

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
SEVENTH REGIMENT ARMORY CONSERVANCY INC

% SUSAN NEIMAN  
Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
643 PARK AVENUE

City or town, state or province, country, and ZIP or foreign postal code  
NEW YORK, NY 10065

**D** Employer identification number  
13-4086800

**E** Telephone number  
(212) 616-3930

**G** Gross receipts \$ 36,812,960

**F** Name and address of principal officer:  
REBECCA ROBERTSON  
643 PARK AVENUE  
NEW YORK, NY 10065

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: ▶ WWW.ARMORYONPARK.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1999 **M** State of legal domicile: NY

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
TO RESTORE, RENOVATE AND REVITALIZE THE HISTORIC PARK AVENUE ARMORY A CONTEMPORARY ARTS INSTITUTION.

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

|  |           |        |
|--|-----------|--------|
| <b>3</b> Number of voting members of the governing body (Part VI, line 1a)             | <b>3</b>  | 35     |
| <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) | <b>4</b>  | 34     |
| <b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)  | <b>5</b>  | 415    |
| <b>6</b> Total number of volunteers (estimate if necessary)                            | <b>6</b>  | 0      |
| <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12         | <b>7a</b> | -8,249 |
| <b>7b</b> Net unrelated business taxable income from Form 990-T, line 39               | <b>7b</b> | 0      |

|   | Prior Year | Current Year |
|---|------------|--------------|
| <b>8</b> Contributions and grants (Part VIII, line 1h)                                      | 15,496,726 | 10,761,253   |
| <b>9</b> Program service revenue (Part VIII, line 2g)                                       | 11,480,874 | 13,729,720   |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)                     | 5,618,277  | 3,914,539    |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)          | 30,170     | 12,295       |
| <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 32,626,047 | 28,417,807   |
| <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)                  | 0          | 0            |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                     | 0          | 0            |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 7,364,920  | 8,345,525    |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                    | 0          | 0            |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,113,853              |            |              |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)                      | 21,028,506 | 23,147,510   |
| <b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)         | 28,393,426 | 31,493,035   |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                              | 4,232,621  | -3,075,228   |

|  | Beginning of Current Year | End of Year |
|--|---------------------------|-------------|
| <b>20</b> Total assets (Part X, line 16)                             | 206,531,700               | 209,910,595 |
| <b>21</b> Total liabilities (Part X, line 26)                        | 7,771,068                 | 6,383,327   |
| <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 | 198,760,632               | 203,527,268 |

**Part II Signature Block**

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

**Sign Here**

\*\*\*\*\*  
Signature of officer  
Date 2020-10-14

SUSAN NEIMAN CFO  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name Preparer's signature Date

Check  if self-employed PTIN P01307171

Firm's name ▶ EISNERAMPER LLP Firm's EIN ▶

Firm's address ▶ 733 THIRD AVENUE  
NEW YORK, NY 100172703 Phone no. (212) 949-8700

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

Part American palace, part industrial shed, Park Avenue Armory supports unconventional works in the performing and visual arts that cannot be fully realized in a traditional proscenium theater, concert hall, or white wall gallery. With its soaring 55,000 square foot Drill Hall and its period rooms by Gilded Age designers, the Armory enables artists to create, students to explore, and wide audiences to experience epic, adventurous work that cannot be done elsewhere in New York. The Armory has been lauded as "a playground for artists of outsized imaginations" (Wall Street Journal) with TIME Magazine declaring that Par Avenue Armory "has turned into New York's undisputed main stage for presenting cutting-edge, visually inventive theater." As with non-traditional programming, arts education has found a special niche at the Armory, using its unique assets a magical ruined palace setting, and outside-the-box productions by world-class artists to give under-served public school students the

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 26,086,257 including grants of \$ ) (Revenue \$ 13,729,720 )  
See Additional Data

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 26,086,257

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for questions 11 and 14. Each row has a corresponding 'Yes' or 'No' in the final column.

**Part IV Checklist of Required Schedules (continued)**

|            |  | Yes | No |
|------------|--|-----|----|
| <b>22</b>  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>   |     | No |
| <b>23</b>  | 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? <i>If "Yes," complete Schedule J . . . . .</i>  | Yes |    |
| <b>24a</b> | 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>  |     | No |
| <b>b</b>   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .  |     |    |
| <b>c</b>   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .   |     |    |
| <b>d</b>   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .  |     |    |
| <b>25a</b> | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>   |     | No |
| <b>b</b>   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>   |     | No |
| <b>26</b>  | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>   |     | No |
| <b>27</b>  | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i> |     | No |
| <b>28</b>  | 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):  |     |    |
| <b>a</b>   | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>  |     | No |
| <b>b</b>   | A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>   |     | No |
| <b>c</b>   | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>   |     | No |
| <b>29</b>  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>  | Yes |    |
| <b>30</b>  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>  |     | No |
| <b>31</b>  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>  |     | No |
| <b>32</b>  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>  |     | No |
| <b>33</b>  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>  |     | No |
| <b>34</b>  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>  |     | No |
| <b>35a</b> | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  |     | No |
| <b>b</b>   | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>   |     |    |
| <b>36</b>  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>   |     | No |
| <b>37</b>  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>   |     | No |
| <b>38</b>  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .   | Yes |    |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .   |     |    |
| <b>b</b>  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .  |     |    |
| <b>c</b>  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . |     |    |



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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (35), 1b (34), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed (CT, NJ, NY)
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: SUSAN NEIMAN 643 PARK AVENUE NEW YORK, NY 10065 (212) 616-3944



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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |           | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|-----------|--|---|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former    |  |   |   |
| See Additional Data Table                                      |  |   |                       |         |              |                              |           |  |   |   |
|  |  |   |                       |         |              |                              |           |  |   |   |
|  |  |   |                       |         |              |                              |           |  |   |   |
|  |  |   |                       |         |              |                              |           |  |   |   |
|  |  |   |                       |         |              |                              |           |  |   |   |
|  |  |   |                       |         |              |                              |           |  |   |   |
|  |  |   |                       |         |              |                              |           |  |   |   |
|  |  |   |                       |         |              |                              |           |  |   |   |
|  |  |   |                       |         |              |                              |           |  |   |   |
|  |  |   |                       |         |              |                              |           |  |   |   |
|  |  |   |                       |         |              |                              |           |  |   |   |
|  |  |   |                       |         |              |                              |           |  |   |   |
| <b>1b Sub-Total</b>  |  |   |                       |         |              |                              |           |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |           |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              | 1,931,702 | 0  | 295,505   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 14**

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>  |     | No |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | Yes |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     | No |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address  | (B)<br>Description of services | (C)<br>Compensation |
|---|--------------------------------|---------------------|
| SPOTCO,<br>119 WEST 40TH STREET 18TH FL<br>NEW YORK, NY 10018                           | ADVERTISING CONSULT            | 848,694             |
| SUMMIT SECURITY SERVICES,<br>390 RXR PLAZA<br>NEW YORK, NY 11556                        | SECURITY SERVICES              | 569,408             |
| ZUBATKIN OWNER REPRESENTATION LLC,<br>333 W 52ND STREET 6TH FLOOR<br>NEW YORK, NY 10019 | CONSTRUCTION MGMT              | 528,436             |
| ROYAL NATIONAL THEATRE,<br>247 W 30TH STREET 8F<br>NEW YORK, NY 10001                   | PRODUCTION ASSISTANT           | 477,549             |
| NATIONAL THEATRE PRODUCTIONS LTD,<br>UPPER GROUND<br>LONDON, SOUTH BANK SE1 9PX<br>UK   | PRODUCTION ASSISTANT           | 425,353             |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 15**

