Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Depa	artment nal Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the la	• •	Open to Public Inspection			
			=	ng JUN 30, 2023				
B (Check if applicab	le: C Name o	C Name of organization D Employer identification					
	Addre		ICAN MUSEUM OF THE MOVING IMAGE					
	Name chang		usiness as MUSEUM OF THE MOVING IMAGE	11-27307	14			
	Initial	Number		n/suite E Telephone numbe				
	Final	36-0	1 35TH AVENUE	(718) 77				
_	termir ated	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	7,528,286.			
	Amen		RIA, NY 11106-1226	H(a) Is this a group r				
	Applion tion pendi		nd address of principal officer: IVAN L. LUSTIG	for subordinates				
		SAME	AS C ABOVE	H(b) Are all subordinates i	included? Yes No			
11	Tax-ex	empt status:		527 If "No," attach a	a list. See instructions			
	Websi		MOVINGIMAGE.US	H(c) Group exemption				
_			X Corporation Trust Association Other	L Year of formation: 1988	V State of legal domicile: N			
Pa	art I	Summary	MICEIN		TWIGH			
e	1	Briefly describ	e the organization's mission or most significant activities: MUSEUM	OF THE MOVING				
Governance			S THE UNDERSTANDING, ENJOYMENT, AND					
/err	2	Check this bo			ssets. 			
ĝ	3				26			
Š	4		lependent voting members of the governing body (Part VI, line 1b)		84			
ties	5		of individuals employed in calendar year 2022 (Part V, line 2a)		41			
Activities &	6		of volunteers (estimate if necessary)		0.			
A			d business revenue from Part VIII, column (C), line 12		0.			
	0	Net unrelated	business taxable income from Form 990-T, Part I, line 11	Prior Year	Current Year			
	8	Contributions	and grants (Part VIII, line 1h)	E 0.05 0.04	4,677,103.			
nue	9				2,074,536			
Revenue	10	•	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)		2,367			
č	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		398,150			
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,152,156.			
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>	0.			
	14		to or for members (Part IX, column (A), line 4)	0	0.			
ŝ	15	.			4,745,331.			
nse	16a	Professional f	undraising fees (Part IX, column (A), line 11e)	49,300.	52,400.			
Expenses	b	Total fundrais	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) 630,797.					
Ш			es (Part IX, column (A), lines 11a-11d, 11f-24e)	3,288,172.	3,482,059.			
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,349,050.	8,279,790.			
	19	Revenue less	expenses. Subtract line 18 from line 12		-1,127,634.			
Net Assets or Fund Balances				Beginning of Current Year	End of Year			
alan	20	Total assets (I	Part X, line 16)	6,228,399.	4,928,907.			
it As	21	Total liabilities	(Part X, line 26)	1,683,578.	1,512,157.			
Fundation	22		fund balances. Subtract line 21 from line 20	4,544,821.	3,416,750.			
Pa	art II	-						
Und	er pena	alties of periury	I declare that I have examined this return, including accompanying schedules and	statements, and to the best of m	v 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.

