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Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047 Open to Public

Inspection 2010 and ending JUN 30, 2011 A For the 2010 calendar year, or tax year beginning JUL 1. Check if applicable C Name of organization D Employer identification number THE ARCHITECTURAL LEAGUE OF NEW YORK, Address INC. Name change 13-1671027 Doing Business As Initial Room/suite E Telephone number Number and street (or P 0 box if mail is not delivered to street address) (212)753-1722Termin-607 594 BROADWAY Amended 1,052,127 City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-NEW YORK, NY 10012 H(a) is this a group return F Name and address of principal officer: ROSALIE GENEVRO Yes X No for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? Yes 4947(a)(1) or Tax-exempt status: X = 501(c)(3) = 501(c)()◀ (insert no) If "No." attach a list. (see instructions) J Website: ► WWW.ARCHLEAGUE.ORG H(c) Group exemption number ▶ K Form of organization X Corporation Other > L Year of formation 1888 M State of legal domicile NY Association Part I Summary Briefly describe the organization's mission or most significant activities: THE MISSION OF THE ARCHITECTURAL **Activities & Governance** LEAGUE IS TO NURTURE EXCELLENCE IN ARCHITECTURE, URBANISM AND Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. 39 Number of voting members of the governing body (Part VI, line 1a) 39 4 Number of independent voting members of the governing body (Part VI, line 1b) 9 5 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 50 6 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7ь **Prior Year Current Year** 885,823. 910,926. Contributions and grants (Part VIII, line 1h) 17,204. 22,667. Program service revenue (Part VIII, line 2g) 1,266. $1, \overline{152}$. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11,583. <3,566.> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 906,190. 940,865. Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12) 126,242. 46,710. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 623,786. 594,860. Salaries other compensation; employee benefits (Part IX, column (A), lines 5-10) 16a Professionarfundraising fees (Part IX, column (A), line 11e)
b Total fundraising expenses (Part IX, column (D), line 25) 0. 89,601. 351,440. 295,479. Other expensés Part Môdlumn (A) lines 11a-11d, 11f-24f) 965,975. 1,072,542. Total expenses. Add lines 13-17 must equal Part IX, column (A), line 25) 18 <59,785.> <131,677. Revenue less expenses Subtract line 18 from line 12 19 UUULIN. Beginning of Current Year End of Year 2,889,678. 2,603,549. Total assets (Part X, line 16) 97,422. 132,528. Total liabilities (Part X, line 26) 2,757,150. 2,506,127. Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and condition of the Declaration of the parer (other than officer) is based on all information of which preparer has any knowledge ignature of officer Sign executive director KOSALIE GENEVRO Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature TETELH ANN . CV. CISTOPAGE self-employed Pald Firm's name O'CONNOR DAVIES MUNNS & DOBBINS Firm's EIN ▶ Preparer Firm's address 60 EAST 42ND STREET, 36TH FL. Use Only (212)286-2600 X Yes No NEW YORK, NY 10165-3698

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

| 4d | Other program s | services. (Describe in Schedule O.) | |
|----|-----------------|--|---|
| | (Expenses \$ | 307,078. including grants of \$ 37,210.) (Revenue \$ |) |
| 4e | Total program | service expenses ▶ 728,892. | |

Form 990 (2010) INC.

Part IV Checklist of Required Schedules 13-1671027 Page 3

| ٠ | | | Yes | No |
|-----|--|-----|--------------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | _3_ | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | ١ |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | ١,, |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide | | | |
| | credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | <u> </u> | X |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? | | , | |
| | If "Yes," complete Schedule D, Part V | 10 | X | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | | | |
| | as applicable. | İ | | 1 |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | X | |
| | Part VI | 11a | | |
| Ь | · | 446 | | X |
| _ | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | 11c | | Х |
| d | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 | 110 | | |
| u | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | х | |
| е | But the second of the second o | 11e | X | 1 |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | <u> </u> |
| • | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI, XII, and XIII | 12a | Х | |
| ь | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| - | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional | 12b | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | | 14a | | Х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization | | | |
| | or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals | | | } |
| | located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | <u> </u> |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | <u>.</u> | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | X_ | <u> </u> |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |
| 20a | | 20a | _ | X |
| b | If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that | | | |
| | operate one or more hospitals must attach audited financial statements (see instructions) | 20b | | |

| | 990 (2010) INC. 13-1671 | 027 | Р | age 4 |
|-----|---|-----|-----|----------|
| Pa | rt IV Checklist of Required Schedules (continued) | | | |
| • | | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the | | | |
| | United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | X | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, | | | |
| | column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | X | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | ļ | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | ļ | |
| | Schedule K. If "No", go to line 25 | 24a | | X |
| ь | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| _ | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a | | | _ |
| | disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | Х |
| ь | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | 200 | l | |
| • | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | Х |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified | 230 | | |
| 20 | | 26 | | X |
| 27 | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 20 | | _ A |
| 21 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | İ | | |
| | contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete | | | X |
| 00 | Schedule L, Part III | 27 | | <u> </u> |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | v |
| a | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | <u> </u> |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | l " |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | l , |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | ١ | | v |
| | If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | ١,, |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | ,, |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? | | | l |
| | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | X |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? | 35 | | X |
| а | , p., | | | |
| | section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | 1 |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O

Form **990** (2010)

INC.

13-167

| Par | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V | | | | |
|---------|--|-----------------|---------------|---------|----------|
| | Check it conedule o contains a response to any question in this fait v | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 34 | | 103 | 1.0 |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | - 0 | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable g | aming | | | |
| | (gambling) winnings to prize winners? | | 1c | X | |
| | Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements, | - | | | |
| | filed for the calendar year ending with or within the year covered by this return | 9 | | | |
| | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | 2ь | X | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) | | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | 3ь | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority of | ver, a | | - | 1 |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | 4a | | X |
| b | o If "Yes," enter the name of the foreign country: ▶ | | | | |
| | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | <u> </u> | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | <u> </u> | 5b | | X |
| | if "Yes," to line 5a or 5b, did the organization file Form 8886-T? | _ | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization | 1 | | | ., |
| | any contributions that were not tax deductible? | <u> </u> | 6a | | X |
| ь | o If "Yes," did the organization include with every solicitation an express statement that such contributions or gift | | | | |
| _ | were not tax deductible? | ļ | 6b | | <u> </u> |
| | | lad to the name | | Х | İ |
| | · · · · · · · · · · · · · · · · · · · | | 7a 7b | X | |
| | | _ | 'b | | |
| G | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | 7c | | X |
| d | | <u> </u> | | | <u> </u> |
| | | | 7e | İ | Х |
| f | | | 7f | | Х |
| | | s required? | 7g | | |
| | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a | | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the suppo | rting | | | |
| | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time du | ring the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | |
| а | Did the organization make any taxable distributions under section 4966? | L | 9a | | L |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | Ļ | 9b | <u></u> | ļ |
| 10 | Section 501(c)(7) organizations. Enter: | | | | |
| а | | | | | |
| ь | | | | | |
| 11 | Section 501(c)(12) organizations. Enter | | | | |
| a | | | | | |
| b | | | | | |
| 10- | amounts due or received from them.) | | 40- | 1 | 1 |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | 12a | | |
| | o If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | | |
| 13 a | Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? | - | 13a | | ļ |
| a | Note. See the instructions for additional information the organization must report on Schedule O. | - | a. | -, | |
| b | | | | | |
| | organization is licensed to issue qualified health plans | | | | |
| С | | | | | |
| | | 1. | 14a | | X |
| | o If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | 14b | | |
| | | | | ~~~ | |

Form 990 (2010) INC. 13-1671027 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 to any question in this Part VI Section A. Governing Body and Management Yes No 39 1a Enter the number of voting members of the governing body at the end of the tax year <u>39</u> **b** Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a Х 7b Х b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a X 8ь **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Х 10a Does the organization have local chapters, branches, or affiliates? b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10h X 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise Х 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х in Schedule O how this is done 12c Х 13 Does the organization have a written whistleblower policy? 13 14 Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶NY 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website X Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial

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

10012

statements available to the public.