**Part VIII Statement of Revenue**

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

|   |   | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512 - 514 |
|---|---|----------------------|--|---|--|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b> | <b>1a</b> Federated campaigns . . . . .   | <b>1a</b>            |  |   |  |
|   | <b>b</b> Membership dues . . . . .  | <b>1b</b>            |  |   |  |
|   | <b>c</b> Fundraising events . . . . .   | <b>1c</b>            | 3,676,775  |   |  |
|   | <b>d</b> Related organizations . . . . .  | <b>1d</b>            |  |   |  |
|   | <b>e</b> Government grants (contributions)  | <b>1e</b>            | 729,360  |   |  |
|   | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above | <b>1f</b>            | 6,355,118  |   |  |
|   | <b>g</b> Noncash contributions included in lines 1a - 1f:\$                             | <b>1g</b>            | 382,745  |   |  |
|   | <b>h Total.</b> Add lines 1a-1f . . . . .   |                      | 10,761,253   |   |  |

| <b>Program Service Revenue</b>              |  |               | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512 - 514 |
|---|--|---------------|----------------------|--|---|--|
|   |  | Business Code |                      |  |   |  |
| <b>2a</b> RENTAL OF EXHIBITION SPACE        |  | 531120        | 6,287,875            | 6,287,875  |   |  |
| <b>b</b> BOX OFFICE REVENUE                 |  | 711190        | 6,999,565            | 6,999,565  |   |  |
| <b>c</b> TICKET AND FACILITY FEE INCOME     |  | 711190        | 394,280              | 394,280  |   |  |
| <b>d</b> TOUR REVENUE                       |  | 711190        | 48,000               | 48,000   |   |  |
| <b>e</b>                                    |  |               |                      |  |   |  |
| <b>f</b> All other program service revenue. |  |               |                      |  |   |  |
| <b>g Total.</b> Add lines 2a-2f. . . . .    |  |               | 13,729,720           |  |   |  |

| <b>Other Revenue</b>   |               |   | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512 - 514 |
|--|---------------|---|----------------------|--|---|--|
|  |               |   |                      |  |   |  |
| <b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .  |               |   | 2,339,123            |  | -8,249                                  | 2,330,874  |
| <b>4</b> Income from investment of tax-exempt bond proceeds . . . . .  |               |   | 0                    |  |   |  |
| <b>5</b> Royalties . . . . .   |               |   | 0                    |  |   |  |
| <b>6a</b> Gross rents  | <b>6a</b>     | (i) Real  |                      |  |   |  |
|  |               | (ii) Personal   |                      |  |   |  |
|  |               | <b>b</b> Less: rental expenses                        | <b>6b</b>            |  |   |  |
|  |               | <b>c</b> Rental income or (loss)                      | <b>6c</b>            | 0  | 0                                       |  |
| <b>d</b> Net rental income or (loss) . . . . .   |               |   | 0                    |  |   |  |
| <b>7a</b> Gross amount from sales of assets other than inventory   | <b>7a</b>     | (i) Securities  | 9,748,231            |  |   |  |
|  |               | (ii) Other  |                      |  |   |  |
|  |               | <b>b</b> Less: cost or other basis and sales expenses | <b>7b</b>            | 8,172,815  |   |  |
|  |               | <b>c</b> Gain or (loss)                               | <b>7c</b>            | 1,575,416  |   |  |
| <b>d</b> Net gain or (loss) . . . . .  |               |   | 1,575,416            |  | 1,575,416                               |  |
| <b>8a</b> Gross income from fundraising events (not including \$ 3,676,775 of contributions reported on line 1c). See Part IV, line 18 . . . . . | <b>8a</b>     |   | 222,338              |  |   |  |
|  |               | <b>b</b> Less: direct expenses . . . . .              | <b>8b</b>            | 222,338  |   |  |
| <b>c</b> Net income or (loss) from fundraising events . . . . .  |               |   |                      |  |   |  |
| <b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .  | <b>9a</b>     |   | 0                    |  |   |  |
|  |               | <b>b</b> Less: direct expenses . . . . .              | <b>9b</b>            | 0  |   |  |
| <b>c</b> Net income or (loss) from gaming activities . . . . .   |               |   | 0                    |  |   |  |
| <b>10a</b> Gross sales of inventory, less returns and allowances . . . . .   | <b>10a</b>    |   | 0                    |  |   |  |
|  |               | <b>b</b> Less: cost of goods sold . . . . .           | <b>10b</b>           | 0  |   |  |
| <b>c</b> Net income or (loss) from sales of inventory . . . . .  |               |   | 0                    |  |   |  |
| Miscellaneous Revenue  | Business Code |   |                      |  |   |  |
| <b>11a</b> OTHER INCOME  | 900099        |   | 12,295               | 12,295   |   |  |
| <b>b</b>   |               |   |                      |  |   |  |
| <b>c</b>   |               |   |                      |  |   |  |
| <b>d</b> All other revenue . . . . .   |               |   |                      |  |   |  |
| <b>e Total.</b> Add lines 11a-11d . . . . .  |               |   | 12,295               |  |   |  |
| <b>12 Total revenue.</b> See instructions . . . . .  |               |   | 28,417,807           | 13,742,015   | -8,249                                  | 3,906,290  |

**Part IX Statement of Functional Expenses**

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

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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>   | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|---|------------------------------|--|---|------------------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .   | 0                            |  |   |                                    |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .  | 0                            |  |   |                                    |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .  | 0                            |  |   |                                    |
| <b>4</b> Benefits paid to or for members . . . . .  | 0                            |  |   |                                    |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .   | 1,175,045                    | 587,697                                | 219,261                                       | 368,087                            |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .  | 0                            |  |   |                                    |
| <b>7</b> Other salaries and wages . . . . .   | 5,876,218                    | 4,424,306                              | 572,663                                       | 879,249                            |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .  | 260,722                      | 169,225                                | 37,331  | 54,166                             |
| <b>9</b> Other employee benefits . . . . .  | 594,008                      | 406,719                                | 80,873  | 106,416                            |
| <b>10</b> Payroll taxes . . . . .   | 439,532                      | 305,173                                | 52,019  | 82,340                             |
| <b>11</b> Fees for services (non-employees):  |                              |  |   |                                    |
| <b>a</b> Management . . . . .   | 0                            |  |   |                                    |
| <b>b</b> Legal . . . . .  | 92,842                       |  | 92,842  |                                    |
| <b>c</b> Accounting . . . . .   | 53,775                       |  | 53,775  |                                    |
| <b>d</b> Lobbying . . . . .   | 0                            |  |   |                                    |
| <b>e</b> Professional fundraising services. See Part IV, line 17  | 0                            |  |   |                                    |
| <b>f</b> Investment management fees . . . . .   | 363,765                      |  | 363,765                                       |                                    |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)   | 3,008,912                    | 2,276,552                              | 335,604                                       | 396,756                            |
| <b>12</b> Advertising and promotion . . . . .   | 1,559,202                    | 1,146,958                              | 163,359                                       | 248,885                            |
| <b>13</b> Office expenses . . . . .   | 475,431                      | 369,347                                | 65,193  | 40,891                             |
| <b>14</b> Information technology . . . . .  | 0                            |  |   |                                    |
| <b>15</b> Royalties . . . . .   | 175,129                      | 175,129                                |   |                                    |
| <b>16</b> Occupancy . . . . .   | 686,551                      | 661,115                                | 13,751  | 11,685                             |
| <b>17</b> Travel . . . . .  | 1,663,923                    | 1,588,331                              | 17,298  | 58,294                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  | 0                            |  |   |                                    |
| <b>19</b> Conferences, conventions, and meetings . . . . .  | 0                            |  |   |                                    |
| <b>20</b> Interest . . . . .  | 0                            |  |   |                                    |
| <b>21</b> Payments to affiliates . . . . .  | 0                            |  |   |                                    |
| <b>22</b> Depreciation, depletion, and amortization . . . . .   | 6,305,851                    | 6,122,439                              | 134,902                                       | 48,510                             |
| <b>23</b> Insurance . . . . .   | 564,928                      | 362,530                                | 80,060  | 122,338                            |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                                       |                              |  |   |                                    |
| <b>a</b> OTHER PRODUCTION COSTS   | 7,120,854                    | 6,537,210                              | 4,357   | 579,287                            |
| <b>b</b> FACILITY CONTRACT SERVICES   | 857,866                      | 851,159                                | 484   | 6,223                              |
| <b>c</b> OTHER RENTAL COSTS   | 171,533                      | 75,994                                 |   | 95,539                             |
| <b>d</b> MISCELLANEOUS  | 46,948                       | 26,373                                 | 5,388   | 15,187                             |
| <b>e</b> All other expenses   |                              |  |   |                                    |
| <b>25</b> Total functional expenses. Add lines 1 through 24e  | 31,493,035                   | 26,086,257                             | 2,292,925                                     | 3,113,853                          |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                              |  |   |                                    |