	Cianatura of officer			Data	
Sign	Signature of officer			Dale	
Preparer Firm's name LUTZ AND CARR, CPAS LLP Firm's EIN 13-1655 Use Only Firm's address 551 FIFTH AVENUE, SUITE 400 Phone no.212-697-5					
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN
Paid	FREDERICK MARTENS			oon omproyou	P00298107
Preparer	Firm's name LUTZ AND CARR, CP	AS LLP		Firm's EIN 13-	1655065
Use Only	IVAN L. LUSTIG, BOARD CO-CHAIRMAN Type or print name and title Print/Type preparer's name Preparer's signature FREDERICK MARTENS Preparer's signature Firm's name LUTZ AND CARR, CPAS LLP Firm's address 551 FIFTH AVENUE, SUITE 400 NEW YORK, NY 10176 NEW YORK, NY 10176				
	NEW YORK, NY 1017	6		Phone no. $212-$	697-2299
May the IRS discuss this return with the preparer shown above? See instructions					
232001 12-1	3-22 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.			Form 990 (2022)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2022) AMERICAN MUSEUM OF THE MOVING IMAGE 11-2730714 F
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	MUSEUM OF THE MOVING IMAGE ADVANCES THE UNDERSTANDING, ENJOYMENT, ANI
	APPRECIATION OF THE ART, HISTORY, TECHNIQUE, AND TECHNOLOGY OF FILM,
	TELEVISION, AND DIGITAL MEDIA BY PRESENTING EXHIBITIONS, EDUCATION
	PROGRAMS, SIGNIFICANT MOVING-IMAGE WORKS, AND INTERPRETIVE PROGRAMS,
2	Did the organization undertake any significant program services during the year which were not listed on the
-	
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
~	
3	5 5, 5 5 5 , 7 1 5
	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 \$ 3,312,043. including grants of \$) (Revenue \$ 1,481,98
	EXHIBITIONS AND THE COLLECTION:
	THE MUSEUM PRESENTS AN AMBITIOUS SLATE OF LARGE- AND SMALL-SCALE
	PERMANENT AND CHANGING EXHIBITIONS AND VIDEO AND ART INSTALLATIONS.
	THE MUSEUM'S CORE EXHIBITION, BEHIND THE SCREEN, IMMERSES VISITORS IN
	THE MOSEOW S CORE EXHIBITION, BEHIND THE SCREEN, IMMERSES VISITORS IN THE CREATIVE PROCESS OF MAKING MOVING IMAGES. IT FEATURES OVER 1,400
	ARTIFACTS, FROM NINETEENTH-CENTURY OPTICAL TOYS TO VIDEO GAMES, AS WE
	AS AN ARRAY OF INTERACTIVE EXPERIENCES, AUDIOVISUAL MATERIAL, AND
	ARTWORKS. THE JIM HENSON EXHIBITION EXPLORES THE GROUNDBREAKING VISI
	AND TRANSFORMATIVE CULTURAL IMPACT OF THE BELOVED AMERICAN ARTIST,
	FEATURING A BROAD RANGE OF OBJECTS AND MATERIALS INCLUDING PUPPETS,
	STORYBOARDS AND CHARACTER SKETCHES, AND MOVING-IMAGE MEDIA DOCUMENTIN
4b	(Code:) (Expenses \$ 1,717,301. including grants of \$) (Revenue \$ 610,42
	SCREENINGS, EVENTS, AND ONLINE PROJECTS:
	EACH YEAR THE MUSEUM SCREENS MORE THAN 500 FILMS, PRESENTING A
	PANORAMIC VIEW OF THE MOVING IMAGE, WITH LIVE MUSIC FOR SILENT FILMS,
	RESTORED PRINTS FROM THE WORLD'S LEADING ARCHIVES, AND NEW FILMS FROM
	THE INTERNATIONAL FESTIVAL CIRCUIT, THE MUSEUM'S SCREENING PROGRAM
	PROVIDES A STATE-OF-THE-ART, IMMERSIVE VIEWING EXPERIENCE FOR VISITOR
	PROGRAMS IN FISCAL YEAR 2023 INCLUDED THE ANNUAL SEE IT BIG, FOCUSING
	ON EXTENDED CUTS OF CLASSIC FILMS, GIVING AUDIENCES THE RARE CHANCE T
	THEATRICALLY EXPERIENCE ALTERNATE CUTS OF SOME OF OUR MOST BELOVED
	FILMS; NORIAKI TSUCHIMOTO, THE FIRST MAJOR U.S. RETROSPECTIVE OF THE
	JAPANESE DOCUMENTARY FILMMAKER; AND THE FIRST LOOK FESTIVAL, AN ANNUA
40	(Code:) (Expenses \$ 1,325,378. including grants of \$) (Revenue \$ 196,19
40	EDUCATION AND COMMUNITY ENGAGEMENT
	THE MIGHIN PROVIDED CURRENTLY PAGED EDUCATIONAL EXPERIENCED TO MODE
	THE MUSEUM PROVIDES CURRICULUM-BASED EDUCATIONAL EXPERIENCES TO MORE
	THAN 70,000 STUDENTS EACH YEAR, AS WELL AS AN ARRAY OF DYNAMIC,
	ENGAGING TOURS, TALKS, WORKSHOPS, AND SCREENINGS FOR CHILDREN, TEENS,
	FAMILIES, ADULTS, AND SENIORS. IN-PERSON AND VIRTUAL WORKSHOPS RANGE
	FROM FILM APPRECIATION AND WORLD-BUILDING WITH VIDEO GAMES TO
	SCIENCE-FICTION CINEMA, HANDS-ON MEDIA MAKING AND PUPPETRY FOR THE
	SCREEN. GAME LAB OFFERS A DYNAMIC SPACE FOR VISITORS OF ALL AGES TO
	EXPERIMENT WITH THE LATEST IN DIGITAL TECHNOLOGY TO CREATE GAMES AND
	ANIMATIONS. DIGITAL GAME DESIGN INTENSIVES AND SUMMER MEDIA CAMPS, I
	BY PROFESSIONAL FILMMAKERS AND GAME DESIGNERS, PROVIDE TEENS AND TWEE
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 6,354,722.
	Form 990
3200	SEE SCHEDULE O FOR CONTINUATION(S)
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Form	990	(2022)

