FROM EUROPEAN SOURCES
- (6) \$1,960 OF OTHER INCOME FROM EUROPEAN SOURCES

THE NEW-YORK HISTORICAL SOCIETY ALSO PURCHASES SERVICES AND MATERIALS FROM FOREIGN SOURCES FROM TIME TO TIME. DURING THE TAX YEAR, THE NEW-YORK HISTORICAL SOCIETY:

- (1) CONTRACTED WITH A EUROPEAN PUBLIC SPEAKER/PERFORMER WITH FUND TRANSFERS AGGREGATED \$50,000 DURING THE TAX YEAR.
- (2) MADE PAYMENTS TO SEVERAL EUROPEAN FIRMS WITH REGARD TO EXHIBITION DESIGN AGGREGATING \$1,746,969.
- (3) MADE PAYMENTS TO SEVERAL EAST ASIA AND THE PACIFIC VENDORS WITH REGARD TO EXHIBITION DESIGN AGGREGATING \$19,765.
- (4) PAID FOR SERVICES OR MATERIALS FROM EAST ASIA AND THE PACIFIC AGGREGATING \$1,318.

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

THE NEW YORK HISTORICAL SOCIETY

Employer identification number

13-1624124

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
1 ATTACHMENT 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				6,028,478.	205,000.	5,823,478.

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

AR, CA, CO, CT, DC, FL, IL,
KY, MD, MA, MI, MN, MS, NH, NJ, NY, NC, OH, OK, PA, RI, SC, TN, VA, WA,

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		GALA (event type)	WEEKEND/HISTOR (event type)	1. (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	2,843,867.	2,620,265.	352,649.	5,816,781.
	2	Less: Contributions	2,691,317.	2,452,465.	330,549.	5,474,331.
	3	Gross income (line 1 minus line 2)	152,550.	167,800.	22,100.	342,450.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	185,550.	130,497.	24,641.	340,688.
	8	Entertainment		6,535.		6,535.
	9	Other direct expenses	8,330.	16,935.	2,660.	27,925.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				375,148.
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				-32,698.	

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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? Yes No
 b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of 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 explanation 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).

FORM 990, SCHEDULE G, PART I, LINE 2B

FUNDRAISER

THE NEW-YORK HISTORICAL SOCIETY CONTRACTED WITH TWO PROFESSIONAL FUNDRAISERS DURING THE TAX YEAR- BARBI ZAKIN EVENTS LLC. AND NGK GLOBAL LLC.

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of 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 explanation 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).

CONTRACTS WITH BARBI ZAKIN EVENTS LLC RELATED TO CONSULTING WORK FOR THREE OF THE NEW-YORK HISTORICAL SOCIETY'S FUNDRAISING EVENTS DURING THE TAX YEAR. EACH CONTRACT CALLED FOR THE PAYMENT OF A FLAT FEE AND THE REIMBURSEMENT OF OUT-OF-POCKET EXPENSES (I.E. STAMPS, OFFICE SUPPLIES AND COPIES OF MATERIALS). THE NEW-YORK HISTORICAL SOCIETY DIRECTLY PAID FOR ALL MAJOR COSTS OF THE EVENTS (SUCH AS INVITATION PREPARATION AND MAILING, CATERING COSTS, AND DECORATIONS), AND THE NEW-YORK HISTORICAL

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of 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 explanation 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).

SOCIETY DIRECTLY COLLECTED ALL FUNDS RAISED BY THESE EVENTS. THE FEES AND
 OUT-OF-POCKET REIMBURSEMENT COSTS FOR THE THREE EVENTS AGGREGATED
 \$160,000 AND \$12,841, RESPECTIVELY. BARBI ZAKIN EVENTS LLC'S ADDRESS IS
 AS FOLLOWS:
 370 E 76TH STREET, SUITE B 503
 NEW YORK, NY 10021

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of 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 explanation 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).