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |             | (B)<br>End of year     |
|---|--|--------------------------|-------------|------------------------|
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .   | 4,259,607                | <b>1</b>    | 2,728,994              |
|   | <b>2</b> Savings and temporary cash investments . . . . .  | 10,268,484               | <b>2</b>    | 4,996,058              |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  | 2,453,503                | <b>3</b>    | 1,597,627              |
|   | <b>4</b> Accounts receivable, net . . . . .  | 284,205                  | <b>4</b>    | 546,978                |
|   | <b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .  | 0                        | <b>5</b>    | 0                      |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .   | 0                        | <b>6</b>    | 0                      |
|   | <b>7</b> Notes and loans receivable, net . . . . .   | 0                        | <b>7</b>    | 0                      |
|   | <b>8</b> Inventories for sale or use . . . . .   | 0                        | <b>8</b>    | 0                      |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 312,492                  | <b>9</b>    | 538,330                |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | <b>10a</b> 162,518,872   |             |                        |
|   | <b>b</b> Less: accumulated depreciation  | <b>10b</b> 35,979,084    | 123,807,675 | <b>10c</b> 126,539,788 |
|   | <b>11</b> Investments—publicly traded securities . . . . .   | 49,777,053               | <b>11</b>   | 55,679,791             |
|   | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .   | 15,021,045               | <b>12</b>   | 16,935,393             |
|   | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .  | 0                        | <b>13</b>   | 0                      |
|   | <b>14</b> Intangible assets . . . . .  | 0                        | <b>14</b>   | 0                      |
|   | <b>15</b> Other assets. See Part IV, line 11 . . . . .   | 347,636                  | <b>15</b>   | 347,636                |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 206,531,700  | <b>16</b>                | 209,910,595 |                        |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  | 2,174,491                | <b>17</b>   | 3,716,285              |
|   | <b>18</b> Grants payable . . . . .   | 0                        | <b>18</b>   | 0                      |
|   | <b>19</b> Deferred revenue . . . . .   | 5,596,577                | <b>19</b>   | 2,667,042              |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .  | 0                        | <b>20</b>   | 0                      |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D  | 0                        | <b>21</b>   | 0                      |
|   | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . | 0                        | <b>22</b>   | 0                      |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   | 0                        | <b>23</b>   | 0                      |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   | 0                        | <b>24</b>   | 0                      |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D  | 0                        | <b>25</b>   | 0                      |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .   | 7,771,068                | <b>26</b>   | 6,383,327              |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>   |                          |             |                        |
|   | <b>27</b> Net assets without donor restrictions . . . . .  | 131,097,542              | <b>27</b>   | 128,541,209            |
|   | <b>28</b> Net assets with donor restrictions . . . . .   | 67,663,090               | <b>28</b>   | 74,986,059             |
|   | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>  |                          |             |                        |
|   | <b>29</b> Capital stock or trust principal, or current funds . . . . .   |                          | <b>29</b>   |                        |
|   | <b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .  |                          | <b>30</b>   |                        |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds   |                          | <b>31</b>   |                        |
| <b>32</b> Total net assets or fund balances . . . . .                         | 198,760,632  | <b>32</b>                | 203,527,268 |                        |
| <b>33</b> Total liabilities and net assets/fund balances . . . . .            | 206,531,700  | <b>33</b>                | 209,910,595 |                        |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |             |
|-----------|--|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 28,417,807  |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 31,493,035  |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | -3,075,228  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 198,760,632 |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 7,869,272   |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |             |
| <b>7</b>  | Investment expenses  | <b>7</b>  |             |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |             |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | -27,408     |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 203,527,268 |

**Part XII Financial Statements and Reporting**

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

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

|           | Yes | No |
|-----------|-----|----|
| <b>2a</b> |     | No |
| <b>2b</b> | Yes |    |
| <b>2c</b> | Yes |    |
| <b>3a</b> |     | No |
| <b>3b</b> |     |    |

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 13-4086800

**Name:** SEVENTH REGIMENT ARMORY CONSERVANCY INC

Form 990 (2019)

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**Form 990, Part III, Line 4a:**

SEE SCHEDULE O

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |  |   |                       |         |              |                              |        |   |  |   |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A)<br>Name and Title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| REBECCA ROBERTSON<br>.....<br>PRESIDENT   | 50.0<br>.....<br>0.0   | X   |                       | X       |              |                              |        | 472,366   | 0  | 141,694   |
| MELANIE FORMAN<br>.....<br>CHIEF DEVELOPMENT OFFICER  | 50.0<br>.....<br>0.0   |   |                       | X       |              |                              |        | 346,770   | 0  | 21,318  |
| PAUL KING<br>.....<br>DIRECTOR OF PRODUCTION  | 50.0<br>.....<br>0.0   |   |                       |         |              | X                            |        | 236,601   | 0  | 38,264  |
| MICHAEL LONERGAN<br>.....<br>PRODUCING DIRECTOR   | 50.0<br>.....<br>0.0   |   |                       |         |              | X                            |        | 201,394   | 0  | 13,391  |
| ELIZABETH FRENKEL<br>.....<br>MANAGING DIRECTOR   | 50.0<br>.....<br>0.0   |   |                       |         |              | X                            |        | 169,832   | 0  | 34,104  |
| SUSAN NEIMAN<br>.....<br>CHIEF FINANCIAL OFFICER  | 50.0<br>.....<br>0.0   |   |                       | X       |              |                              |        | 184,027   | 0  | 8,870   |
| WAYNE LOWERY<br>.....<br>DIRECTOR OF EXTERNAL OPERATION   | 50.0<br>.....<br>0.0   |   |                       |         |              | X                            |        | 169,552   | 0  | 11,548  |
| KIRSTEN REOCH<br>.....<br>DIRECTOR OF DESIGN  | 50.0<br>.....<br>0.0   |   |                       |         |              | X                            |        | 151,160   | 0  | 26,316  |
| ELIHU ROSE<br>.....<br>CHAIRMAN EMERITUS  | 5.0<br>.....<br>0.0  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| ADAM R FLATTO<br>.....<br>CO-CHAIRMAN   | 5.0<br>.....<br>0.0  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |  |   |                       |         |              |                              |        |   |  |   |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A)<br>Name and Title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| AMANDA JT RIEGEL<br>.....<br>CO-CHAIR   | 5.0<br>.....<br>0.0  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| WENDY BELZBERG<br>.....<br>VICE CHAIR   | 5.0<br>.....<br>0.0  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| KEN KUCHIN<br>.....<br>VICE PRESIDENT   | 5.0<br>.....<br>0.0  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| PABLO LEGORRETA<br>.....<br>VICE PRESIDENT  | 5.0<br>.....<br>0.0  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| EMANUEL STERN<br>.....<br>VICE PRESIDENT  | 5.0<br>.....<br>0.0  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| GWENDOLYN NORTON<br>.....<br>SECRETARY  | 5.0<br>.....<br>0.0  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| HARRISON M BAINS<br>.....<br>TREASURER  | 5.0<br>.....<br>0.0  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| MARINA ABRAMOVIC<br>.....<br>DIRECTOR   | 1.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| EMMA BLOOMBERG<br>.....<br>DIRECTOR (RESIGNED 10/19)  | 1.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| ABIGAIL BARATTA<br>.....<br>DIRECTOR (APPOINTED 6/19)   | 1.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

| (A)<br>Name and Title                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| MARTIN BRAND<br>.....<br>DIRECTOR                        | 1.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| CORA CAHAN<br>.....<br>DIRECTOR                          | 1.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| HELENE COMFORT<br>.....<br>DIRECTOR                      | 1.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| PAUL CRONSON<br>.....<br>DIRECTOR                        | 1.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| TINA R DAVIS<br>.....<br>DIRECTOR                        | 1.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| MARC DE LA BRUYERE<br>.....<br>DIRECTOR (APPOINTED 6/19) | 1.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| EMME LEVIN DELAND<br>.....<br>DIRECTOR                   | 1.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| THOMAS J DEROSA<br>.....<br>DIRECTOR                     | 1.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| SANFORD B EHRENKRANZ<br>.....<br>DIRECTOR                | 1.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DAVID FOX<br>.....<br>DIRECTOR                           | 1.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

| (A)<br>Name and Title                               | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| ANDREW GUNDLACH<br>.....<br>DIRECTOR                | 1.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| MARJORIE L HART<br>.....<br>DIRECTOR                | 1.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| MAJOR GENERAL EDWARD G<br>.....<br>DIRECTOR         | 1.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| MARY T KUSH<br>.....<br>DIRECTOR                    | 1.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| RALPH LEMON<br>.....<br>DIRECTOR                    | 1.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| HEIDI MCWILLIAMS<br>.....<br>DIRECTOR               | 1.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DAVID S MOROSS<br>.....<br>DIRECTOR (RESIGNED 5/19) | 1.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JOEL PRESS<br>.....<br>DIRECTOR                     | 1.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| GENIE H RICE<br>.....<br>DIRECTOR                   | 1.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JANET C ROSS<br>.....<br>DIRECTOR                   | 1.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

| (A)<br>Name and Title                                  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| JOAN STEINBERG<br>.....<br>DIRECTOR                    | 1.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| MIMI KLEIN STERNLICHT<br>.....<br>DIRECTOR             | 1.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| ANGELA E THOMPSON<br>.....<br>DIRECTOR (RESIGNED 6/19) | 1.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DEBORAH C VAN ECK<br>.....<br>DIRECTOR                 | 1.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| PETER ZHOU<br>.....<br>DIRECTOR                        | 1.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |

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

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
SEVENTH REGIMENT ARMORY CONSERVANCY INC

**Employer identification number**  
13-4086800

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
|                                    |          |  | Yes   | No |   |   |
|                                    |          |  |   |    |   |   |
| <b>Total</b>                       |          |  |   |    |   |   |

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.  
 If the organization failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ▶ |   | (a) 2015   | (b) 2016  | (c) 2017  | (d) 2018   | (e) 2019   | (f) Total   |
|--|---|------------|-----------|-----------|------------|------------|-------------|
| <b>1</b>   | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .   | 71,708,501 | 8,754,678 | 9,021,455 | 15,496,726 | 10,761,253 | 115,742,613 |
| <b>2</b>   | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .   |            |           |           |            |            | 0           |
| <b>3</b>   | The value of services or facilities furnished by a governmental unit to the organization without charge..   |            |           |           |            |            | 0           |
| <b>4</b>   | <b>Total.</b> Add lines 1 through 3   | 71,708,501 | 8,754,678 | 9,021,455 | 15,496,726 | 10,761,253 | 115,742,613 |
| <b>5</b>   | 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) . . . |            |           |           |            |            | 62,984,888  |
| <b>6</b>   | <b>Public support.</b> Subtract line 5 from line 4.   |            |           |           |            |            | 52,757,725  |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ▶ |   | (a) 2015   | (b) 2016  | (c) 2017  | (d) 2018   | (e) 2019   | (f) Total   |
|--|---|------------|-----------|-----------|------------|------------|-------------|
| <b>7</b>   | Amounts from line 4. . .  | 71,708,501 | 8,754,678 | 9,021,455 | 15,496,726 | 10,761,253 | 115,742,613 |
| <b>8</b>   | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . | 34,702     | 1,401,014 | 2,325,129 | 3,793,629  | 2,339,123  | 9,893,597   |
| <b>9</b>   | Net income from unrelated business activities, whether or not the business is regularly carried on. . .                               |            |           |           |            |            | 0           |
| <b>10</b>  | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .                                 | 28,346     | 34,242    | 14,349    | 30,170     | 12,295     | 119,402     |
| <b>11</b>  | <b>Total support.</b> Add lines 7 through 10  |            |           |           |            |            | 125,755,612 |

**12** Gross receipts from related activities, etc. (see instructions) . . . . . **12**

**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**

|           |  |           |          |
|-----------|--|-----------|----------|
| <b>14</b> | Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . . | <b>14</b> | 41.953 % |
| <b>15</b> | Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .                        | <b>15</b> | 40.828 % |

**16a** **33 1/3% support test—2019.** 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—2018.** 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—2019.** 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

**b** **10%-facts-and-circumstances test—2018.** 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 VI 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 . . . . .

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

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

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ▶ |  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b>   | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .   |          |          |          |          |          |           |
| <b>2</b>   | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . . |          |          |          |          |          |           |
| <b>3</b>   | Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .   |          |          |          |          |          |           |
| <b>4</b>   | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .   |          |          |          |          |          |           |
| <b>5</b>   | The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |          |          |          |          |          |           |
| <b>6</b>   | <b>Total.</b> Add lines 1 through 5 . . . . .  |          |          |          |          |          |           |
| <b>7a</b>  | Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .   |          |          |          |          |          |           |
| <b>b</b>   | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. . . . .            |          |          |          |          |          |           |
| <b>c</b>   | Add lines 7a and 7b. . . . .   |          |          |          |          |          |           |
| <b>8</b>   | <b>Public support.</b> (Subtract line 7c from line 6.) . . . . .   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ▶ |   | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b>   | Amounts from line 6. . . . .  |          |          |          |          |          |           |
| <b>10a</b>                                       | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . . |          |          |          |          |          |           |
| <b>b</b>   | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .                        |          |          |          |          |          |           |
| <b>c</b>   | Add lines 10a and 10b. . . . .  |          |          |          |          |          |           |
| <b>11</b>  | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .    |          |          |          |          |          |           |
| <b>12</b>  | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .                               |          |          |          |          |          |           |
| <b>13</b>  | <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .   |          |          |          |          |          |           |

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

**Section C. Computation of Public Support Percentage**

|           |  |           |  |
|-----------|--|-----------|--|
| <b>15</b> | Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . . | <b>15</b> |  |
| <b>16</b> | Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .                      | <b>16</b> |  |

**Section D. Computation of Investment Income Percentage**

|           |  |           |  |
|-----------|--|-----------|--|
| <b>17</b> | Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . . | <b>17</b> |  |
| <b>18</b> | Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .                        | <b>18</b> |  |

**19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>11</b> | Has the organization accepted a gift or contribution from any of the following persons?   |     |    |
| <b>a</b>  | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? |     |    |
| <b>b</b>  | A family member of a person described in (a) above?   |     |    |
| <b>c</b>  | A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>  |     |    |

**Section B. Type I Supporting Organizations**

|          |  | Yes | No |
|----------|--|-----|----|
| <b>1</b> | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> |     |    |
| <b>2</b> | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>  |     |    |

**Section C. Type II Supporting Organizations**

|          |   | Yes | No |
|----------|---|-----|----|
| <b>1</b> | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> |     |    |

**Section D. All Type III Supporting Organizations**

|          |  | Yes | No |
|----------|--|-----|----|
| <b>1</b> | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| <b>2</b> | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>  |     |    |
| <b>3</b> | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  |     |    |

**Section E. Type III Functionally-Integrated Supporting Organizations**

|          |  |     |    |
|----------|--|-----|----|
| <b>1</b> | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):   |     |    |
| <b>a</b> | <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.   |     |    |
| <b>b</b> | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  |     |    |
| <b>c</b> | <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)   |     |    |
| <b>2</b> | Activities Test. <b>Answer (a) and (b) below.</b>  |     |    |
| <b>a</b> | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | Yes | No |
| <b>b</b> | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>  |     |    |
| <b>3</b> | Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>  |     |    |
| <b>a</b> | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>  |     |    |
| <b>b</b> | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>  |     |    |

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

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

| <b>Section A - Adjusted Net Income</b>  |  | (A) Prior Year | (B) Current Year<br>(optional) |
|---|--|----------------|--------------------------------|
| <b>1</b>                                | Net short-term capital gain  | <b>1</b>       |                                |
| <b>2</b>                                | Recoveries of prior-year distributions   | <b>2</b>       |                                |
| <b>3</b>                                | Other gross income (see instructions)  | <b>3</b>       |                                |
| <b>4</b>                                | Add lines 1 through 3  | <b>4</b>       |                                |
| <b>5</b>                                | Depreciation and depletion   | <b>5</b>       |                                |
| <b>6</b>                                | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | <b>6</b>       |                                |
| <b>7</b>                                | Other expenses (see instructions)  | <b>7</b>       |                                |
| <b>8</b>                                | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)   | <b>8</b>       |                                |
| <b>Section B - Minimum Asset Amount</b> |  | (A) Prior Year | (B) Current Year<br>(optional) |
| <b>1</b>                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  | <b>1</b>       |                                |
| <b>a</b>                                | Average monthly value of securities  | <b>1a</b>      |                                |
| <b>b</b>                                | Average monthly cash balances  | <b>1b</b>      |                                |
| <b>c</b>                                | Fair market value of other non-exempt-use assets   | <b>1c</b>      |                                |
| <b>d</b>                                | <b>Total</b> (add lines 1a, 1b, and 1c)  | <b>1d</b>      |                                |
| <b>e</b>                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):  |                |                                |
| <b>2</b>                                | Acquisition indebtedness applicable to non-exempt use assets   | <b>2</b>       |                                |
| <b>3</b>                                | Subtract line 2 from line 1d   | <b>3</b>       |                                |
| <b>4</b>                                | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).  | <b>4</b>       |                                |
| <b>5</b>                                | Net value of non-exempt-use assets (subtract line 4 from line 3)   | <b>5</b>       |                                |
| <b>6</b>                                | Multiply line 5 by .035  | <b>6</b>       |                                |
| <b>7</b>                                | Recoveries of prior-year distributions   | <b>7</b>       |                                |
| <b>8</b>                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)   | <b>8</b>       |                                |
| <b>Section C - Distributable Amount</b> |  |                | Current Year                   |
| <b>1</b>                                | Adjusted net income for prior year (from Section A, line 8, Column A)  | <b>1</b>       |                                |
| <b>2</b>                                | Enter 85% of line 1  | <b>2</b>       |                                |
| <b>3</b>                                | Minimum asset amount for prior year (from Section B, line 8, Column A)   | <b>3</b>       |                                |
| <b>4</b>                                | Enter greater of line 2 or line 3  | <b>4</b>       |                                |
| <b>5</b>                                | Income tax imposed in prior year   | <b>5</b>       |                                |
| <b>6</b>                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)   | <b>6</b>       |                                |
| <b>7</b>                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)                                 |                |                                |