Part IV Checklist of Required Schedules

AMERICAN MUSEUM OF THE MOVING IMAGE

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		x	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	x	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	I the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			37
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>

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Form **990** (2022)

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Form 990 (2022)
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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
2	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	200		
C	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	200		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
30		30	x	
31	contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		x
32		31		- 23
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
De	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
_			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 144	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X	<u> </u>
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022)	AMERICAN	MUSEUM	OF	THE	MOVING	IMAGE
Statements R	legarding Oth	er IRS Filin	gs ar	nd Tax	Complian	ce (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 84			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
F -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5.0		Х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 50		
С 62	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50		
Ua	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ju		
~	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
-	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII. line 12 10a			
a b	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand 13c			37
14a		14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4.5		х
	excess parachute payment(s) during the year?	15		21
16	If "Yes," see the instructions and file Form 4720, Schedule N.			Х
10	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		43
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
232005	5 12-13-22	Form	990	(2022)

232005 12-13-22

Form 990 (2022)

Part V

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Form 990 (2	2022)
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AMERICAN MUSEUM OF THE MOVING IMAGE

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

X

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

					Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	26			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	26			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with	any other			
	officer, director, trustee, or key employee?			2		2
3	Did the organization delegate control over management duties customarily performed by or under th	e direc	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		2
4	Did the organization make any significant changes to its governing documents since the prior Form S	90 wa	s filed?	4		Σ
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		Σ
6	Did the organization have members or stockholders?			6		Σ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or as more members of the governing body?	-		7a		2
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, s			<u>/a</u>		-
D				76		2
0	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			7b		-
		-	-	8a	x	
	The governing body?			8b	X	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			00		
5	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		2
ect	tion B. Policies (This Section B requests information about policies not required by the Internal Re			5		
		venue			Yes	N
0a	Did the organization have local chapters, branches, or affiliates?			10a	103	
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			104		+
5	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod			11a	x	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	y belo		114		
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12a	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y			12.0		
C	on Schedule O how this was done			12c	x	
3	Did the organization have a written whistleblower policy?			13	x	
3 4	Did the organization have a written document retention and destruction policy?			14	X	
	Did the process for determining compensation of the following persons include a review and approva			14		
5	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ai by iii	dependent			
~	The organization's CEO, Executive Director, or top management official			15a	x	
	Other officers or key employees of the organization			15a	X	
5	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			155		
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	vith a			
				16a		2
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			104		-
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	-			
	exempt status with respect to such arrangements?			16b		
ec	tion C. Disclosure					
	List the states with which a copy of this Form 990 is required to be filed <u>NY</u>					
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990	-T (section 501(c)(3	s only) avail	lahl
	for public inspection. Indicate how you made these available. Check all that apply.			,5 51119	, uvan	
	X Own website Another's website X Upon request Other (explain	on Sc	hedule ()			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	ld fina	ncial	
-	statements available to the public during the tax year.		a interest policy, al		ioidi	
	State the name, address, and telephone number of the person who possesses the organization's bo	oks an	d records			
0		unu al i	a 1000103			
0	JILL ENGEL - 718-777-6800					
0					1 990	