IN THE TAX YEAR, NEW-YORK HISTORICAL SOCIETY PAID \$45,000 TO NGK GLOBAL LLC. TO FUNDRAISE FOR FAMILY PROGRAMS. NGK GLOBAL LLC'S ADDRESS IS AS FOLLOWS:

25 EAST 67TH STREET, 5C

NEW YORK, NY

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION
		YES	NO			
BARBI ZAKIN EVENTS LLC. 370 E 76 STREET, SUITE B 503 NEW YORK NY 10021	SPEC EVENTS		X	5,816,781.	160,000.	5,656,781.
NGK GLOBAL LLC 25 E 67 STREET, 5C NEW YORK NY 10065	SPEC EVENTS		X	211,697.	45,000.	166,697.

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

THE NEW YORK HISTORICAL SOCIETY

Employer identification number

13-1624124

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- Enter total number of other organizations listed in the line 1 table ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2015)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 AMERICAN HISTORY BOOK CLUB PRIZE	1.	50,000.			
2 CHILDREN'S HISTORY BOOK CLUB PRIZE	1.	10,000.			
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

FORM 990, SCHEDULE I, PART I, LINE 2

MONITORING THE USE OF GRANT

THE NEW-YORK HISTORICAL SOCIETY HAS TWO BOOK AWARDS. THE MONITORING OF

THE GRANTS ARE AS FOLLOWS:

THE AMERICAN HISTORY BOOK CLUB PRIZE (\$50,000) IS AWARDED ANNUALLY TO AN

AUTHOR FOR A NON-FICTION BOOK ON AMERICAN HISTORY OR BIOGRAPHY THAT IS

DISTINGUISHED BY ITS SCHOLARSHIP, ITS LITERARY STYLE AND ITS APPEAL TO

BOTH A GENERAL AND AN ACADEMIC AUDIENCE. IN SELECTING THE RECIPIENT OF

THE AWARD, A WIDE ARRAY OF PUBLISHERS ARE INVITED TO MAKE RECOMMENDATIONS

FROM WHICH A JURY OF FIVE (FROM BOTH ACADEMIA AND LAY) SELECTS THREE

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

AUTHORS. THE FINALIST IS SELECTED FROM THIS LIST.

THE CHILDREN'S HISTORY BOOK CLUB PRIZE (\$10,000) IS AWARDED ANNUALLY TO AN AUTHOR FOR A FICTION OR NON-FICTION BOOK ON AMERICAN HISTORY OR BIOGRAPHY FOR MIDDLE READERS THAT IS DISTINGUISHED BY ITS SCHOLARSHIP, ITS LITERARY STYLE AND ITS APPEAL TO CHILDREN AND EDUCATORS. IN SELECTING THE RECIPIENT OF THE AWARD, A WIDE ARRAY OF PUBLISHERS ARE INVITED TO MAKE RECOMMENDATIONS FROM WHICH A JURY OF TEN (INCLUDING EDUCATORS, HISTORIANS, LIBRARIANS AND MIDDLE READERS) SELECTS THE FINALIST.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE NEW YORK HISTORICAL SOCIETY

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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Employer identification number

13-1624124

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., 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

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 in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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:

- a** Receive a severance payment or change-of-control payment? **4a** **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** **4c**
- 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:

- a** The organization? **5a** **5a**
- b** Any related organization? **5b** **5b**
- If "Yes" to 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:

- a** The organization? **6a** **6a**
- b** Any related organization? **6b** **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. **7** **7**

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** **8**

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** **9**

	Yes	No
1a		
1b		
2		
3		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		<input checked="" type="checkbox"/>