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

| <b>Section D - Distributions</b>   | <b>Current Year</b> |
|--|---------------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes   |                     |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity             |                     |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations   |                     |
| <b>4</b> Amounts paid to acquire exempt-use assets   |                     |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)   |                     |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions   |                     |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.  |                     |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions |                     |
| <b>9</b> Distributable amount for 2019 from Section C, line 6  |                     |
| <b>10</b> Line 8 amount divided by Line 9 amount   |                     |

| <b>Section E - Distribution Allocations</b><br>(see instructions)  | <b>(i)</b><br><b>Excess Distributions</b> | <b>(ii)</b><br><b>Underdistributions</b><br><b>Pre-2019</b> | <b>(iii)</b><br><b>Distributable</b><br><b>Amount for 2019</b> |
|--|---|---|--|
| <b>1</b> Distributable amount for 2019 from Section C, line 6  |   |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.   |   |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2019:  |   |   |  |
| <b>a</b> From 2014. . . . .  |   |   |  |
| <b>b</b> From 2015. . . . .  |   |   |  |
| <b>c</b> From 2016. . . . .  |   |   |  |
| <b>d</b> From 2017. . . . .  |   |   |  |
| <b>e</b> From 2018. . . . .  |   |   |  |
| <b>f Total</b> of lines 3a through e   |   |   |  |
| <b>g</b> Applied to underdistributions of prior years  |   |   |  |
| <b>h</b> Applied to 2019 distributable amount  |   |   |  |
| <b>i</b> Carryover from 2014 not applied (see instructions)  |   |   |  |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |   |   |  |
| <b>4</b> Distributions for 2019 from Section D, line 7:  |   |   |  |
| \$   |   |   |  |
| <b>a</b> Applied to underdistributions of prior years  |   |   |  |
| <b>b</b> Applied to 2019 distributable amount  |   |   |  |
| <b>c</b> Remainder. Subtract lines 4a and 4b from 4.   |   |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions. |   |   |  |
| <b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.                        |   |   |  |
| <b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.  |   |   |  |
| <b>8</b> Breakdown of line 7:  |   |   |  |
| <b>a</b> Excess from 2015. . . . .   |   |   |  |
| <b>b</b> Excess from 2016. . . . .   |   |   |  |
| <b>c</b> Excess from 2017. . . . .   |   |   |  |
| <b>d</b> Excess from 2018. . . . .   |   |   |  |
| <b>e</b> Excess from 2019. . . . .   |   |   |  |

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 13-4086800

**Name:** SEVENTH REGIMENT ARMORY CONSERVANCY INC

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2019 Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization SEVENTH REGIMENT ARMORY CONSERVANCY INC Employer identification number 13-4086800

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about donor/donor advisor notification.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements (public use, natural habitat, open space, historic area, historic structure) and a table for tracking easements held at the end of the year (Total number, acreage, certified historic structures).

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art, historical treasures, or other similar assets for public exhibition, education, or research.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance . . . . .
- d** Additions during the year . . . . .
- e** Distributions during the year . . . . .
- f** Ending balance . . . . .

|           | Amount |
|-----------|--------|
| <b>1c</b> |        |
| <b>1d</b> |        |
| <b>1e</b> |        |
| <b>1f</b> |        |

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.**

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

|   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     | 64,798,098       | 72,677,609     | 66,284,518         | 65,027,270           |                     |
| <b>b</b> Contributions . . . . .                                  |                  |                |                    |                      | 65,000,000          |
| <b>c</b> Net investment earnings, gains, and losses               | 11,222,485       | -4,575,258     | 9,656,269          | 4,507,248            | 27,270              |
| <b>d</b> Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs . . . . . | 3,405,399        | 3,304,253      | 3,263,178          | 3,250,000            |                     |
| <b>f</b> Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance . . . . .                            | 72,615,184       | 64,798,098     | 72,677,609         | 66,284,518           | 65,027,270          |

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

- a** Board designated or quasi-endowment ▶ 0 %
- b** Permanent endowment ▶ 90.000 %
- c** Temporarily restricted endowment ▶ 10.000 %

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

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

- (i)** unrelated organizations . . . . .
- (ii)** related organizations . . . . .

|               | Yes | No |
|---------------|-----|----|
| <b>3a(i)</b>  |     | No |
| <b>3a(ii)</b> |     | No |
| <b>3b</b>     |     |    |

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .   |                                      |                                 |                              |                |
| <b>b</b> Buildings . . . . .   |                                      |                                 |                              |                |
| <b>c</b> Leasehold improvements  |                                      | 131,349,714                     | 35,046,838                   | 96,302,876     |
| <b>d</b> Equipment . . . . .   |                                      | 729,058                         | 626,322                      | 102,736        |
| <b>e</b> Other . . . . .   |                                      | 30,440,100                      | 305,924                      | 30,134,176     |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ |                                      |                                 |                              | 126,539,788    |

**Part VII Investments—Other Securities.**

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

| (a) Description of security or category<br>(including name of security)   | (b) Book value    | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|-------------------|--|
| (1) Financial derivatives . . . . .                                       |                   |  |
| (2) Closely-held equity interests . . . . .                               |                   |  |
| (3) Other _____   |                   |  |
| (A) HEDGE FUND  | 10,314,093        | F  |
| (B) FUND OF FUNDS   | 5,006,109         | F  |
| (C) PRIVATE EQUITY FUNDS  | 1,615,191         | F  |
| (D)   |                   |  |
| (E)   |                   |  |
| (F)   |                   |  |
| (G)   |                   |  |
| (H)   |                   |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) | <b>16,935,393</b> |  |

**Part VIII Investments—Program Related.**

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

| (a) Description of investment  | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|--|----------------|--|
| (1)  |                |  |
| (2)  |                |  |
| (3)  |                |  |
| (4)  |                |  |
| (5)  |                |  |
| (6)  |                |  |
| (7)  |                |  |
| (8)  |                |  |
| (9)  |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.) |                |  |

**Part IX Other Assets.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description  | (b) Book value |
|--|----------------|
| (1)  |                |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.) |                |

**Part X Other Liabilities.**

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

| 1. (a) Description of liability  | (b) Book value |
|--|----------------|
| (1) Federal income taxes   | 0              |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.) | <b>0</b>       |

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|          |  |           |            |
|----------|--|-----------|------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                       | <b>1</b>  | 35,923,314 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                      |           |            |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .   | <b>2a</b> | 7,869,272  |
| <b>b</b> | Donated services and use of facilities . . . . .   | <b>2b</b> |            |
| <b>c</b> | Recoveries of prior year grants . . . . .  | <b>2c</b> |            |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .   | <b>2d</b> |            |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  | <b>2e</b> | 7,869,272  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   | <b>3</b>  | 28,054,042 |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :                             |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> | 363,765    |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .   | <b>4b</b> |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  | <b>4c</b> | 363,765    |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . . | <b>5</b>  | 28,417,807 |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|          |   |           |            |
|----------|---|-----------|------------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                      | <b>1</b>  | 31,156,678 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:   |           |            |
| <b>a</b> | Donated services and use of facilities . . . . .  | <b>2a</b> |            |
| <b>b</b> | Prior year adjustments . . . . .  | <b>2b</b> |            |
| <b>c</b> | Other losses . . . . .  | <b>2c</b> |            |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .  | <b>2d</b> | 27,408     |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   | <b>2e</b> | 27,408     |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  | <b>3</b>  | 31,129,270 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :                                |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> | 363,765    |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .  | <b>4b</b> |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   | <b>4c</b> | 363,765    |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . . | <b>5</b>  | 31,493,035 |

**Part XIII Supplemental Information**

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

| Return Reference          | Explanation |
|---------------------------|-------------|
| See Additional Data Table |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |



## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 13-4086800

**Name:** SEVENTH REGIMENT ARMORY CONSERVANCY INC

## Supplemental Information

| Return Reference                     | Explanation   |
|--------------------------------------|---|
| FORM 990, SCHEDULE D, PART V, LINE 4 | ENDOWMENT FUNDS: THE ARMORY'S ENDOWMENT CONSISTS OF A DONOR-RESTRICTED FUND TO SUPPORT THE CHARITABLE PROGRAMS AND OPERATING NEEDS OF THE ARMORY. |

## Supplemental Information

| Return Reference                     | Explanation  |
|--------------------------------------|--|
| FORM 990, SCHEDULE D, PART X, LINE 2 | INCOME TAX UNCERTAINTIES: The Armory is subject to the provisions of the Financial Accounting Standards Board's (the "FASB") Accounting Standards Codification ("ASC") Topic 740, Income Taxes, as it relates to accounting and reporting for potential uncertainty in income taxes. Because of the Armory's general tax-exempt status, management believes ASC Topic 740 has not had, and is not anticipated to have, a material impact on the Armory's financial statements. |

## Supplemental Information

| Return Reference              | Explanation                                |
|-------------------------------|--|
| SCHEDULE D, PART XII, LINE 2D | CONSISTS OF BAD DEBT EXPENSES OF \$27,408. |

**SCHEDULE F  
(Form 990)**  
  
Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization  
SEVENTH REGIMENT ARMORY CONSERVANCY INC

**Employer identification number**  
13-4086800

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| See Add'l Data  |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
| <b>3a</b> Sub-total . . . . .                               | 0                                   | 0  |  |  | 10,531,589   |
| <b>b</b> Total from continuation sheets to Part I . . . . . |                                     |  |  |  |  |
| <b>c Totals</b> (add lines 3a and 3b)                       | 0                                   | 0  |  |  | 10,531,589   |

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

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|----------------------------|--|------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
|                            |  |            |                      |                          |                                 |                                  |                                       |   |
|                            |  |            |                      |                          |                                 |                                  |                                       |   |
|                            |  |            |                      |                          |                                 |                                  |                                       |   |
|                            |  |            |                      |                          |                                 |                                  |                                       |   |

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



**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . .  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . .  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . .  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* . . . . .  Yes  No

**Part V Supplemental Information**

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

**990 Schedule F, Supplemental Information**

| Return Reference                               | Explanation   |
|--|---|
| FORM 990, SCHEDULE F, PART I, LINE 3, COLUMN F | AMOUNTS REPORTED ON THE ACCRUAL METHOD OF ACCOUNTING. |

**990 Schedule F, Supplemental Information**

| <b>Return Reference</b>                              | <b>Explanation</b>  |
|--|---|
| FORM 990, SCHEDULE F, PART I, LINE 3(1) THROUGH 3(3) | DURING 2019, VARIOUS EMPLOYEES OF THE ARMORY TRAVELED TO EUROPE, EAST ASIA AND THE PACIFIC, AND SOUTH AMERICA TO COORDINATE DETAILS OF INTERNATIONAL PRODUCTIONS BROUGHT TO THE ARMORY. COSTS INCURRED WERE FOR LODGING, LOCAL TRAVEL AND MEALS WHILE IN THE FOREIGN COUNTRIES. |

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 13-4086800

**Name:** SEVENTH REGIMENT ARMORY CONSERVANCY INC

### Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region                               | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|--|-------------------------------------|---|--|--|-----------------------------------|
| Europe (Including Iceland and Greenland) | 0                                   | 0   | Program Services   | Travel and Related   | 192,523                           |
| East Asia and the Pacific                | 0                                   | 0   | Program Services   | Travel and Related   | 13,249                            |

**Form 990 Schedule F Part I - Activities Outside The United States**

| (a) Region                        | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|-----------------------------------|-------------------------------------|---|--|--|-----------------------------------|
| South America                     | 0                                   | 0   | Program Services   | Travel and Related   | 11,724                            |
| Central America and the Caribbean | 0                                   | 0   | Investments  |  | 10,314,093                        |



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

|                        |  | (a)Event #1                 | (b) Event #2 | (c)Other events            | (d) Total events                |
|------------------------|--|-----------------------------|--------------|----------------------------|---------------------------------|
|                        |  | <b>GALA</b><br>(event type) | (event type) | <b>0</b><br>(total number) | (add col. (a) through col. (c)) |
| <b>Revenue</b>         | <b>1</b> Gross receipts . . . . .  | 3,899,113                   |              |                            | 3,899,113                       |
|                        | <b>2</b> Less: Contributions . . . . .   | 3,676,775                   |              |                            | 3,676,775                       |
|                        | <b>3</b> Gross income (line 1 minus line 2) . . . . .                              | 222,338                     |              |                            | 222,338                         |
| <b>Direct Expenses</b> | <b>4</b> Cash prizes . . . . .   |                             |              |                            |                                 |
|                        | <b>5</b> Noncash prizes . . . . .  |                             |              |                            |                                 |
|                        | <b>6</b> Rent/facility costs . . . . .   |                             |              |                            |                                 |
|                        | <b>7</b> Food and beverages . . . . .  | 222,338                     |              |                            | 222,338                         |
|                        | <b>8</b> Entertainment . . . . .   |                             |              |                            |                                 |
|                        | <b>9</b> Other direct expenses . . . . .   |                             |              |                            |                                 |
|                        | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶  |                             |              |                            | 222,338                         |
|                        | <b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶ |                             |              |                            |                                 |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                        |   | (a) Bingo   | (b) Pull tabs/Instant bingo/progressive bingo                       | (c) Other gaming  | (d) Total gaming (add col.(a) through col.(c)) |
|------------------------|---|---|---|---|--|
|                        |   | <b>1</b> Gross revenue . . . . .                                    |   |   |  |
| <b>Direct Expenses</b> | <b>2</b> Cash prizes . . . . .  |   |   |   |  |
|                        | <b>3</b> Noncash prizes . . . . .   |   |   |   |  |
|                        | <b>4</b> Rent/facility costs . . . . .  |   |   |   |  |
|                        | <b>5</b> Other direct expenses . . . . .  |   |   |   |  |
|                        | <b>6</b> Volunteer labor . . . . .  | <input type="checkbox"/> Yes ..... %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes ..... %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes ..... %<br><input type="checkbox"/> No |  |
|                        | <b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶        |   |   |   |  |
|                        | <b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶ |   |   |   |  |

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

**b** If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |

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

Name ▶ .....

Address ▶ .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.

**c** If "Yes," enter name and address of the third party:

Name ▶ .....

Address ▶ .....

**16** Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

- Director/officer                       Employee                       Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

|   |  |
|---|--|
| Name of the organization<br>SEVENTH REGIMENT ARMORY CONSERVANCY INC | Employer identification number<br>13-4086800 |
|---|--|

**Part I Questions Regarding Compensation**

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

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

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

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

| (A) Name and Title                                  |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|   |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| 1 REBECCA ROBERTSON<br>PRESIDENT                    | (i)  | 397,366  | 75,000                              | 0                                   | 124,603  | 17,091                  | 614,060                         | 75,000  |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 2 MELANIE FORMAN<br>CHIEF DEVELOPMENT<br>OFFICER    | (i)  | 346,770  | 0                                   | 0                                   | 20,268   | 1,050                   | 368,088                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 3 SUSAN NEIMAN<br>CHIEF FINANCIAL OFFICER           | (i)  | 184,027  | 0                                   | 0                                   | 0  | 8,870                   | 192,897                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 4 PAUL KING<br>DIRECTOR OF PRODUCTION               | (i)  | 236,601  | 0                                   | 0                                   | 14,742   | 23,522                  | 274,865                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 5 MICHAEL LONERGAN<br>PRODUCING DIRECTOR            | (i)  | 201,394  | 0                                   | 0                                   | 12,000   | 1,391                   | 214,785                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 6 ELIZABETH FRENKEL<br>MANAGING DIRECTOR            | (i)  | 169,832  | 0                                   | 0                                   | 10,714   | 23,390                  | 203,936                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 7 WAYNE LOWERY<br>DIRECTOR OF EXTERNAL<br>OPERATION | (i)  | 169,552  | 0                                   | 0                                   | 10,086   | 1,462                   | 181,100                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 8 KIRSTEN REOCH<br>DIRECTOR OF DESIGN               | (i)  | 151,160  | 0                                   | 0                                   | 9,572  | 16,744                  | 177,476                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   |      |  |                                     |                                     |  |                         |                                 |   |
|   |      |  |                                     |                                     |  |                         |                                 |   |
|   |      |  |                                     |                                     |  |                         |                                 |   |
|   |      |  |                                     |                                     |  |                         |                                 |   |
|   |      |  |                                     |                                     |  |                         |                                 |   |
|   |      |  |                                     |                                     |  |                         |                                 |   |
|   |      |  |                                     |                                     |  |                         |                                 |   |
|   |      |  |                                     |                                     |  |                         |                                 |   |
|   |      |  |                                     |                                     |  |                         |                                 |   |
|   |      |  |                                     |                                     |  |                         |                                 |   |