KATIE ELEVITCH - (212) 753-1722

594 BROADWAY, SUITE 607, NEW YORK, NY

13-1671027 Form 990-(2010) INC. Page 7 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Employees, and Independent Contractors

Check if Schedule O contains a response to any question 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.

| (A) (B) | | | | - | C) | | | (D) | (E) | (F) | |
|-------------------------|---|------------------------------------|-----------------------|--|--------------|------------------------------|----------|--|--|---|--|
| Name and Title | Average | Position (check all that apply) | | | | | | Reportable | Reportable | Estimated | |
| | hours per | (cl | heck | all | that | арр | ly) | compensation | compensation | amount of | |
| ÷ | week (describe hours for related organizations in Schedule O) | | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations | |
| ANNABELLE SELLDORF | | | | | | | | | | | |
| PRESIDENT | 4.00 | X | | X | | | | 0. | 0. | 0. | |
| PAUL LEWIS | | | | | | | | | | | |
| VICE PRESIDENT | 2.00 | X | | X | | | <u> </u> | 0. | 0. | 0. | |
| LEO VILLAREAL | | | | | | | i | | | | |
| VICE PRESIDENT | 1.00 | X | | X | | | | 0. | 0. | 0. | |
| MICHAEL BIERUT | | | | | | | | | | | |
| VICE PRESIDENT | 2.00 | X | | Х | | <u> </u> | L | 0. | 0. | 0. | |
| KEN SMITH | | | | | | | | | | _ | |
| VICE PRESIDENT | 1.00 | X | | Х | | | | 0. | 0. | 0. | |
| MAHADEV RAMAN | | | | | | | 1 | | _ | | |
| VICE PRESIDENT | 1.00 | X | | Х | | <u> </u> | _ | 0. | 0. | 0. | |
| MICHAEL SORKIN | | | | | | | | | | | |
| VICE PRESIDENT | 1.00 | X | | Х | | | _ | 0. | 0. | 0. | |
| TUCKER VIEMEISTER | | l | | | | | | | | | |
| VICE PRESIDENT | 1.00 | X | | X | | | _ | 0. | 0. | 0. | |
| MITCH EPSTEIN | 1 00 | l | |] | | | | | | | |
| VICE PRESIDENT | 1.00 | X | <u> </u> | Х | | _ | ļ | 0. | 0. | 0. | |
| VISHAAN CHAKRABARTI | 2 00 | | | ., | | | | | | | |
| SECRETARY | 2.00 | X | _ | X | | - | ╀ | 0. | 0. | 0. | |
| NAT OPPENHEIMER | | ١., | | ٠,, | | | | | | _ | |
| TREASURER | 2.00 | X | <u> </u> | X | | | ├ | 0. | 0. | 0. | |
| AMALE ANDRAOS | 1 00 | J., | | | | | | | | _ | |
| DIRECTOR | 1.00 | X | - | | _ | | \vdash | 0. | 0. | 0. | |
| WALTER CHATHAM | 1 00 | . | | | | | | 0. | 0. | 0. | |
| DIRECTOR | 1.00 | X | - | | 1 | ├- | ┝ | <u> </u> | U • | U • | |
| KEVIN CHAVERS | 1 00 | l. | | | | | | 0. | 0. | 0. | |
| DIRECTOR | 1.00 | ^ | ╁ | - | | ┼─ | ┢ | 1 | - · | · · · · · · | |
| ARTHUR COHEN | 1.00 | v | | | | | | 0. | 0. | 0. | |
| DIRECTOR ROGER DUFFY | 1.00 | ^ | \vdash | | - | ╁╾ | ├ | | 0. | | |
| DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. | |
| LESLIE GILL | 1.00 | <u>^</u> | - | | | + | \vdash | 1 | | | |
| DIRECTOR | 1.00 | x | 1 | | | | | 0. | 0. | 0. | |
| DANDETOR | | 1 22 | | ــــــــــــــــــــــــــــــــــــــ | ч— | ٠ | 1 | | | Corra 990 (2010) | |

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|---|----|--------|--|
| т | NI | \sim | |
| | IN | ١. | |

| 11111 | MCHILLCIONAL | TLAGOL | OI | 147744 | TORKY, | | |
|-------|--------------|--------|----|--------|--------|------------|--------|
| INC. | • | | | | _ | 13-1671027 | Page 8 |
| | | | | | | | |

| (A) | (B) | mpic | yee | | na i C) | nıgn | iest | (D) | (E) | 1 | (F) | |
|--|-------------------|---------------------|---------------|-------------|--------------|------------------------------|--------------|---------------------------------------|-------------------|-----------------|--|----------|
| Name and title | Average Position | | | | | | | Reportable | Reportable | 6 | o, , Estimate | ed |
| rano aro mo | hours per | (c | heck | all ' | that | app | oly) | compensation | compensation | 1 | mount | _ |
| week 8 | | | | | | from | from related | | other | | | |
| | (describe | trustae or director | | | | , . | | the | organizations | | mpensa | |
| | hours for related | 8 | trustae | | | nSa te | | organization | (W-2/1099-MISC) | 1 | from the | |
| | organizations | 猛 | ם | | 8 | E S | | (W-2/1099-MISC) | | | ganızat nd relat | |
| | in Schedule | Individual | Institutional | | Кеу етріоуее | oyee CC | تق | | | 1 | ganizati | |
| | O) | Ę | 캺 | Officer | Key | Highest compensated employee | Former | | | | | |
| MAXINE GRIFFITH | 1 00 | , | | | | | | | 0 | | | ^ |
| DIRECTOR | 1.00 | Х | | <u> </u> | - | - | \vdash | 0. | 0 | • | | 0. |
| FRANCES HALSBAND DIRECTOR | 1.00 | X | | | | | ļ | 0. | 0 | | | 0. |
| HUGH HARDY | 1.00 | A | | - | | | i — | | | • | | <u> </u> |
| DIRECTOR | 1.00 | x | | | | | | 0. | 0 | . | | 0. |
| STEVEN HOLL | | <u> </u> | ļ | | | Ì | Ì | | | 1 | | |
| DIRECTOR | 1.00 | X | | | | | | 0. | 0 | | | 0. |
| WENDY EVANS JOSEPH | | | | | | | | | | | | |
| DIRECTOR | 1.00 | X | | | | | | 0. | 0 | • | | 0. |
| CRAIG KONYK | | | | | | | | | _ | | | _ |
| DIRECTOR | 1.00 | Х | _ | | | | <u> </u> | 0. | 0 | • | | 0. |
| PRANK LUPO | 1 00 | J. | | | | | | | 0 | | | ^ |
| DIRECTOR | 1.00 | X | - | <u> </u> | _ | - | | 0. | 0 | • | | 0. |
| THOM MAYNE DIRECTOR | 1.00 | X | | | | | | 0. | 0 | | | 0. |
| RICHARD MEIER | 1:00 | A | | | - | - | | | | ' - | | • |
| DIRECTOR | 1.00 | X | | | | | | 0. | 0 | | | 0. |
| 1b Sub-total | | | | | | ▶ | | 0. | 0 | | | 0. |
| c Total from continuation sheets to Part | VII, Section A | | | | | > | | 113,532. | 0 | • | 9,1 | |
| d Total (add lines 1b and 1c) | • | | | | | \blacktriangleright | | 113,532. | 0 | • | 9,1 | |
| 2 Total number of individuals (including but | not limited to th | nose | liste | ed al | bov | e) wl | ho r | eceived more than \$100,0 | 000 in reportable | | | |
| compensation from the organization | | | | | | | | | | | - | 1 |
| | | | | | | | | | | ļ | Yes | No |
| 3 Did the organization list any former office | | | , ke | y em | olqr | yee, | or h | nighest compensated emp | oloyee on | | | w |
| line 1a? If "Yes," complete Schedule J for | | | | | | | | | | 3 | | X |
| 4 For any individual listed on line 1a, is the | | | | | | | | | e organization | ١. | | Х |
| and related organizations greater than \$1Did any person listed on line 1a receive or | | | - | | | | | | ual for congoon | 4 | - | |
| rendered to the organization? If "Yes," co | | | | | - | | eiai | ed organization or individu | ual loi services | 5 | | X |
| Section B. Independent Contractors | mpiete comeas. | | <u> </u> | | | 3017 | | | | | <u> </u> | |
| 1 Complete this table for your five highest of | ompensated in | depe | ende | ent c | onti | racto | ors t | hat received more than \$ | 100,000 of comper | sation | from | |
| the organization. NONE | | | | | | | | | | | | |
| (A) | | | | | | | | (B) | | | (C) | _ |
| Name and busines | adoress | | | | | | \dashv | Description of sei | rvices | Comp | ensatio | n |
| | | | | | | | | | | | | |
| | _ | | | | | | \dashv | | | | | |
| | | | | | | | | | | | | |
| | | | | | _ | | \neg | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | 1 | | | | | |
| | | | | | | | _ | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | | | | | | | | | |
| O Total average of the land of the land | <i>6</i> 1 | | • | -1.0 | 41 | | | 1 - L | Ab | - | | |
| 2 Total number of independent contractors | (including but n | ili Jo <i>i</i> | mite | a to | tno | se li | stec | apove) who received mo | re than | | | |