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

Schedule J (Form 990) 2015

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 are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 LOUISE MIRRER PRESIDENT AND CEO	(i)	493,939.	0.	792.	47,038.	26,274.	568,043.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 JENNIFER SCHANTZ SEC; GEN COUN AND COO	(i)	176,770.	0.	180.	16,109.	44,933.	237,992.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 RICHARD SHEIN ASSISTANT TREASURER AND CFO	(i)	175,752.	0.	792.	15,410.	38,951.	230,905.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 ANDREW BUONPASTORE VP OPERATIONS	(i)	202,683.	0.	516.	17,638.	14,329.	235,166.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 MARCI REAVEN-TANIS VP HISTORY EXHIBITS	(i)	167,101.	0.	792.	13,920.	2,846.	184,659.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 MICHAEL RYAN VP LIBRARY DIRECTOR	(i)	205,701.	0.	724.	17,638.	11,127.	235,190.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 DALE GREGORY VP FOR PUBLIC PROGRAMS	(i)	129,960.	0.	556.	10,409.	23,678.	164,603.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 SHARON DUNN VP EDUCATION	(i)	143,303.	0.	0.	11,368.	0.	154,671.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 VALERIE PALEY VP SCHOLARLY PROGRAMS	(i)	136,608.	0.	236.	11,072.	34,687.	182,603.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 MATTHEW BREGMAN VP DEVELOPMENT	(i)	186,970.	0.	276.	16,109.	34,721.	238,076.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 MARGARET HOFER VP MUSEUM DIRECTOR	(i)	117,680.	0.	207.	9,668.	39,543.	167,098.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to 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

2015

**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.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

THE NEW YORK HISTORICAL SOCIETY

Employer identification number

13-1624124

Part 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 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	419 .	0 .	
2 Art - Historical treasures	X	46 .	0 .	
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	22 .	333,517 .	FMV ON DATE RECEIVED
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts	X	15 .	0 .	
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ATCH 1)		10,000,133 .	0 .	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 19 .

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2015)

JSA

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PAGE 55

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

FORM 990, SCH M, PART I, LINE 33

GIFT ACCEPTANCE POLICY

THE NEW-YORK HISTORICAL SOCIETY ACCEPTED NUMEROUS OBJECTS INTO BOTH ITS MUSEUM AND LIBRARY COLLECTIONS DURING THE FISCAL YEAR. (SEE SCHEDULE D, PART III, LINE 4, AND SCHEDULE D, PART XIII, FOR A DESCRIPTION OF THE NEW-YORK HISTORICAL SOCIETY'S COLLECTIONS.)

FORM 990, SCHEDULE M, PART I COLUMN (B)

THE NUMBER OF ITEMS CONTRIBUTED

THE NUMBER REPORTED IN COLUMN (B) REPRESENTS THE NUMBER OF ITEMS CONTRIBUTED.

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
BOOKS, NEWSPAPERS, MAPS	X	37.	0.	
MANUSCRIPTS	X	34.	0.	
PHOTOGRAPHS AND ARCHITECH	X	62.	0.	
OTHER PRINTED MAT'L & PHO	X	10000000.	0.	
TOTALS		<u>10,000,133.</u>	<u>0.</u>	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

THE NEW YORK HISTORICAL SOCIETY

Employer identification number

13-1624124

FORM 990, PART III, LINE 4A

MUSEUM AND MUSEUM EXHIBITIONS

THE FOUNDING MISSION OF THE NEW-YORK HISTORICAL SOCIETY'S MUSEUM IS TO GATHER, PRESERVE, AND INTERPRET MATERIALS RELATED TO AMERICAN HISTORY SEEN THROUGH THE LENS OF NEW YORK. IT HOLDS ONE OF THE WORLD'S GREATEST COLLECTIONS OF HISTORICAL ARTIFACTS, AMERICAN ART, AND OTHER MATERIALS. THE MUSEUM'S COLLECTION HOLDINGS COMPRISE MORE THAN TWO MILLION WORKS. (SEE SCHEDULE D, PART XIII FOR MORE INFORMATION ABOUT THE COLLECTION.) EXHIBITIONS, BOTH PERMANENT AND CHANGING, ENABLE THE NEW-YORK HISTORICAL SOCIETY TO INTERPRET AND SHOWCASE THESE MATERIALS TO THE BROADEST POSSIBLE PUBLIC.