**Part III Supplemental Information**

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

| Return Reference                         | Explanation   |
|--|---|
| FORM 990, SCHEDULE J, PART I, QUESTION 4 | THE ARMORY MAINTAINS A SECTION 457(B) DEFERRED-COMPENSATION PLAN FOR SENIOR MANAGEMENT STAFF AS A SUPPLEMENT TO THE ARMORY'S SECTION 403(B) DEFINED CONTRIBUTION RETIREMENT PLAN. DURING THE YEAR ENDED DECEMBER 31, 2019 THE ARMORY CONTRIBUTED \$11,270 TO THIS PLAN. |
| FORM 990, SCHEDULE J, PART I, QUESTION 7 | THE ARMORY PAYS DISCRETIONARY BONUSES TO CERTAIN EMPLOYEES.   |

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SEVENTH REGIMENT ARMORY CONSERVANCY INC

Employer identification number  
13-4086800

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art—Works of art . . . . .   |                            |   |  |   |
| 2 Art—Historical treasures . . . . .                                 |                            |   |  |   |
| 3 Art—Fractional interests . . . . .                                 |                            |   |  |   |
| 4 Books and publications . . . . .                                   |                            |   |  |   |
| 5 Clothing and household goods . . . . .                             |                            |   |  |   |
| 6 Cars and other vehicles . . . . .                                  |                            |   |  |   |
| 7 Boats and planes . . . . .   |                            |   |  |   |
| 8 Intellectual property . . . . .                                    |                            |   |  |   |
| 9 Securities—Publicly traded . . . . .                               | X                          | 12  | 382,745  | FMV   |
| 10 Securities—Closely held stock . . . . .                           |                            |   |  |   |
| 11 Securities—Partnership, LLC, or trust interests . . . . .         |                            |   |  |   |
| 12 Securities—Miscellaneous . . . . .                                |                            |   |  |   |
| 13 Qualified conservation contribution—Historic structures . . . . . |                            |   |  |   |
| 14 Qualified conservation contribution—Other . . . . .               |                            |   |  |   |
| 15 Real estate—Residential . . . . .                                 |                            |   |  |   |
| 16 Real estate—Commercial . . . . .                                  |                            |   |  |   |
| 17 Real estate—Other . . . . .                                       |                            |   |  |   |
| 18 Collectibles . . . . .  |                            |   |  |   |
| 19 Food inventory . . . . .  |                            |   |  |   |
| 20 Drugs and medical supplies . . . . .                              |                            |   |  |   |
| 21 Taxidermy . . . . .   |                            |   |  |   |
| 22 Historical artifacts . . . . .                                    |                            |   |  |   |
| 23 Scientific specimens . . . . .                                    |                            |   |  |   |
| 24 Archeological artifacts . . . . .                                 |                            |   |  |   |
| 25 Other ▶ ( _____ )   |                            |   |  |   |
| 26 Other ▶ ( _____ )   |                            |   |  |   |
| 27 Other ▶ ( _____ )   |                            |   |  |   |
| 28 Other ▶ ( _____ )   |                            |   |  |   |

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

|    |  |
|----|--|
| 29 |  |
|----|--|

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .

|     | Yes | No |
|-----|-----|----|
| 30a |     | No |
| 31  | Yes |    |
| 32a | Yes |    |
|     |     |    |

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

| Return Reference                       | Explanation   |
|--|---|
| FORM 990, SCHEDULE M, PART I, LINE 32A | THE ARMORY USES A THIRD-PARTY BROKER TO SELL DONATED SECURITIES RECEIVED. |

**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  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2019**

**Open to Public  
Inspection**

Department of the Treasury

Internal Revenue Service  
Name of the organization

SEVENTH REGIMENT ARMORY CONSERVANCY INC

**Employer identification number**

13-4086800

**990 Schedule O, Supplemental Information**

| Return Reference            | Explanation  |
|-----------------------------|--|
| FORM 990, PART III, LINE 4A | <p>2019 ARTISTIC SEASON (January December 2019) In 2019, the season in the Wade Thompson Drill Hall welcomed over 70,000 attendees, including over 5,000 NYC public school students attending for free, reinventing the possibilities of theater, music, and art for an unconventional space: The Lehman Trilogy (3/22 4/20): This epic work was directed by Tony Olivier, and Academy Award-winning director Sam Mendes (American Beauty, King Lear, Skyfall) and adapted by Ben Power. The Lehman Trilogy is an immigrant story - and a New York story - chronicling the rise and fall of the Lehman family empire from the arrival of Henry Lehman and his two brothers in America in 1844 until the collapse of the firm 163 years later. Simon Russell Beale, Adam Godley, and Ben Miles reprised their critically acclaimed portrayals of the Lehman Brothers, their sons, and grandsons spanning nearly two centuries and told in three parts on a single evening: "three of the most virtuoso performances you're ever likely to see" (Ben Brantley, New York Times). The play was the hottest ticket in New York and sold out completely. In fact, we added seats. FKA twigs (5/11 5/12): The English singer, dancer, producer, and choreographer returned to New York for the first time since 2015 in a sold-out weekend co-presented with the Redbull Music Festival to perform new songs through her distinctive amalgam of electronic music, R&amp;B, and avant-garde pop. Everything That Has Happened And Would Happen (6/3 6/9): After his stunning production De Materie in 2016, German artist and composer Heiner Goebbels returned to the Drill Hall with a new production that explored the effects of WWI in shaping the 20th century. This massive work featured sound, choreography, and performance as well as projections of current events updated daily from the news source "No Comment." The production fused many of Goebbels iconic imagery and techniques, describe as "a Phantasmagoric, ever-changing landscape permeated by spoken text and film" (New York Times). DRILL (6/20 7/21): Commissioned by the Armory and curated by Park Avenue Armory's visual arts curator Tom Eccles, filmmaker and cultural critic Hito Steyerl's installation DRILL utilized both the Wade Thompson Drill Hall and historic interiors of the Armory in mounting both pre-existing works as well as new projects in her ongoing illumination of the world's power structures, inequalities, obscurities, and delights. Hailed by ArtNews as "one of her most exceptional works to date" yet another essential work from Steyerl," this material allowed viewers to zoom in on and out from some of the most complex and pressing issues of our time. Hyperallergic calls Steyerl "a crucial voice in a chorus of critics seeking to untangle the problems of contemporary culture." Antigone (9/25 10/6): The Armory presented an extraordinary staging of Sophocles classic story in the soaring 55,000 square foot Wade Thompson Drill Hall, which was an unparalleled showcase of acclaimed Japanese director</p> |

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| FORM 990, PART III, LINE 4A | <p>tor Satoshi Miyagis vision in New York. Miyagis production blended the foundational principles of Greek tragedy, Japanese Noh theatre, Indonesian shadow play, and the Buddhist philosophy to illustrate this riveting play about loss and memorialization. The New York Times hailed Miyagi's production as "spellbinding...both timeless and urgent (Critic's Pick, Laura Collins-Hughes)." Black Artists Retreat (10/11-10/12): Hosted outside of Chicago for the first time, Theater Gates Black Artists Retreat welcomed over 2,200 guests, including 132 artists, over a weekend of public programs, performances, private retreat activities, and conversation. Gates brought together an extraordinary group for an illuminating weekend, including Nona Hendryx, Esperanza Spalding, Illustrious Blacks, Toshi Reagon, Carrie Mae Weems, Staceyann Chin and more. A highlight of the retreat was a public celebration with roller skating. The event marked the completion of the replacement of the wooden flooring of the Wade Thompson Drill Hall, which includes recycled pine planks milled by Gates work force and repurposed from his Chicago urban manufacturing renewal project. Judgment Day (12/5-1/10): Director Richard Jones (The Hairy Ape) returned to the Armory to direct von Horvth's 1937 play about a station master who is responsible for a fatal train crash, but denies responsibility in the investigation that follows. The production was a major milestone for the Armory as its first solely produced new theater production, developed from concept through execution and with a new script adaptation by Pulitzer Prize-winning playwright Christopher Shinn. Finally, the workshop and rehearsal process inaugurated the brand new rehearsal studio, which opened on the Armory's 5th floor in June 2019. The play has been nominated for 4 Drama Desk Awards including Best Set Design and Best Adaptation of a Play. The Artists Studio Series for the Veterans Room continued in 2019 with a program curated by pianist and composer Jason Moran and inspired by the improvisational, collaborative and eclectic forces behind the original design of the room. Highlights included: two distinct programs by composer, saxophonist, and founding member of the Art Ensemble of Chicago Roscoe Mitchell that spotlighted his wide ranging compositional achievements; a number of new works by experimental composer, improviser, and performer Miya Masaoka, a longtime explorer of the intersection of technology and music-making; the presentation of Star Choir, a new work developed by Malik Gaines and Alexandro Segade while serving as Armory artists-in-residence; and a performative work within a site-specific installation inspired by the Veterans Room by Rosa Barba in collaboration with percussionist Chad Taylor. In the Board of Officers Room, the Recital Series continued to offer an exquisite, intimate counterpart to the spectacular scale of the Drill Hall season. In 2019, the series included: a fifth year of the Lindemann Young Artist</p> |