Form 990 (2010) INC. 13-1671027

| ROBERT A.M. STERN 1.00 X | nployees (co | (E) | (F) |
|--|----------------|---|--|
| Week December 2016 Decem | n cor | Reportable Impensation Form related | Estimated amount of other |
| DIRECTOR 1.00 X | org (W-2 | ganizations 2/1099-MISC) | compensation from the organization and related organizations |
| PETER MULLAN DIRECTOR DIRECTOR 1.00 X SARIE ORFF DIRECTOR 1.00 X SARGEG PASQUARELLI DIRECTOR 1.00 X LYN RICE DIRECTOR DIRECTOR 1.00 X MARK ROBBINS DIRECTOR 1.00 X SUSAN RODRIGUEZ DIRECTOR ABY ROSEN DIRECTOR 1.00 X ABY ROSEN DIRECTOR 1.00 X ABY ROSEN DIRECTOR 1.00 X DIRECTOR 1.00 X DIRECTOR 1.00 X DIRECTOR 1.00 X DIRECTOR 1.00 X DIRECTOR 1.00 X DIRECTOR 1.00 X DIRECTOR 1.00 X DIRECTOR 1.00 X DIRECTOR DIRECTOR 1.00 X DIRECTOR DIRECTOR 1.00 X DIRECTOR DIRECTOR DIRECTOR 1.00 X DIRECTOR DIRECTOR 1.00 X DIRECTOR DIRECTOR 1.00 X DIRECTOR DIRECTOR 1.00 X DIRECTOR DIRECTOR 1.00 X DIRECTOR DIRECTOR 1.00 X DIRECTOR DIRECTOR 1.00 X DIRECTOR DIRECTOR 1.00 X DIRECTOR DIRECTOR 1.00 X DIRECTOR DIRECTOR 1.00 X DIRECTOR DIRECTOR 1.00 X DIRECTOR DIRECTOR 1.00 X DIRECTOR DIRECTOR 1.00 X DIRECTOR DIRECTOR 1.00 X DIRECTOR DIRECTOR 1.00 X DIRECTOR DIRECTOR 1.00 X DIRECTOR DIRECTOR DIRECTOR 1.00 X DIRECTOR | | 0 | |
| Director 1.00 X | 0. | 0. | C |
| MARK ROBBINS | | ^ | |
| DIRECTOR | 0. | 0. | C |
| STATESTEE 1.00 X | 0. | 0. | 0 |
| DIRECTOR | U • | <u> </u> | ļ |
| LYN RICE DIRECTOR MARK ROBBINS DIRECTOR SUSAN RODRIGUEZ DIRECTOR ABY ROSEN DIRECTOR DIRECTOR 1.00 X ABY ROSEN DIRECTOR 1.00 X RAREN STEIN DIRECTOR 1.00 X ROBERT A.M. STERN DIRECTOR DAVID THURM DIRECTOR CALVIN TSAO DIRECTOR BILLIE TSIEN DIRECTOR ROSALIE GENEVRO EXECUTIVE DIRECTOR ACOUNT STAND BARBARA JAKOBSON TRUSTEE SUZANNE STEPHENS TRUSTEE MASSIMO VIGNELLI | 0. | 0. | (|
| Director 1.00 X | - | | |
| MARK ROBBINS DIRECTOR DIRECTOR SUSAN RODRIGUEZ DIRECTOR ABY ROSEN DIRECTOR DIRECTOR ARREN STEIN DIRECTOR DI | 0. | 0. | i c |
| SUSAN RODRIGUEZ | | | |
| SUSAN RODRIGUEZ | 0. | 0. | (|
| ABY ROSEN DIRECTOR EAREN STEIN DIRECTOR ROBERT A.M. STERN DIRECTOR DAVID THURM DIRECTOR CALVIN TSAO DIRECTOR DIRECTOR DIRECTOR DIRECTOR 1.00 X CALVIN TSAO DIRECTOR DIRECTOR BILLIE TSIEN DIRECTOR ROSALIE GENEVRO EXECUTIVE DIRECTOR BARBARA JAKOBSON TRUSTEE 1.00 X MASSIMO VIGNELLI | | | |
| DIRECTOR | 0. | 0. | 0 |
| March Stein 1.00 X | | | |
| Director | 0. | 0. | (|
| ROBERT A.M. STERN | | | |
| DIRECTOR | 0. | 0. | |
| DAVID THURM DIRECTOR CALVIN TSAO DIRECTOR BILLIE TSIEN DIRECTOR ROSALIE GENEVRO EXECUTIVE DIRECTOR TRUSTEE TRUSTEE MASSIMO VIGNELLI 1.00 X 1.00 X 1.00 X | 0. | 0. | |
| DIRECTOR | <u> </u> | | |
| CALVIN TSAO 2.00 X DIRECTOR 2.00 X BILLIE TSIEN 1.00 X DIRECTOR 1.00 X ROSALIE GENEVRO 40.00 X EXECUTIVE DIRECTOR 40.00 X BARBARA JAKOBSON 1.00 X TRUSTEE 1.00 X MASSIMO VIGNELLI 1.00 X | 0. | 0. | (|
| DIRECTOR 2.00 X | 0. | | |
| BILLIE TSIEN DIRECTOR ROSALIE GENEVRO EXECUTIVE DIRECTOR BARBARA JAKOBSON TRUSTEE 1.00 X SUZANNE STEPHENS TRUSTEE 1.00 X MASSIMO VIGNELLI | 0. | 0. | (|
| DIRECTOR | <u> </u> | <u>.</u> | |
| ROSALIE GENEVRO EXECUTIVE DIRECTOR BARBARA JAKOBSON TRUSTEE SUZANNE STEPHENS TRUSTEE 1.00 X MASSIMO VIGNELLI | 0. | 0. | (|
| EXECUTIVE DIRECTOR 40.00 X X 113,5 BARBARA JAKOBSON TRUSTEE 1.00 X TRUSTEE 1.00 X MASSIMO VIGNELLI | | | |
| BARBARA JAKOBSON TRUSTEE 1.00 X SUZANNE STEPHENS TRUSTEE 1.00 X MASSIMO VIGNELLI | 32. | 0. | 9,134 |
| SUZANNE STEPHENS TRUSTEE 1.00 X MASSIMO VIGNELLI | | | |
| TRUSTEE 1.00 X MASSIMO VIGNELLI | 0. | 0. | |
| MASSIMO VIGNELLI | | | |
| | 0. | 0. | (|
| TRUSTEE 1.00 X | | _ | |
| | 0. | 0. | (|
| | | | |
| Total to Part VII, Section A, line 1c 113,5 | | <u>.</u> | 9,134 |

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Form 990-(2010)

INC.

Part VIII Statement of Revenue (D)
Revenue
excluded from
tax under (C) (A) (B) Total revenue Related or Unrelated exempt function business sections 512, 513, or 514 revenue revenue Contributions, gifts, grants and other similar amounts 1 a Federated campaigns 1a 131,854. 16 b Membership dues 277,007. c Fundraising events 1c d Related organizations 1d 113,171 e Government grants (contributions) f All other contributions, gifts, grants, and 363,791 similar amounts not included above 9 Noncash contributions included in lines 1a-1f \$ 885,823. h Total. Add lines 1a-1f Business Code 2 a ADMISSION FEES 531390 17,135. 17,135. Program Service Revenue b SALES, RENTALS AND ROY 532000 5,532. 5,532. f All other program service revenue 22,667. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,266. 1,266. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6 a Gross Rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) ▶ d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 277,007. of contributions reported on line 1c) See 110930 Part IV, line 18 145937 b Less: direct expenses <35,007.> <35,007.> c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses ▶ c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a ADMINISTRATIVE FEE INC 31,441. 561000 31,441. d All other revenue 31,441. e Total. Add lines 11a-11d <2,300.> 906,190. 22,667. 0. Total revenue. See instructions

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

| | All other organizations must comp | | | | |
|----|---|-----------------------|------------------------------|-------------------------------------|--|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and | | | | |
| | organizations in the U.S. See Part IV, line 21 | 5,925. | 5,925. | | |
| 2 | Grants and other assistance to individuals in | | | | |
| | the U.S. See Part IV, line 22 | 40,285. | 40,285. | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the U.S. | | | | |
| | See Part IV, lines 15 and 16 | 500. | 500. | | ***** |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 142,321. | 46,966. | 75,430. | 19,925. |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 405,973. | 324,139. | 41,531. | 40,303. |
| 8 | Pension plan contributions (include section 401(k) | | | | |
| | and section 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 46,003. | 35,241. | 3,947. | 6,815. |
| 10 | Payroll taxes | 29,489. | 25,050. | 3,757. | 682. |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | | | | |
| b | Legal | | | | |
| С | Accounting | 22,925. | 14,306. | 2,861. | 5,758. |
| d | Lobbying | | | | |
| е | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other | | | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 67,279. | 57,124. | 4,810. | 5,345. |
| 14 | Information technology | 7,676. | 6,480. | 718. | 478. |
| 15 | Royalties | | | | |
| 16 | Occupancy | 80,919. | 64,411. | 9,905. | 6,603. |
| 17 | Travel | 13,365. | 13,236. | 71. | 58. |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 10,857. | 8,862. | 894. | 1,101. |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 14,846. | 11,134. | 2,227. | 1,485. |
| 23 | Insurance | 7,600. | 5,700. | 1,140. | 760. |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) | and a second | | | |
| 9 | amount, list line 24f expenses on Schedule 0) ADMINISTRATIVE FEE | 29,925. | 29,925. | | ····· |
| | ARTISTIC FEES | 15,363. | 15,088. | 69. | 206. |
| c | HONORARIA | 14,000. | 14,000. | <u> </u> | 200 |
| d | PROGRAM PRODUCTION | 9,420. | 9,412. | 5. | 3. |
| e | MISCELLANEOUS | 679. | 577. | 61. | 41. |
| _ | All other expenses | 625. | 531. | 56. | 38. |
| 25 | Total functional expenses. Add lines 1 through 24f | 965,975. | 728,892. | 147,482. | 89,601. |
| 26 | Joint costs. Check here Infollowing SOP | 70977700 | . 20,032. | 21//1021 | 0,,001 |
| ∠0 | 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