IN 2016 NEW-YORK HISTORICAL'S EXHIBITIONS SERVED OVER 450,000 PEOPLE, AND INCLUDED 16 TEMPORARY EXHIBITIONS IN OUR MUSEUM AS WELL AS EXHIBITIONS TRAVELING TO 9 VENUES THROUGHOUT THE UNITED STATES. THESE EXHIBITIONS TELL THE STORY OF AMERICA THROUGH ARTIFACTS AND ART. IN ADDITION, NEW-YORK HISTORICAL LENDS COLLECTION OBJECTS TO OTHER INSTITUTIONS TO FURTHER ITS MISSION.

FORM 990, PART III, LINE 4B

LIBRARY

THE NEW-YORK HISTORICAL SOCIETY'S LIBRARY (PATRICIA D. KLINGENSTEIN LIBRARY) IS ONE OF THE OLDEST RESEARCH LIBRARIES IN THE UNITED STATES. ITS MISSION IS TO FOSTER AND FACILITATE RESEARCH THAT REVEALS THE

Name of the organization THE NEW YORK HISTORICAL SOCIETY	Employer identification number 13-1624124
---	--

DYNAMISM OF HISTORY AND ITS INFLUENCE ON THE WORLD TODAY. IT IS ONE OF ONLY 19 LIBRARIES IN THE UNITED STATES QUALIFIED TO BE A MEMBER OF THE INDEPENDENT RESEARCH LIBRARIES ASSOCIATION. EACH YEAR APPROXIMATELY 10,000 RESEARCHERS THROUGHOUT THE UNITED STATES AND THE WORLD, FROM BOTH THE SCHOLARLY COMMUNITY AND THE LAY PUBLIC, VISIT THE NEW-YORK HISTORICAL'S LIBRARY OR ARE ASSISTED BY STAFF REMOTELY VIA TELEPHONE, FAX, EMAIL, AND POSTAL MAIL. THE LIBRARY'S COLLECTION CONTAINS MORE THAN 12 MILLION ITEMS. (SEE SCHEDULE D, PART XIII FOR MORE INFORMATION ABOUT THE COLLECTION.)

FORM 990, PART III, LINE 4C

EDUCATION AND PUBLIC PROGRAMS

THE EDUCATION DEPARTMENT OF THE NEW-YORK HISTORICAL SOCIETY ORGANIZES AND PRESENTS AN EXTENSIVE RANGE OF SCHOOL PROGRAMS, AND PROFESSIONAL-DEVELOPMENT PROGRAMS FOR TEACHERS AND DEVELOPS AND DISTRIBUTES CLASSROOM RESOURCES. DURING THE TAX YEAR, APPROXIMATELY 200,000 EDUCATORS AND STUDENTS WERE SERVED DIRECTLY THROUGH THE EDUCATION PROGRAMS OFFERED BY NEW-YORK HISTORICAL IN ITS BUILDING AND IN SCHOOLS THROUGHOUT THE METROPOLITAN AREA. IN ADDITION, NEW YORK HISTORICAL'S CURRICULUMS ARE USED BY SCHOOLS THROUGHOUT THE UNITED STATES AND BEYOND. NEW YORK HISTORICAL, OFFERS AN AWARD WINING HIGH SCHOOL INTERSHIP PROGRAM, WHERE 100% OF THE PARTICIPANTS GO ON TO COLLEGE.

ADULT PUBLIC PROGRAMS FOSTER LIFELONG LEARNING AND A DEEPER APPRECIATION FOR THE RELEVANCE OF HISTORY AND THE NEW-YORK HISTORICAL SOCIETY'S PERMANENT AND SPECIAL EXHIBITIONS. DURING THE TAX YEAR, NEARLY 30,000

Name of the organization THE NEW YORK HISTORICAL SOCIETY	Employer identification number 13-1624124
---	--

PERSONS BENEFITED FROM NEW-YORK HISTORICAL'S ADULT PUBLIC PROGRAMS.