Part VII	II Compensation of Officers, Directors, Trustees, Key Employees, H	lighest Compensated
	Employees, and Independent Contractors	

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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(14) JON KAMEN 1.00 X 0. 0. 0. 0. TRUSTEE X 1.00 X 0. <t< td=""><td></td><td>1.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>		1.00									
TRUSTEE X 0. 0. 0. 0. (15) JEFFREY KATZENBERG 1.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (16) MATTHEW LOEB 1.00 X 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (17) JOHN T. MCGUIRE 1.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0.			Х						0.	0.	0.
(15) JEFFREY KATZENBERG 1.00 0.0.0.0. TRUSTEE X 0.0.0.0. (16) MATTHEW LOEB 1.00 0.0.0.0. TRUSTEE X 0.0.0.0. (17) JOHN T. MCGUIRE 1.00 0.0.0.0. TRUSTEE X 0.0.0.0.		1.00									
TRUSTEE X 0. 0. 0. (16) MATTHEW LOEB 1.00 . . . TRUSTEE X 0. 0. 0. (17) JOHN T. MCGUIRE 1.00 . . . TRUSTEE X 0. 0. 0.			X						0.	0.	0.
(16) MATTHEW LOEB 1.00 X 0.		1.00									
TRUSTEE X 0. <th< td=""><td></td><td>1 00</td><td>X</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></th<>		1 00	X						0.	0.	0.
(17) JOHN T. MCGUIRE 1.00 X 0. 0. 0.		1.00									•
TRUSTEE X 0. 0. 0.		1 00	X				<u> </u>		0.	0.	0.
		1.00									•
			Ă						0.	0.	

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Form 990 (2022)