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| FORM 990, PART III, LINE 4A | <p>Concert with the Metropolitan Opera; a program of songs by Schubert sung by German baritone Benjamin Appl in his North American Recital Debut; Austrian tenor Ilker Arcayrek performing an all Schubert program in his North American Recital Debut; the esteemed Dudok Quartet Amsterdam ensemble in their New York Debut with programs focusing on works by Haydn and Ligeti that artfully showcased their versatility and superb musicianship; and violin virtuoso Leila Josefowicz, a MacArthur "Genius" recipient of the prestigious Avery Fisher Prize, who came to the Board of Officers Room with pianist John Novacek to perform inventive programs of modern music paired with pieces by 20th century masters. The Interrogations of Form Series connected the Armory's programs with relevant issues through Symposia on the arts and social justice, Artist Talks, and Sunday Salons. Highlights of the year included the annual February symposia "Culture in a Changing America," which featured two main tracks, Art &amp; Identity and Art &amp; Activism; and Theaster Gates Black Artists Retreat, which welcomed black artists and allies from Chicago, New York, and beyond for a weekend of communion, celebration, and multi-disciplinary exploration of the year's theme: sonic imagination (also part of the Drill Hall season and detailed above). (also part of the Drill Hall season and detailed above).</p> |

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| <p>FORM 990,<br/>PART III,<br/>LINE 4A<br/>CONTINUED</p> | <p>ARTS EDUCATION AT THE ARMORY Utilizing our magnificent historic building and the unique visual and performing arts programming that takes place within it, Park Avenue Armory's Arts Education Program gives underserved New York City public school students from all five boroughs the opportunity to be immersed in the creative process of exceptional artists. The Arts Education Program has three main components: (1) Production-based Programming, in which students attend major productions of music, theater, dance and visual art, and participate in pre- and post-visit workshops with the Armory's talented corps of teaching artists; (2) Partner School Program, in which deeper relationships with schools are created through attendance at productions, in-school residencies and end-of-term events at the Armory; and (3) the Armory Youth Corps, a paid and closely mentored internship program focusing on students from underserved NYC public schools. Armory Arts Education programs are offered at no cost to students and schools and are developed in alignment with the NYS Next Generation Learning Standards and the NYC Blueprint for the Arts. In 2019: Over 5,000 NYC public school students attended FREE student matinees and participated in production-based programming; 8 Partner Schools received in-school residencies connecting the school curriculum with Armory productions and other resources, with a 9th Partner School added for the 2019-2020 school year: Brooklyn Community Arts and Media High School (BCAM H.S.); and nearly 100 Youth Corps interns worked over 13,000 paid hours. The Youth Corps Program has expanded significantly to support a new Post High School phase, providing highly individualized support during the critical post-secondary years through programs including: Advanced Internships across departments, a college persistence Cohort, a Writing Intensive, Career Chats, and our Student Advisory Board. DESIGN AND CONSTRUCTION In 2018/2019, the 138 year-old 55,000 SF of the Wade Thompson Drill Hall floor was replaced in kind with re-cycled wood of the same period and type as the original. After two phases of construction, the floor was finished in August 2019 with immediate benefits for artists and audiences. Prior to the project, the Drill Hall floor, after 14 decades of use and temporary repairs, finally reached its limit of usability. In consultation with the New York State Office of Historic Preservation (SHPO) the Armory replaced the 140-year old Georgia yellow pine floor and the substructure and added a layer of moisture barrier. The first 20,000 SF of demolition, installation of the substructure, and replacement of the finished pine surface was completed in August 2018. The second half of the project was completed on August 30, 2019 in time for a busy fall season of programming. The new floor surface and subsurface will now provide a stable, strong and aesthetically appropriate floor for this historic room for decades to come. One of the first uses of the floor</p> |

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| FORM 990,<br>PART III,<br>LINE 4A<br>CONTINUED | <p>or was for Theaster Gates Black Artists Retreat. After contributing to the construction process by leading a Chicago team that milled 20-25% of the reclaimed heart pine, Gates transformed the new floor into a roller skating rink as part of his extraordinary Retreat week end in October 2019. In 2019, the Armory also completed the construction of a new Rehearsal Room on the 5th floor in order to support the development of new works and in-house rehearsal space for up-coming productions. The space which was opened in May has already demonstrated its tremendous potential as a dynamic new resource in the Armory building; Drill Hall artists, Artists-in-Residence, and students can explore new visions and collaborate, while maintaining a constant connection to the building and Armory community. Highlights to date have included: the workshop and rehearsal process for Christopher Shinn's adaptation of Ingeborg Bachmann's play Judgment Day; a workshop for Artist-in-Residence Lynn Nottage and collaborators, developing her new commission for the Drill Hall; and rehearsals for programs like the FLEXN tour, Antigone, and new performances commissioned for young audiences.</p> |

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| FORM 990, PART VI, LINE 11 - POLICIES | A DRAFT FORM 990, PREPARED BY EISNERAMPER LLP BASED ON INFORMATION PROVIDED BY MANAGEMENT, IS SUBMITTED TO THE CAO/CFO AND PRESIDENT FOR REVIEW. UPON APPROVAL, THE DRAFT FORM 990 IS PROVIDED TO THE FINANCE/AUDIT COMMITTEE OF THE BOARD FOR REVIEW, COMMENT, AND APPROVAL. UPON THE FINANCE/AUDIT COMMITTEE'S APPROVAL, THE FORM 990 IS PROVIDED TO THE FULL BOARD, PRIOR TO ITS ELECTRONIC FILING WITH THE INTERNAL REVENUE SERVICE. |

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| <b>Return Reference</b>               | <b>Explanation</b>   |
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| FORM 990, PART VI, LINE 12 - POLICIES | ALL BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE A CONFLICT-OF-INTEREST DISCLOSURE FORM ON AN ANNUAL BASIS. ANY POTENTIAL CONFLICTS REPORTED IN THE DISCLOSURE FORMS ARE REVIEWED BY THE FINANCE/AUDIT COMMITTEE OF THE BOARD. ANY CONFLICT THAT BECOMES KNOWN DURING THE YEAR SHALL BE REPORTED TO THE FINANCE/AUDIT COMMITTEE. THE EVALUATION AND RESOLUTION POLICIES OUTLINED IN THE CONFLICT-OF-INTEREST POLICY SHALL BE APPLIED. |

## 990 Schedule O, Supplemental Information

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| FORM 990, PART VI, LINE 15 - POLICIES | COMPENSATION OF THE PRESIDENT IS SUBJECT TO REVIEW AND APPROVAL BY THE EXECUTIVE COMMITTEE OF THE BOARD. THE CO-CHAIRMAN AND CO-CHAIR OBTAIN COMPENSATION INFORMATION FROM INDEPENDENT SOURCES WHICH SERVE AS THE BASIS FOR COMPENSATION OFFERED TO THE EXECUTIVE POSITION IDENTIFIED ABOVE. OTHER SENIOR EMPLOYEE COMPENSATION IS REVIEWED AND APPROVED BY THE PRESIDENT. |

# 990 Schedule O, Supplemental Information

| Return Reference                                  | Explanation   |
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| FORM 990,<br>PART VI, LINE<br>19 -<br>DISCLOSURES | THE FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. |

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| <b>Return Reference</b>         | <b>Explanation</b>   |
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| FORM 990,<br>PART XI,<br>LINE 9 | OTHER CHANGES IN NET ASSETS CONSISTS OF BAD DEBT EXPENSES OF \$27,408. |