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| Par | tΧ | Balance Sheet | | | | | |
|-----------------------------|----------|--|--------------------|------------------------|--------------------------|------------|---------------------------------------|
| • | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash · non-interest-bearing | | | 900. | 1 | 700. |
| | 2 | Savings and temporary cash investments | | | 305,107. | 2 | 302,111. |
| | 3 | Pledges and grants receivable, net | | | 68,805. | 3 | 63,640. |
| ŀ | 4 | Accounts receivable, net | | 9,300. | 4 | 7,429. | |
| | 5 | Receivables from current and former officers, di | rectors, | trustees, key | | | |
| | | employees, and highest compensated employee | es. Com | plete Part II | | | |
| | | of Schedule L | | | | 5 | · · · · · · · · · · · · · · · · · · · |
| ļ | 6 | Receivables from other disqualified persons (as | defined | l under section | | | |
| | | 4958(f)(1)), persons described in section 4958(c | and contributing | | | | |
| | | employers and sponsoring organizations of sec | tion 501 | (c)(9) voluntary | | | |
| s l | | employees' beneficiary organizations (see instru | ictions) | ļ | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | ļ | | 7 | <u> </u> |
| As | 8 | Inventories for sale or use | | | 6 004 | 8_ | |
| 1 | 9 | Prepaid expenses and deferred charges | | | 6,804. | 9 | 2,650. |
| | 10a | Land, buildings, and equipment: cost or other | | 000 050 | | | |
| | | basis. Complete Part VI of Schedule D | 10a 10b | 200,858. 186,490. | 22 267 | | 14 260 |
| | | Less: accumulated depreciation | 22,367. 22,617. | 10c | 14,368. | | |
| | 11 | Investments · publicly traded securities | 22,017. | | 24,341. | | |
| | 12 | Investments - other securities. See Part IV, line | | 12 | | | |
| | 13 | Investments - program-related. See Part IV, line | | 13 | | | |
| | 14 | Intangible assets | | 2 167 640 | 14 | 2 474 420 | |
| | 15 | Other assets. See Part IV, line 11 | | | 2,167,649. 2,603,549. | 15 16 | 2,474,439. |
| | 16 | Total assets. Add lines 1 through 15 (must equ | al line 3 | 4) | 30,970. | 17 | 2,889,678. 26,350. |
| | 17 18 | Accounts payable and accrued expenses | | | 30,370. | 18 | 20,330. |
| | 19 | Grants payable Deferred revenue | | | 37,910. | 19 | 43,678. |
| ĺ | 20 | Tax-exempt bond liabilities | | | 377310. | 20 | 13/0/01 |
| ,, | 21 | Escrow or custodial account liability. Complete | Dart IV | of Schadula D | | 21 | |
| Liabilities | 22 | Payables to current and former officers, director | | , | | | |
| ig | | highest compensated employees, and disqualifi | | | | | |
| ן בֿי | | of Schedule L | ica pers | ions. complete rait ii | | 22 | |
| | 23 | Secured mortgages and notes payable to unrela | ated thir | rd parties | - | 23 | |
| | 24 | Unsecured notes and loans payable to unrelate | | i i | | 24 | |
| | 25 | Other liabilities. Complete Part X of Schedule D | , | | 28,542. | 25 | 62,500. |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 97,422. | | 132,528. |
| | | Organizations that follow SFAS 117, check he | ere 🕨 | X and complete | | | |
| န္ | | lines 27 through 29, and lines 33 and 34. | | | | | |
| Š | 27 | Unrestricted net assets | | | <43,198. | | <117,209.> |
| 3ala | 28 | Temporarily restricted net assets | | 152,716. | | 168,666. | |
| <u>و</u> ا | 29 | Permanently restricted net assets | | 2,396,609. | 29 | 2,705,693. | |
| בַּ | | Organizations that do not follow SFAS 117, c | heck he | ere 🕨 🔲 and | | | |
| ō | | complete lines 30 through 34. | | | | | |
| ets | 30 | Capital stock or trust principal, or current funds | | | 30 | | |
| Ass | 31 | Paid-in or capital surplus, or land, building, or ed | quipmen | nt fund | | 31 | |
| Net Assets or Fund Balances | 32 | Retained earnings, endowment, accumulated in | come, c | or other funds | | 32 | |
| z | 33 | Total net assets or fund balances | | | 2,506,127. | | 2,757,150. |
| | 34 | Total liabilities and net assets/fund balances | | | 2,603,549. | 34 | 2,889,678. |

Form **990** (2010)

| Form | 990 (2010) INC. | <u> 13-16</u> | 71027 | Pag | ge 12 |
|------|---|---------------|---------------|--------------|--------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| • | Check if Schedule O contains a response to any question in this Part XI | | | | X |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | 90. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 75. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 85. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 2,50 | | |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | | | 08. |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 2 <u>,</u> 75 | 7 , 1 | <u>50.</u> |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | _ | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | 0. | | | ĺ |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | <u>X</u> |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audıt, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | <u>X</u> _ | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | edule O. | | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue | d on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle Audıt | | | |
| | Act and OMB Circular A-133? | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ired audit | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | | 3ь | | <u></u> |

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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. ➤ See separate instructions.

THE ARCHITECTURAL LEAGUE OF NEW YORK,

Open to Public Inspection

Employer identification number

| | | INC. | | | | | | | 13 | <u>-16/1</u> | <u>027</u> | |
|-----------|------------------|-----------------------------|-------------------------------|-------------------------|---------------------------|-------------------|---------------------|------------------------|---------------|---------------|---------------|----------|
| Part I | Reason | for Public Char | ity Status (All organiz | ations mu | st complet | e this part | t.) See inst | ructions. | | | | |
| The organ | ızatıon is not a | private foundation | because it is: (For lines 1 | through | 11, check | only one b | ox.) | | | | | |
| 1 🔲 | A church, cor | nvention of churches | s, or association of chur | ches desc | ribed in se | ction 170 | (b)(1)(A)(i) | | | | | |
| 2 🔲 | A school des | cribed in section 17 | '0(b)(1)(A)(ii). (Attach Sc | hedule E.) | | | | | | | | |
| з 🗀 | A hospital or | a cooperative hospi | tal service organization of | described | n section | 170(b)(1) | (A)(iii). | | | | | |
| 4 🔲 | A medical res | search organization | operated in conjunction | with a hos | pital desci | ıbed ın se | ction 170 | (b)(1)(A)(ii | i). Enter th | ne hospital | 's nam | e, |
| | city, and stat | e: | | | | | | | | | | |
| 5 🔲 | An organizati | on operated for the | benefit of a college or ur | niversity ov | vned or op | erated by | a governi | nental uni | t describe | d in | | |
| | | (b)(1)(A)(iv). (Comple | | | | | | | | | | |
| 6 🔲 | A federal, sta | te, or local governm | ent or governmental unit | t described | d ın sectio | n 170(b)(1 |)(A)(v). | | | | | |
| 7 X | | - | eives a substantial part | | | | | r from the | general p | ublic desc | rıbed ıı | n |
| | | b)(1)(A)(vi). (Comple | | , , | | _ | | | | | | |
| 8 🗀 | A community | trust described in s | ection 170(b)(1)(A)(vi). | (Complete | Part II) | | | | | | | |
| 9 🔲 | | | erves: (1) more than 33 | | | rom contri | butions, m | nembershi | p fees, an | d gross red | ceipts f | from |
| | · · | • | nctions - subject to certa | | | | | | | | | |
| | income and u | inrelated business t | axable income (less sect | tion 511 ta | x) from bu | sinesses a | acquired b | y the orga | inization a | fter June 3 | 0, 197 | 5. |
| | See section | 509(a)(2). (Complete | Part III.) | | | | | | | | | |
| 10 🔲 | An organizati | on organized and or | perated exclusively to te | st for publ | c safety S | See sectio | n 509(a)(4 | l). | | | | |
| 11 🔲 | An organizati | on organized and or | perated exclusively for th | ne benefit (| of, to perfo | orm the fur | nctions of, | or to carr | y out the p | ourposes o | of one o | or |
| | more publicly | supported organiza | ations described in secti | on 509(a)([.] | 1) or section | on 509(a)(2 | 2). See se c | ction 509(| a)(3). Che | ck the box | that | |
| | describes the | type of supporting | organization and compl | et <u>e lin</u> es 1 | 1e through | 11h. | | | | | | |
| | a Type I | b | Type II c | з 🗀 Тур | e III - Fund | tionally int | egrated | | d | Type III · 0 | Other | |
| e 🗀 | By checking | this box, I certify tha | it the organization is not | controlled | directly o | r indirectly | by one o | r more dis | qualified p | ersons oth | ner than | n |
| | foundation m | anagers and other t | han one or more publicly | y supporte | d organiza | tions des | cribed in s | ection 509 | 9(a)(1) or s | ection 509 |)(a)(2). | |
| f | If the organiz | ation received a writ | ten determination from t | the IRS tha | at it is a Ty | pe I, Type | II, or Type | e III | | | | |
| | supporting of | rganization, check th | nis box | | | | | | | | | Ш |
| 9 | Since August | 17, 2006, has the c | organization accepted ar | ny gift or co | ontribution | from any | of the follo | owing pers | sons? | | | |
| | (i) A perso | n who directly or ind | irectly controls, either al | one or tog | ether with | persons c | lescribed | ın (ıi) and (| III) below, | | Yes | No |
| | the gove | erning body of the si | upported organization? | | | | | | | 11g(i) | <u> </u> | <u> </u> |
| | (ii) A family | member of a persor | n described in (i) above? | | | | | | | 11g(ii) | $\overline{}$ | — |
| | (iii) A 35% d | controlled entity of a | person described in (i) o | or (ii) above | ∋ ? | | | | | 11g(iii) | <u> </u> | <u> </u> |
| h | Provide the fo | ollowing information | about the supported or | ganization | (s). | | | | | | | |
| | | | I | | | | | 1 | | | | |
| (i) Name | of supported | (ii) EIN | (iii) Type of organization | | rganization | | | (vi) Is organizatio | | (vii) An | nount of | f |
| orga | inization | | (described on lines 1-9 | | sted in your document? | | r support? | (i) organiz | ed in the | sup | port | |
| | | | above or IRC section | | | | | U.S | | | | |
| | | | (see instructions)) | Yes | No | Yes | No | Yes | No | - | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | - | | | | | | | | | | |
| | | | _ | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | - | | | ļ | | | ļ | ļ | | | | |
| Total | | | | | | | | | | | | |