	MUSEUM	01	7 7	CHI	ΞI	/OM	7I]	NG IMAGE	11-27	730	714	Page 8
Part VII Section A. Officers, Directors, Tru	ustees, Key Em	ploy	vees,	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
(A)	(B)				C)			(D)	(E)		(F))
Name and title	Average	(do		Pos) than o	one	Reportable	Reportable		Estima	ated
	hours per	box	, unles	ss pe	erson	is botl	h an	compensation	compensatio	n	amour	nt of
	week	offi	cer an	id a d I	lirecto	or/trus	tee)	from	from related		othe	ər
	(list any	ector						the	organizations		compen	
	hours for	or dir	a)			ited		organization	(W-2/1099-MIS	;C/	from	
	related organizations	stee	ruste			pens		(W-2/1099-MISC/	1099-NEC)		organiz	
	below	lal tru	onal t		loyee	com		1099-NEC)			and rel	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organiza	ations
(18) WALTER MOSELY	1.00	Ē	Ë	5	Υ. Έ	en	ß					
TRUSTEE	1.00	x						0.		Ο.		0.
(19) THOMAS J. O'DONNELL	1.00									<u> </u>		
TRUSTEE	1.00	x						0.		0.		0.
(20) DENNIS PAUL	1.00									<u> </u>		
TRUSTEE	1.00	x						0.		0.		0.
(21) RICHARD PLEPLER	1.00											
TRUSTEE	1.00	x						0.		0.		0.
(22) DAVID RIVEL	1.00									<u> </u>		
TRUSTEE	1.00	x						0.		0.		0.
(23) HAL ROSENBLUTH	1.00											
TRUSTEE		x						0.		0.		0.
(24) JOSHUA W. SAPAN	1.00											
TRUSTEE		x						0.		0.		Ο.
(25) HENRY S. SCHLEIFF	1.00											
TRUSTEE		x						0.		0.		Ο.
(26) STUART MATCH SUNA	1.00											
TRUSTEE		X						0.		0.		Ο.
1b Subtotal								302,004.		0.		622.
c Total from continuation sheets to Part	VII, Section A							560,149.		0.	113,	
d Total (add lines 1b and 1c)								862,153.		0.	150,	035.
2 Total number of individuals (including but	not limited to th	nose	liste	ed al	bov	e) wł	no r	eceived more than \$100	,000 of reportabl	е		
compensation from the organization												5
											Yes	s No
3 Did the organization list any former office												
line 1a? If "Yes," complete Schedule J for	such individual										3	X
4 For any individual listed on line 1a, is the	sum of reportab	le co	ompe	ensa	atior	n and	d ot	her compensation from	the organization			
and related organizations greater than \$1											4 X	
5 Did any person listed on line 1a receive o								ted organization or indiv	idual for services			
rendered to the organization? If "Yes," co	mplete Schedul	e J f	or su	uch	pers	son .					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest of	-									ipens	ation from	I
the organization. Report compensation for	or the calendar y	ear	endi	ng v	vith	or w	ithi		year.			
(A) Name and busines	s addross							(B) Description of s	onvicos	C	(C) ompensat	tion
JOHNSON CONTROLS, INC.	55 2001655						_	BUILDING MAN			ompensat	
PO BOX 7330068, DALLAS,	my 7527	2						SYSTEM	AGMENI		00F	201
ASPIRE TECHNOLOGY PARTNI		5							NOLOCY		895,	201.
PO BOX 789172, PHILADELI	-	1 (215	70				DIGITAL TECH PURCHASING	NOTOGI		107	015
THAT B AND COMPANY, LLC	PHIA, PA	Т.	91/	/ 0			-	FURCHASING			187,	010.
464 WEST 152ND ST, NEW Y		1 (ากร	21				GALA PRODUCT			138,	1 7 0
BG HACKER 4 PRODUCTION,		<u> </u>	505	<u>, </u>				CONSULTING D			<u>т эо,</u>	
66 MADISON AVENUE, NEW Y		1 (<u>ן</u> אר	6				OF EVENTS	TURCION		111,	261
LANE ASSOCIATES	, 111	<u> </u>		- 0				HVAC PURCHAS	TNG AND		<u> </u>	201.
PO BOX 126, ISLAND PARK	NY 115	58						CONSULTING			104,	840.
	, _,,						r					

 PO
 BOX
 126,
 ISLAND
 PARK,
 NY
 11558
 CONSULTING

 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
 5

SEE PART VII, SECTION A CONTINUATION SHEETS Form 990 (2022) 232008 12-13-22

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	OF THE MOVIN						NG IMAGE	11-2730714		
Part VII Section A. Officers, Directors, Tru	ustees, Key Ei	nplo	oyee	es, a	nd I	ligh	est	Compensated Employ	ees (continued)	
(A)	(B) (C)							(D)	(E)	(F)
Name and title	Average			Pos	ition	ı		Reportable	Reportable	Estimated
	hours	(cl	heck	k all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				ample		organization	(W-2/1099-MISC)	from the
	hours for	or dir	ę.			ated 6		(W-2/1099-MISC)		organization
	related	stee	ruste			pensi				and related
	organizations	ial tru	onal 1		oloye	com				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated em ployee	Former			
(27) JEFFREY ZUCKER	line)	<u> </u>	ŝ	of	ъ В	Ŧ	9			
TRUSTEE	1.00	x						0.	0.	0.
(28) CHRISTINA KARAHALIOS	40.00								0.	0.
CHIEF FINANCIAL OFFICER	10000			x				204,651.	0.	35,759.
(29) FRED BAEZ	40.00							,		
CHIEF PROJECTIONIST		1				x		140,396.	Ο.	17,512.
(30) CAROLYN FUNK	40.00				1					
PROJECTIONIST		1				x		109,700.	Ο.	17,512.
(31) BARBARA MILER	40.00									
DEPUTY DIRECTOR						X		105,402.	0.	42,630.
		1								
		┝		-	\vdash	\vdash				
		1								
						\square				
Total to Part VII, Section A, line 1c								560,149.		113,413.