THE NEW-YORK HISTORICAL SOCIETY ALSO EDUCATES AND INFORMS THE PUBLIC THROUGH ITS WEBSITE (WWW.NYHISTORY.ORG) AND SOCIAL MEDIA OUTREACH (FACEBOOK, TWITTER, INSTAGRAM, TUMBLR, YOUTUBE, AND PINTEREST), MAKING EDUCATIONAL MATERIALS, PUBLIC PROGRAMS, AND DIGITAL EXHIBITS AVAILABLE REMOTELY. IN THE TAX YEAR NEW-YORK HISTORICAL RECORDED MORE THAN ONE MILLION UNIQUE VISITS TO THE WEBSITE AND HAS MORE THAN 161,000 SOCIAL MEDIA FOLLOWERS.

FORM 990, PART VI, LINE 4D

OTHER PROGRAM SERVICES

OTHER PROGRAMS CONSIST OF THE NEW-YORK HISTORICAL SOCIETY'S MUSEUM STORE, EVENT RENTALS, AND RIGHTS AND REPRODUCTION SERVICES.

FORM 990, PART VI, LINE 11B

APPROVAL PROCESS OF FORM 990

THE COMPLETED FORM 990 AND SCHEDULES ARE PRESENTED FOR REVIEW TO THE AUDIT COMMITTEE. AFTER THE AUDIT COMMITTEE'S APPROVAL, THE FULL BOARD OF TRUSTEES IS SENT (VIA EMAIL) A COMPLETE COPY OF THE FORM 990, AS IT WILL BE FILED WITH THE IRS, FOR ITS REVIEW. AFTER A COMMENT PERIOD OF A REASONABLE NUMBER OF DAYS, THE PRESIDENT AND CEO IS AUTHORIZED TO SIGN AND THE STAFF IS AUTHORIZED TO FILE THE FORM 990 AND SCHEDULES WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, LINE 12C

MONITORING AND COMPLIANCE WITH CONFLICT OF INTEREST POLICY

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THE CONFLICT OF INTEREST POLICY IS MONITORED BY THE SENDING OF A CONFLICT OF INTEREST DISCLOSURE FORM AND QUESTIONNAIRE ON AN ANNUAL BASIS TO ALL TRUSTEES, OFFICERS, AND KEY EMPLOYEES. THE GENERAL COUNSEL AND CHIEF ADMINISTRATIVE OFFICER IS CHARGED WITH MAKING A GOOD FAITH EFFORT TO COLLECT EXECUTED QUESTIONNAIRES FROM ALL RECIPIENTS, REVIEWING ALL RESPONSES FOR COMPLETENESS, AND FOLLOWING UP ON ANY MATTERS THAT ARE PRESENTED IN THE RESPONSES.

PER THE CONFLICT OF INTEREST POLICY, A TRUSTEE, OFFICER, OR KEY EMPLOYEE WITH DIRECT OR INDIRECT FINANCIAL OR OTHER MATERIAL INTEREST MAY NOT PARTICIPATE IN THE VOTE ON THE MATTER PERTAINING TO THE CONFLICT.

FORM 990, PART VI, LINE 15 A & B

EXECUTIVE COMPENSATION REVIEW PROCESS

IN NOVEMBER OF EACH YEAR, INDEPENDENT TRUSTEE MEMBERS OF THE EXECUTIVE COMMITTEE ACT AS A COMPENSATION COMMITTEE AND REVIEW AND APPROVE THE SALARIES AND PERFORMANCES OF THE OFFICERS AND KEY EMPLOYEES (OTHER THAN THE PRESIDENT AND CEO WHOSE COMPENSATION IS SET BY AGREEMENT AND DESCRIBED BELOW). AT THE ANNUAL COMPENSATION COMMITTEE MEETING, THE PRESIDENT AND CEO PRESENTS EXISTING STUDIES OF COMPARABLE SALARIES (I.E., EXISTING AND CURRENT COMPENSATION STUDIES PREPARED BY INDEPENDENT FIRMS OR SURVEYS OF COMPENSATION PAID BY SIMILARLY SITUATED ORGANIZATIONS FOR FUNCTIONALLY COMPARABLE POSITIONS IN THE SIMILAR GEOGRAPHIC AREA) AND MAKES SALARY RECOMMENDATIONS, TAKING INTO ACCOUNT THE COMPENSATION INFORMATION PRESENTED. THE PRESIDENT AND CEO TAKES CONTEMPORANEOUS MINUTES OF THE MEETING WHICH SHE DEPOSITS ALONGSIDE THE REGULAR MINUTES