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 Calendar year (or fiscal year beginning in) (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 548,988. 607,549. 859,354. 910,926. 885,823. include any "unusual grants.") 3,812,640. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 548,988. 607,549. 859,354. 910,926. 885,823. 4 Total. Add lines 1 through 3 3,812,640. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 3,812,640 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008(d) 2009 (e) 2010 (f) Total

| 7 | Amounts from line 4 | 548,988. | 607,549. | 859,354. | 910,926. | 885,823. | 3,812,640. |
|----|---|-----------------------|----------|----------|----------|----------|------------|
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar sources | 29,776. | 44,561. | 12,319. | 3,675. | 6,798. | 97,129. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | ; | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part IV.) | 23,271. | 23,107. | 24,572. | 35,787. | 31,441. | 138,178. |
| 11 | Total support. Add lines 7 through 10 | | , | | | ì | 4,047,947. |
| 12 | Gross receipts from related activities. | etc. (see instruction | ons) | | | 12 | 86,439. |

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

| otion 5. Computation of Labic Support Leicentage | | | |
|--|----|-------|---|
| Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) | 14 | 94.19 | 9 |
| Public support percentage from 2009 Schedule A Part II, line 14 | 15 | 93.35 | Q |

16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2010

▶

 $\triangleright [X]$

14

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

| | y under the tests listed be | low, please comp | olete Part II.) | | | | · |
|--|--|--------------------------|-----------------------|------------------------|----------------------|----------------------|-------------|
| Section A. Pu | | | | | | T | |
| | scal year beginning in) 🕨 | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| | contributions, and | | | | | | |
| • | fees received. (Do not | İ | | | | | |
| include any | 'unusual grants.") | | | | | | |
| merchandise formed, or fa any activity t | ts from admissions, e sold or services per- icilities furnished in hat is related to the is tax-exempt purpose | | | | | | |
| 3 Gross receip | ts from activities that | | | | | | |
| are not an ui | related trade or bus- | | | | | | |
| ıness under | section 513 | | | | | | |
| 4 Tax revenue | s levied for the organ- | | | | | | |
| ızatıon's ben | efit and either paid to | | | | | | |
| or expended | on its behalf | | | | | | |
| 5 The value of | services or facilities | | | | | | |
| furnished by | a governmental unit to | | | | | | |
| the organiza | tion without charge | | | | | | |
| 6 Total. Add i | nes 1 through 5 | | | | | | |
| 7a Amounts Inc | luded on lines 1, 2, and | | | | | | |
| 3 received fr | om disqualified persons | | | | | | <u> </u> |
| from other than o | d on lines 2 and 3 received disqualified persons that er of \$5,000 or 1% of the 3 for the year | | | | | | |
| c Add lines 7a | and 7b | | | | | | |
| 8 Public supp | ort (Subtract line 7c from line 6) | | | | ,,,, | | |
| Section B. To | | | | | | | |
| Calendar year (or f | iscal year beginning in) ► 🛚 | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| 9 Amounts fro | m line 6 | | | | | | |
| securities lo | e from interest, ayments received on ans, rents, royalties from similar sources | | | | | | |
| b Unrelated bus | iness taxable income | | | | | | |
| • | 11 taxes) from businesses June 30, 1975 | | | | | | |
| activities not | a and 10b from unrelated business Included in line 10b, ot the business is | | | | | | |
| regularly car | ried on | | | | | | |
| or loss from | e. Do not include gain the sale of capital ain in Part IV) | | | | | | |
| | (Add lines 9, 10c, 11, and 12) | | | | | | |
| | ars. If the Form 990 is for | the organization's | s first, second, thir | d, fourth, or fifth to | ax year as a section | on 501(c)(3) organiz | ation, |
| check this b | ox and stop here | | | | | | ▶□ |
| Section C. Co | omputation of Publi | c Support Pe | rcentage | | | | |
| 15 Public suppo | ort percentage for 2010 (li | ne 8, column (f) d | ivided by line 13, o | column (f)) | | 15 | % |
| 16 Public supp | ort percentage from 2009 | Schedule A, Part | III, line 15 | | | 16 | % |
| | mputation of Inves | | | | | | |
| 17 Investment | ncome percentage for 20 | 10 (line 10c, colur | nn (f) divided by lii | ne 13, column (f)) | | 17 | % |
| 18 Investment | ncome percentage from 2 | 009 Schedule A, | Part III, line 17 | | | 18 | % |
| 19a 33 1/3% su | port tests - 2010. If the | organization did r | not check the box | on line 14, and line | e 15 is more than | 33 1/3%, and line 1 | 7 is not |
| more than 3 | 3 1/3%, check this box ar | nd stop here. The | organization qual | ifies as a publicly | supported organi | zation | ▶□ |
| | pport tests - 2009. If the | - | | | | | and |
| | more than 33 1/3%, che dation. If the organization | | | | | | |
| LU FINAIRIOUT | iuation, il the organization | i ulu noi check a | DOX OH HITE 14, 19 | a, or ibu, chieck li | III DON ALIA SEE II | 311 40110113 | |

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public inspection

Name of the organization

THE ARCHITECTURAL LEAGUE OF NEW YORK, TNC

Employer identification number 13-1671027

| Pa | Organizations Maintaining Donor Advise | ed Funds or Other Similar Funds or | Accounts. Complete if the |
|----|--|--|---|
| | organization answered "Yes" to Form 990, Part IV, lin | e 6. | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate 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 fu | nds |
| | are the organization's property, subject to the organization's | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor a | advisors in writing that grant funds can be used | only |
| | for charitable purposes and not for the benefit of the donor of | or donor advisor, or for any other purpose confe | erring |
| | impermissible private benefit? | | Yes No |
| Pa | TELL Conservation Easements. Complete if the organization | ganization answered "Yes" to Form 990, Part IV | /, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | on (check all that apply). | |
| | Preservation of land for public use (e.g., recreation or e | education) Preservation of an historica | ally important land area |
| | Protection of natural habitat | Preservation of a certified h | nistoric structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a quali | fied conservation contribution in the form of a c | conservation easement on the last |
| | day of the tax year. | | |
| | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easements | | 2b |
| C | Number of conservation easements on a certified historic str | ructure included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired | after 8/17/06, and not on a historic structure | |
| | listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, re | leased, extinguished, or terminated by the orga | inization during the tax |
| | year ► | | |
| 4 | Number of states where property subject to conservation ea | sement is located | |
| 5 | Does the organization have a written policy regarding the per | riodic monitoring, inspection, handling of | |
| | violations, and enforcement of the conservation easements | t holds? | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | and enforcing conservation easements during | the year ▶ |
| 7 | Amount of expenses incurred in monitoring, inspecting, and | enforcing conservation easements during the y | ear > \$ |
| 8 | Does each conservation easement reported on line 2(d) above | ve satisfy the requirements of section 170(h)(4)(| B)(ı) |
| | and section 170(h)(4)(B)(ii)? | | Yes No |
| 9 | In Part XIV, describe how the organization reports conservati | ion easements in its revenue and expense state | ement, and balance sheet, and |
| | include, if applicable, the text of the footnote to the organization | tion's financial statements that describes the oi | rganization's accounting for |
| | conservation easements. | | |
| Pa | TIII Organizations Maintaining Collections o | | Similar Assets. |
| | Complete if the organization answered "Yes" to Form | | |
| 1a | If the organization elected, as permitted under SFAS 116 (AS | | |
| | historical treasures, or other similar assets held for public ext | nibition, education, or research in furtherance o | f public service, provide, in Part XIV, |
| | the text of the footnote to its financial statements that descri | | |
| ь | If the organization elected, as permitted under SFAS 116 (AS | | |
| | treasures, or other similar assets held for public exhibition, ed | ducation, or research in furtherance of public se | ervice, provide the following amounts |
| | relating to these items: | | |
| | (i) Revenues 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 tre | asures, or other similar assets for financial gain | , provide |
| | the following amounts required to be reported under SFAS 1 | 16 (ASC 958) relating to these items: | |
| а | Revenues included in Form 990, Part VIII, line 1 | | > \$ |
| b | Assets included in Form 990. Part X | | ▶ \$ |

| | dule D (Form 990) 2010 INC • | | | | | | 13-16 | 11021 | Page 2 |
|---------------|---|------------------------|-----------------------------|----------------------|------------------|-----------------|---|--------------|---|
| Par | t III Organizations Maintaining C | ollections of Ar | t, Historica | Treasu | res, or Oth | <u>ier Simi</u> | lar Asse | ts (contin | ued) |
| 3 | Using the organization's acquisition, accession | on, and other records | s, check any of | the follow | ng that are a | significan | t use of its | collection | ıtems |
| | (check all that apply): | | | | | | | | |
| а | Public exhibition | d | Loan or | exchange | programs | | | | |
| b | Scholarly research | е | Other_ | | | | | | _ |
| С | Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization's co | ellections and explain | how they furth | er the org | anızatıon's ex | empt purp | oose in Par | t XIV. | |
| 5 | During the year, did the organization solicit or | | | | | | | | |
| | to be sold to raise funds rather than to be ma | | | | | | | Yes | ☐ No |
| Par | t IV Escrow and Custodial Arran | gements. Comple | te if the organi | ation ansv | vered "Yes" t | o Form 99 | 0, Part IV, | line 9, or | |
| , , . , | reported an amount on Form 990, Par | t X, line 21. | | _ | | | | | |
| 1a | Is the organization an agent, trustee, custodi | an or other intermed | ary for contrib | itions or of | ther assets no | t included | | | |
| | on Form 990, Part X? | | - | | | | | Yes | ☐ No |
| ь | if "Yes," explain the arrangement in Part XIV | and complete the fol | lowing table: | | | | | | |
| | , , | • | • | | | | | Amount | |
| C | Beginning balance | | | | | 1c | | | |
| | Additions during the year | | | | | 1d | | | |
| е | Distributions during the year | | | | | 1e | | | |
| f | Ending balance | | | | | 1f | | | |
| | Did the organization include an amount on Fo | orm 990. Part X. line | 21? | | | | | Yes | □ No |
| | If "Yes," explain the arrangement in Part XIV. | | _,, | | | | | | |
| | * V Endowment Funds. Complete I | the organization ans | swered "Yes" t | Form 990 |), Part IV, line | 10. | | | |
| · · · · · · · | | (a) Current year | (b) Prior yea | | wo years back | | years back | (e) Four | ears back |
| 1a | Beginning of year balance | 260,075. | 281,8 | | 276,837. | †···· | | | |
| b | Contributions | | | | | 1 | ********** | | |
| c | Net investment earnings, gains, and losses | 937. | - | 00. | 5,038, | | ••••• | <u> </u> | *************************************** |
| d | Grants or scholarships | | | | - 7 - 1 - 1 | 1 | *************************************** | | 11-1-11-11-1 |
| e | Other expenditures for facilities | | | | | | | | ••••• |
| Ŭ | and programs | 9,967. | 22,5 | .00 | | | | | |
| f | Administrative expenses | 2,24. | | | | † | | <u> </u> | |
| 9 | End of year balance | 251,045. | 260,0 | 75 | 281 875 | | *************** | <u> </u> | . 11.,11.1 |
| 2 | Provide the estimated percentage of the year | | | ,,, | 202,0.5 | ·L | | 1 | |
| a | Board designated or quasi-endowment | cha balance nela a | % | | | | | | |
| ь | Permanent endowment | % | | | | | | | |
| c | | | | | | | | | |
| 3a | Are there endowment funds not in the posse | | ation that are h | eld and add | ministered for | the organ | nization | | |
| 00 | by: | 33ion of the organize | inon that are m | no ano ao | | ino organ | ii.Lutioii | [· | Yes No |
| | (i) unrelated organizations | | | | | | | 3a(i) | X |
| | (ii) related organizations | | | | | | | 3a(ii) | X |
| b | If "Yes" to 3a(ii), are the related organizations | lieted as required o | n Schedule R2 | | | | | 3b | - |
| 4 | Describe in Part XIV the intended uses of the | | | | | | | _ U U | |
| | t VI Land, Buildings, and Equipm | | | | | | | | |
| | Description of investment | (a) Cost or of | | cost or oth | (c) | Accumula | ted | (d) Book | value |
| | peachibrion of illacarment | basis (investr | 1 | asis (other) | | epreciatio | I | (4) 5000 | , 4140 |
| 10 | Land | 223.5 (564.1 | ' ' | (| <u> </u> | | | | |
| _ | Buildings | | | | | | | | |
| b | • | | | 67,2 | 95 | 61, | 553. | 5 | .742 |
| C | Leasehold improvements | - | | $\frac{37,2}{133,5}$ | | 124,9 | | | ,742. |
| d | Equipment | | | 100,0 | | 1271. | , , , , | | ,020. |
| | Other | aval Farm 000 Bad | V ==k:=== (D) | 10/-11 | <u> </u> | | • | 1 / | ,368. |
| ıota | I. Add lines 1a through 1e. (Column (d) must e | quai Form 990, Part | x, column (B), i | ne ru(c).) | | | | | , , , , , , , , , |

(10)(11)

62,500.

| Saha | dule D (Form 990) 2010 INC. | r NEW TOR | . , | 13_1 | 671027 | Page 4 |
|------|---|----------------------|---------------|-----------------|----------------|-------------|
| Da | t Xt Reconciliation of Change in Net Assets from Form 990 to | Audited Fina | ncial St | | | raye - |
| | | Audited I IIIai | 1 1 | atement | 906 | 190. |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | | 2 | | | 975. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | | | | 785. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | ٠.٠ | 3 | | | 724. |
| 4 | Net unrealized gains (losses) on investments | · | 4 | | | 124. |
| 5 | Donated services and use of facilities | | 5 | | | |
| 6 | Investment expenses | | 6 | | | |
| 7 | Prior period adjustments | | 7 | | 300 | 084. |
| 8 | Other (Describe in Part XIV.) | | 8 | | | 808. |
| 9 | Total adjustments (net). Add lines 4 through 8 | | 9 | | | 023. |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and VIII Property of Property and Audited Financial Statements | | 10 | r Doturn | 231 | 023. |
| | t XII Reconciliation of Revenue per Audited Financial Stateme | iire Mirii Uene | nue pe | 1 | 1,216, | 998 |
| 1 | Total revenue, gains, and other support per audited financial statements | | | | 1,210, | 770. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | 1 0-1 | 1,72 | A | | |
| a | Net unrealized gains on investments | 2a | 1,12 | - - | | |
| Ь | Donated services and use of facilities | 2b | | | | |
| _ | Recoveries of prior year grants | 2c | 09,08 | 1 | | |
| d | Other (Describe in Part XIV.) | 2d 3 | 09,00 | | 310 | 808. |
| _ | Add lines 2a through 2d | | | 2e | 906 | 190. |
| 3 | Subtract line 2e from line 1 | | | 3 | 300, | 130. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | 1 4-1 | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | | |
| b | Other (Describe in Part XIV.) | _4b | | — <u>45</u> [| | 0. |
| c | Add lines 4a and 4b Tatal reviews Add lines 2 and 4a. This must accust form 000. Root I line 12 b. | | | 4c | 906 | 190. |
| Do | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) **T XIII Reconciliation of Expenses per Audited Financial Statem | ents With Eyn | enses r | | | 170. |
| 1 | Total expenses and losses per audited financial statements | CITCS THEIR EXP | CHOCO P | 1 | 965 | 975. |
| 2 | · | | | | | , , , , , , |
| | Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities | 2a | | | | |
| a | | 2b | | \dashv \mid | | |
| ь | Prior year adjustments Other leases | 2c | | | | |
| 6 | Other losses Other (Describe in Part XIV.) | 2d | | \dashv \mid | | |
| d | Add lines 2a through 2d | 20 | - | | | 0 - |
| _ | Subtract line 2e from line 1 | | | 3 | 965 | 975. |
| 3 | | | | | <u> </u> | 7775 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | | |
| | • | 4b | - | | | |
| | Other (Describe in Part XIV.) Add lines 4a and 4b | 40 | | 4c | | 0. |
| | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | | | 5 | 965 | 975. |
| | t XIV Supplemental Information | | | | 7 9 5 | ,,,,,,, |
| | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II | Il lines 1a and 4: F | Part IV line | ee 1h and 2 | h: Part V line | 4· Part |
| | e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp | | | | | 4, 1 alt |
| | RT V, LINE 4: THE LEAGUE MAINTAINS VARIOUS | | | | | |
| | CI V/ BIND IN IND BENOOD INTENTION VIACLOOD | 2011011 112 | | | | |
| WHO | SE PURPOSE IS TO PROVIDE LONG TERM SUPPOR | T FOR ITS | CHAR | ITABLI | E PROGRA | AMS. |
| | | | | | | |
| | | | | | | |
| | | | - | | | |
| PAI | RT X, LINE 2: THE LEAGUE RECOGNIZES THE EF | FECT OF I | NCOME | TAX | | |
| | | | | | | |
| POS | SITIONS ONLY WHEN THEY ARE MORE LIKELY THA | N NOT OF | BEING | SUSTA | AINED. | |
| | | | | | | |
| MAI | NAGEMENT HAS DETERMINED THAT THE LEAGUE HA | D NO UNCE | RTAIN | TAX 1 | POSITION | <u> 15</u> |
| முமா | AT WOULD REQUIRE FINANCIAL STATEMENT RECOG | אודיתד∩או ∩ים | חדפר | יםוופחדי | ₹. | |
| THZ | T MOODD VEGOTVE LIMMICIAN STATEMENT KECOG | HITTON OK | שנוע | TOPOKI | . | |

THE ARCHITECTURAL LEAGUE OF NEW YORK, 13-1671027 Page 5 INC. Schedule D (Form 990) 2010 Part XIV Supplemental Information (continued) AMOUNT REPRESENTS THE UNREALIZED GAIN ON INVESTMENTS AND THE CHANGE IN VALUE OF BENEFICIAL INTEREST IN THE PERPETUAL TRUST.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to 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. ► See separate instructions.

2010

Open To Public

Name of the organization

THE ARCHITECTURAL LEAGUE OF NEW YORK,

Employer identification number

INC. 13-1671027 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations J Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes 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. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) have custody or control of contributions? or entity (fundraiser) fundraiser from activity organization listed in col. (i) Yes No 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.