Name of the organization THE NEW YORK HISTORICAL SOCIETY	Employer identification number 13-1624124
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OF THE MEETING IN A SEALED ENVELOPE MARKED "BOARD CONFIDENTIAL." WHEN THE PRESIDENT AND CEO'S EMPLOYMENT AGREEMENT IS UP FOR RENEWAL, THE COMPENSATION COMMITTEE, COMPRISING INDEPENDENT TRUSTEE MEMBERS OF THE EXECUTIVE COMMITTEE, RETAINS AN OUTSIDE CONSULTANT TO UNDERTAKE A FORMAL COMPARABILITY STUDY OF HER COMPENSATION TO FACILITATE REVIEW OF THE PROPOSED SALARY FOR THE PERIOD OF THE UPCOMING CONTRACT. THE OUTSIDE CONSULTANT IS ENGAGED DIRECTLY BY THE BOARD CHAIR. THE BOARD CHAIR LEADS THE COMPENSATION COMMITTEE'S DISCUSSION OF THE PRESIDENT AND CEO'S COMPENSATION WITHOUT ANY STAFF IN THE ROOM. THE BOARD CHAIR TAKES CONTEMPORANEOUS MINUTES AND DEPOSITS ALONGSIDE THE REGULAR MINUTES OF THE MEETING IN A SEALED ENVELOPE MARKED "BOARD CONFIDENTIAL."

FORM 990, PART VI, LINE 19

PUBLIC AVAILABILITY OF DOCUMENTS

THE NEW-YORK HISTORICAL SOCIETY'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST. IN ADDITION, THE AUDITED FINANCIAL STATEMENTS ARE FILED WITH THE CHARITIES BUREAU OF THE NEW YORK STATE ATTORNEY GENERAL'S OFFICE AND AVAILABLE TO THE PUBLIC FROM THE BUREAU. THE PUBLIC INSPECTION COPY OF THE FORM 990 IS MADE AVAILABLE TO THE PUBLIC THROUGH THE NEW-YORK HISTORICAL SOCIETY'S WEBSITE (WWW.NYHISTORY.ORG).

ATTACHMENT 1

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
AUXILIARY ACTIVITES		2,920,959.	88,542.
TOTALS		<u>2,920,959.</u>	<u>88,542.</u>

Name of the organization THE NEW YORK HISTORICAL SOCIETY	Employer identification number 13-1624124
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ATTACHMENT 2FORM 990, PART VI, LINE 17 - STATES

AR, CA, CO, CT,

DC, FL, IL, MD, MA, MI,

MN, MS, NH, NJ, NY, NC, OH, OK, PA,

RI, SC, TN, VA, WA,

ATTACHMENT 3990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
SECURITAS SECURITY SERVICES USA, INC. PO BOX 403412 ATLANTA, GA 30384-3412	SEC GUARD AGENCY	766,605.
ARTEX INC. 8712 JERICHO CITY DRIVE LANDOVER, MD 20785	EXHIBITION TRANSPORT	758,002.
1220 EXHIBITS INC. 3801 VULCAN DRIVE NASHVILLE, TN 37211	EXHIBITION DESIGN	540,082.
STEPHEN STARR EVENTS 325 CHESTNUT STREET PHILADELPHIA, PA 19106	CATERER	467,926.
LA PLACA COHEN 43 WEST 24 STREET NEW YORK, NY 10010	ADVERTISING/PROMO	460,974.