13-1671027 Page 2 Schedule-G (Form 990 or 990-EZ) 2010 INC. Fundraising Events. Complete if the organization answered "Yes" to 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 BEAUX ARTS VIGNELLI (add col. (a) through BALL DINNER col. (c)) (event type) (event type) (total number) 110,875. 267,400. 9,662. 387,937. 1 Gross receipts 216,900. 3,982. 277,007. 56,125. 2 Less: Charitable contributions 5,680. 110,930. 54,750. 50,500. 3 Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages 7 Entertainment 69,450. 75,470. 1,017. 145,937. Other direct expenses 145,937 10 Direct expense summary. Add lines 4 through 9 in column (d) <35,007 Net income summary. Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (c) Other gaming (a) Bingo col. (a) through col. (c)) bingo/progressive bingo Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes % Yes Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: Yes a is the organization licensed to operate gaming activities in each of these states? b if "No," explain: _ Yes 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain:

THE ARCHITECTURAL LEAGUE OF NEW YORK, 13-1671027 Schedule G (Form 990 or 990-EZ) 2010 INC. 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed Yes to administer charitable gaming? 13 Indicate the percentage of gaming activity operated in: a The organization's facility 13a 13b **b** An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Address > Yes No 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b if "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party > \$ c If "Yes," enter name and address of the third party: Name ► Address > 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 Yes No retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

| SCHEDULE I Form 990) | | | Grants and Governments | Grants and Other Assistance to Organizations, Governments, and Individuals in the United States | to Organizations in the United Sta | sə: | | 2010 |
|---|--|------------------------------------|---|---|--|---|---|---|
| Department of the Treasury Itemal Revenue Service | | Сомр | Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. | n answered "Yes" to For ► Attach to Form 990. | to Form 990, Par n 990. | t IV, line 21 or 22. | | Open to Public Inspection |
| Vame of the organization | THE | ARCHITECTURAL | LEAGUE OF NI | NEW YORK, | | | | Employer identification number 13-1671027 |
| Parti General In | General Information on Grants and Assistance | nd Assistance | | | | | | |
| 1 Does the organiz | Does the organization maintain records to substantiate the amount of the grants or assistance, the grants for the grants or assistance, and the selection | o substantiate the | amount of the grants | or assistance, the | grantees' eligibility | / for the grants or ass | istance, and the select | [|
| | criteria used to award the grants or assistance? | tance? | • | : | | | | X Yes No |
| 꺙 | Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. | cedures for monit | oring the use of grant f | funds in the United | States. | | | |
| Part II Grants and recipient the | Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Check this box if no one recipient received more than \$5,000. Check this box if no one recipient received more than \$5,000. Check this box if no one recipient received more than \$5,000. | Governments and 55,000. Check this | I Organizations in the box if no one reciplent | United States. C | omplete if the orga an \$5,000. Part II | anization answered "Y can be duplicated if a | es" to Form 990, Part I additional space is need | V, line 21, for any ► X |
| 1 (a) Name and ad or gov | 1 (a) Name and address of organization or government (b) EIN (c) IRC section replicable (d) Amount of cash grant or government (f) Method of valuation (book, non-cash assistance other) (g) Description of valuation of assistance other) | (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 | Enter total number of section 501(c)(3) and government organizations | nd government or | ganizations | | | | | A |
| HA For Paperwork | Enter total number of other organizations For Paperwork Reduction Act Notice, see the Instructions for Form 990. | see the Instructi | ons for Form 990. | | | | | Schedule I (Form 990) (2010) |

Page 2

13-1671027

Schedule I (Form 990) (2010) INC.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

| 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 |
| | | | | | |
| TRAVEL GRANTS FROM DEBORAH NORDEN FUND | 2 | 2,000. | 0 | | |
| RESEARCH AND BOOK PREPARATION ON WORR OF ARCHITECT HORACE GIFFARD | ਜ | 22,384. | 0. | | |
| RESEARCH FOR PROJECT FUNDED BY NEW YORK STATE COUNCIL ON THE ARTS | 1 | 8,901. | .0 | | |
| HONORARIUM: LEAGUE PRIZE | a | 4,000. | .0 | | |
| | | | | | |
| Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. | de the information | required in Part I, I | ine 2, and any other | additional information. | |
| ULE I, PART I, LINE 2: THE | ARCHIECTURAL | LEAGUE | RETAINS REC | RECORDS RELATED | |
| TO THE GRANTS THEY DISBURSE. FOR | FOR COMPETITIVE | VE GRANTS, | , SELECTED | BY A JURY, | |
| THE ARCHITECTURAL LEAGUE RETAINS THE PROPOSAL OR PORTFOLIO SUBMITTED BY | HE PROPOS | AL OR POR | TFOLIO SUB | AITTED BY THE | |
| APPLICANT. FOR GRANTS FOR THE EXE | EXECUTION OF | A SPECIF | SPECIFIC PROJECT, | , THEY RETAIN | |
| EXPENSE DOCUMENTATION SUBMITTED BY | THE | GRANTEE. | | | |

Schedule I (Form 990) (2010)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Department of the Treasury Internal Revenue Service

Name of the organization

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.

2010
Open to Public Inspection

THE ARCHITECTURAL LEAGUE OF NEW YORK, INC.

Employer identification number 13-1671027

| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: | |
|--|--|
| DESIGN. THE LEAGUE'S PROGRAMS AND PROJECTS FOCUS ON THE CREATIVE ACT | |
| AND THE CRITICAL PERSPECTIVE IN ARCHITECTURE, ON HOW ARCHITECTURE IS | |
| CREATED AND WHAT IT MEANS IN THE CONTEXT OF CONTEMPORARY SOCIETY. WE | |
| PRESENT IMPORTANT WORK AND IDEAS FOR DEBATE AND DISCUSSION; IDENTIFY | |
| AND ENCOURAGE THE WORK OF TALENTED YOUNGER ARCHITECTS; CREATE | |
| OPPORTUNITIES FOR THE EXPLORATION OF NEW APPROACHES TO PROBLEMS IN THE | |
| BUILT ENVIRONMENT; AND BUILD AND SUSTAIN A STIMULATING COMMUNITY FOR | |
| ARCHITECTS, DESIGNERS IN RELATED DISCIPLINES, AND OTHERS INTERESTED IN | |
| THE FIELD. | |
| | |
| FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: | |
| | |

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CONTEXT OF CONTEMPORARY SOCIETY. WE PRESENT IMPORTANT WORK AND IDEAS

FOR DEBATE AND DISCUSSION; IDENTIFY AND ENCOURAGE THE WORK OF TALENTED

YOUNGER ARCHITECTS; CREATE OPPORTUNITIES FOR THE EXPLORATION OF NEW

APPROACHES TO PROBLEMS IN THE BUILT ENVIRONMENT; AND BUILD AND SUSTAIN

A STIMULATING COMMUNITY FOR ARCHITECTS, DESIGNERS IN RELATED

DISCIPLINES, AND OTHERS INTERESTED IN THE FIELD.

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

DIGITAL PROGRAMS AND PUBLICATIONS: THE ARCHITECTURAL LEAGUE MAKES A

LARGE NUMBER OF ITS PROGRAMS AVAILABLE FREE TO AN INTERNATIONAL

AUDIENCE THROUGH THE LEAGUE'S WEBSITE, WWW.ARCHLEAGUE.ORG, AND THROUGH

ITUNES. OFFERINGS INCLUDE RECENTLY PRESENTED PROGRAMS AS WELL AS

THEMATICALLY ORGANIZED SELECTIONS FROM THE LEAGUE'S ARCHIVES OF VIDEO

| Schedule O (Form 990 or 990-EZ) (2010) | Page 2 |
|---|---|
| Name of the organization THE ARCHITECTURAL LEAGUE OF NEW YORK, INC. | Employer identification number 13-1671027 |
| EXPENSES \$ 56,684. INCLUDING GRANTS OF \$ 0. REVENUE \$ | 0. |
| OTHER | |
| EXPENSES \$ 250,394. INCLUDING GRANTS OF \$ 37,210. REV | ENUE \$ 0. |
| FORM 990, PART VI, SECTION A, LINE 6: SEE ATTACHMENT A | |
| FORM 990, PART VI, SECTION A, LINE 7A: SEE ATTACHMENT A | |
| FORM 990, PART VI, SECTION A, LINE 7B: THE AMENDMENT OF T | |
| BY-LAWS IS SUBJECT TO THE APPROVAL OF MEMBERS. BY-LAWS MA | |
| REPEALED OR OTHERWISE CHANGED, OR NEW BY-LAWS MAY BE ADOP | TED, EITHER BY |
| MAJORITY VOTE OF THE MEMBERS IN GOOD STANDING PRESENT IN | PERSON OR BY PROXY |
| AT AN ANNUAL OR SPECIAL MEETING OF MEMBERS, OR BY MAJORIT | Y VOTE OF THE |
| BOARD MEMENERS PRESENT AT ANY REGULAR OR SPECIAL MEETING | OF THE BOARD, |
| PROVIDED THAT NOTICE OF THE PROPOSED BY-LAW AMENDMENT, RE | CISSION, OTHER |
| CHANGE OR NEW BY-LAWS HAS GIVEN IN THE NOTICE OF SUCH MEE | TING. |
| | |
| FORM 990, PART VI, SECTION B, LINE 11: EACH MEMBER OF THE | EXECUTIVE |
| COMMITTEE WILL RECEIVE AN ELECTRONIC COPY OF THE 990 BEFO | RE IT IS FILED. |
| THE MEMBERS OF THE EXECUTIVE COMMITTEE WILL THEN REVIEW T | HE 990 BEFORE IT |
| IS FILED EITHER IN-PERSON OR BY A CONFERENCE CALL MEETING | . AFTER THE 990 IS |
| REVIEWED AND FILED EACH MEMBER OF THE BOARD OF DIRECTORS | |
| OF HOW TO ACCESS AN ELECTRONIC COPY OF THE 990. | |
| | |
| FORM 990, PART VI, SECTION B, LINE 12C: EVERY SEPTEMBER A | T THE FIRST BOARD |
| MEETING, EACH BOARD MEMBER IS ASKED TO REVIEW AND SIGN TH | |
| | |

EIN: 13-1671027

Description of Members:

ARTICLE II

MEMBERSHIP

- 2.1 <u>Classes of Membership</u>. The membership of the League shall include Active Members, who shall have the right to vote, and such other classes of membership, with or without vote, as the Board of Directors of the League (hereinafter referred to as the "Board") may from time to time create.
- 2.2 Membership. The membership of the League at the date of adoption of these amended By-Laws shall consist of all persons and corporations who are members in good standing at such date. Thereafter, memberships may be renewed annually, and new members shall be admitted, subject to such qualifications and conditions as the Board may establish from time to time. Without limiting the generality of the foregoing, the Board shall have the authority to (a) establish schedules of annual dues for the various categories of membership and (b) specify what voting and other rights, if any, attach to the various categories of membership it may choose to establish (subject always to the right of Active Members to vote, as provided in Section 2.1 above).
- 2.3 Application for Mcmbership, Etc. Subject to such other or further procedures as the Board may establish, a person desiring membership in the League in whatever category must (a) complete a membership application form and (b) pay the prescribed dues. A person becomes a member after the application has been duly processed and dues have been paid. Once a person or organization becomes a member, he, she or it shall remain and be deemed a member in good standing only for so long as his, her or its dues are not more than three months in arrears (or for such other period, which may exclude any grace period, as the Board may determine). Again, subject to any alternative procedures that the Board may approve, dues shall be payable in advance for one year.
- 2.4 Rights of Members. All Active Members in good standing shall have the right to attend meetings of the League, take part in discussions and vote at meetings of members and for members of the Board, as hereinafter provided. Each Active Member in good standing shall have one vote in connection with the affairs of the League. All other members of the League shall have such rights, which may or may not include the right to vote, as the Board may determine from time to time in creating or modifying the various classes of membership.

2.5 <u>Resignation</u>. Any member may resign from membership in the League at any time by written notice to the Secretary, and any members whose dues to the League are more than three months in arrears shall be deemed to have resigned from membership (subject to the rights of the Board to modify this provision, including by eliminating the grace period).

ARTICLE VII

NOMINATION PROCEDURES

- 7.1 Nominating Committee. At a meeting of the Board held not less than sixty (60) days before each Annual Meeting of the League, the President shall propose a committee, subject to the approval of the Board, to make recommendations for nominations for the officers and other Board members to be elected at such Annual Meeting. Such Nominating Committee shall consist of five (5) Board members, the ultimate selection of whom shall rest with the Board.
- Nominations. The Nominating Committee shall file its recommended nominations with the Board at a meeting of the Board held not less than thirty (30) days prior to the Annual Meeting, and the Board shall approve or modify the same, as it sees fit. The resulting slate of nominees for officers and other Board members shall be included in the notice of the Annual Meeting given to the members entitled to vote. No other nominations for officers or other Board members shall be considered at the Annual Meeting, unless additional nominations are made by written petition signed by at least fifty (50) members of the League and presented to the Secretary no later than five (5) days before the scheduled time of the Annual Meeting.

| Form 8868 (Rev. 1-2011) | | | | Page 2 |
|--|----------------|--|--|-------------------|
| If you are filing for an Additional (Not Automatic) 3-Month | Extension, | complete only Part II and check this b | ox , > | X |
| Note. Only complete Part II if you have already been granted a | | | | |
| If you are filing for an Automatic 3-Month Extension, com | | • | ., | |
| Part II Additional (Not Automatic) 3-Month | | | onies needed) | |
| Type or THE ARCHITECTURAL LEAGUE O | | | Employer identification | number |
| print INC. | E MEW | iokk, | 13-1671027 | |
| File by the | | Al | 13-10/102/ | |
| extended Number, street, and room or suite no. If a P.O. box due date for 5.94 BROADWAY, NO. 60.7 | x, see instruc | tions. | | |
| filing your | | | | |
| return See City, town or post office, state, and ZIP code. For instructions | a foreign add | iress, see instructions. | | |
| NEW YORK, NY 10012 | | | | |
| Enter the Return code for the return that this application is for | (file a separa | te application for each return) , | | 0 1 |
| Application | Return | Application | | Return |
| is For | Code | Is For | | Code |
| Form 990 | 01 | | S. O. S. S. S. S. S. S. S. S. S. S. S. S. S. | The second second |
| Form 990-BL | 02 | Form 1041-A | | 08 |
| Form 990-EZ | 03 | Form 4720 | | 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 |
| STOPI Do not complete Part II if you were not already gran | ted an auton | natic 3-month extension on a previou | isly filed Form 8868. | |
| KATIE ELEVITO | H | | | |
| • The books are in the care of ▶ 594 BROADWAY, | SUITE | | | |
| Telephone No. ► (212) 753-1722 | | FAX No. ► (212) 486-91 | .73 | |
| If the organization does not have an office or place of busin | ess in the Ur | nited States, check this box | , > | |
| If this is for a Group Return, enter the organization's four dis | git Group Exe | emption Number (GEN) If th | is is for the whole group, o | heck this |
| box ▶ . If it is for part of the group, check this box ▶ | and atta | ch 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 | MAY | 15, 2012 | | |
| 5 For calendar year, or other tax year beginning | JUL 1 | , 2010 , and ending _ | JUN 30, 2011 | · |
| 6 If the tax year entered in line 5 is for less than 12 months | s, check reas | on: Initial return | Final return | |
| Change in accounting period | | | | |
| 7 State in detail why you need the extension | | | | |
| ADDITIONAL TIME IS NECESSARY | IN OR | DER TO ACCUMULATE TH | E INFORMATION | <u> </u> |
| NECESSARY TO FILE A COMPLETE | AND A | CCURATE RETURN. | | |
| | | | | |
| 8a if this application is for Form 990-BL, 990-PF, 990-T, 472 | 0, or 6069, e | nter the tentative tax, less any | | |
| nonrefundable credits. See instructions. | | | 8a \$ | 0. |
| b If this application is for Form 990-PF, 990-T, 4720, or 600 | 69, enter any | refundable credits and estimated | 133 | |
| tax payments made. Include any prior year overpayment | _ | | | |
| previously with Form 8868. | | • | 8b \$ | 0. |
| c Balance due. Subtract line 8b from line 8a. include your | payment wit | h this form, if regulred, by using | | |
| EFTPS (Electronic Federal Tax Payment System). See in | | | 8c \$ | 0. |
| | | d Verification | | |
| Under penalties of perjury, I declare that I have examined this form, incit is true, correct, and complete, and that, am authorized to prepare thi | luding accomp | | e best of my knowledge and b | ellef, |
| Signature DOM ON A Title D | _ | | Date ► 2/2/2 | 012 |
| | | | Form 8868 (Re | ev. 1-2011) |

Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

Form 8868 (Rev. 1-2011)

| of lime to tife 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 forms (see instructions). For more details on the electronic filing of this form, yest www.ris.gov/efile and click on e-file for Charites & Nonprofits. Part I | | u are filing for an Automatic 3-Month Extension, comple | | | | > | X | |
|--|--|--|-------------------|---|------------|---------------------------------------|----------|--|
| Electronic filing (e-fle). You can electronically file Form 8868 if you need a 3-month automatic antimate of time to file 6 months for a corporation recovered to file Form 9907, or an additional (in automatic) 3-month extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8987 (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. Institution of the property of the form 9907 and requesting an automatic Formonth extension - check this box and complete Part I only With their corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to the income tax returns. Will other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to the income tax returns. The ARCHITECTURAL LEAGUE OF NEW YORK, INC - Number, street, and room or suite no. If a P.O. box, see instructions. THE ARCHITECTURAL LEAGUE OF NEW YORK, INC - Number, street, and room or suite no. If a P.O. box, see instructions. THE ARCHITECTURAL LEAGUE of For a foreign address, see instructions. NEW YORK, NY 10012 Enter the Return code for the return that this application is for (file a separate application for each return) O I I Form 990-1 (corporation) Application Form 990-2 0 1 Form 990-1 (corporation) O 1 Form 990-1 (corporation) O 2 Form 990-1 (see, 401(a) or 408(a) trust) Form 990-1 (see, 401(a) or 408(a) trust) Form 990-1 (see, 401(a) or 408(a) trust) Form 990-1 (see, 401(a) or 408(a) trust) Form 990-1 (see, 401(a) or 408(a) trust) Form 990-1 (see, 401(a) or 408(a) trust) Form 990-1 (see, 401(a) or 408(a) trust) Form 990-1 (see, 401(a) or 408(a) trust) Form 990-1 (see, 401(a) or 408(a) trust) Form 990-1 (see, 401(a) or 408(a) trust) Form 990-1 (see, 401(a) or 408(a) trust) Form 990-1 (see, 401(a) or 408(a) | | | | | | | | |
| required to file Form 990-Ti, or an additional (not automate) 3-month extension of time. You can electronically file Form 8888 to request an extension of time to file any of the forms bitted in Part to Part I with the exception of Form 890-Ti, Information Return for Transfers Accessed 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, years work, as given and to the companies. Part Informatio 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-Ti 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 the income tax returns. Part Informatio 3-Month Extension of Time. Only submit original (no copies needed). | | | | | | | | |
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