04-01-22

Pa	rt VI	II Statement of Re	venue					
		Check if Schedule O d	contains a respon	se or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Fundraising events	1b 1c 1d ibutions) 1e grants, and above 1f lines 1a-1f 1g	463,780. 2,626,864. .,586,459.	4,677,103.			
Program Service Revenue	2 a b c d f g	ADMISSIONS TRAVELING EXH MEMBERSHIPS PROGRAM FEES	IBITIONS	Business Code 713990 713990 713990 713990 713990		1,346,965. 526,258. 184,613. 16,700.		
	3 4 5	Investment income (includ other similar amounts) Income from investment o Royalties	of tax-exempt bone		2,367.			2,367.
	b c d	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss) Gross amount from sales of	6a 373,378 6b 189,298 6c 184,080	8 • • • • • • • • • • • • • • • • • • •	184,080.			184,080.
Revenue	b	 assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) 	7a 7b 7c					
Other Re	8 a	contributions reported on Part IV, line 18	ng events (not , 780 • of line 1c). See	Ba 96,570. Bb 96,570.				
	с	 Less: direct expenses Net income or (loss) from Gross income from gamin Part IV, line 19 	fundraising events g activities. See		0.			
	с 10 а b	 Less: direct expenses Net income or (loss) from Gross sales of inventory, I and allowances Less: cost of goods sold 	gaming activities ess returns	_{0а} 189,629. _{ов} 90,262.	00.267	00.267		
neous	11 a		sales of inventory	Business Code 900099	99,367. 114,703.	99,367. 114,703.		
Miscellaneous Revenue		All other revenue			114,703 . 7 152 156	2,288,606.		106 447
23200	12	Total revenue. See instructio	IIIS		1,104,100.	4,200,000.	0.	186,447. Form 990 (2022

AMERICAN MUSEUM OF THE MOVING IMAGE

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Form 990 (2022)

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AMERICAN MUSEUM OF THE MOVING IMAGE

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). X Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (C) (A) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 99,002. 334,718. 49,501. 483,221. trustees, and key employees 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 3,363,215. 2,846,809. 312,000. 204,406. Other salaries and wages 7 Pension plan accruals and contributions (include 8 287,849. 248,022. 24,936. 14,891. section 401(k) and 403(b) employer contributions) 286,927. 38,782. 19,263. 228,882. Other employee benefits 9 324,119. 250,919. 52,082. 21,118. Payroll taxes 10 Fees for services (nonemployees): 11 a Management b Legal 47,374. 47,374. Accounting С 95,500. 95,500. d Lobbying 52,400. 52,400. Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, q 678,985. 224,872. 79,209. 983,066. column (A), amount, list line 11g expenses on Sch O.) 6,529. 6,529. Advertising and promotion 12 110,445. 5,802. 148,488. 32,241. 13 Office expenses 14 Information technology 15 Royalties 441,523. 441,523. 16 Occupancy 124,921. 109,772. 9,923. 5,226. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 6,631. 6,631. Interest 20 Payments to affiliates 21 384,066. 351,442. 32,624. Depreciation, depletion, and amortization 22 156,992. 131,152. 25,840. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) PURCHASED SERVICES 293,475. 199,152. 20,532. 73,791. а **REPAIRS AND MAINTENANCE** 248,875. 231,839. 11,550. 5,486. h SUPPLIES AND MATERIALS 185,610. 180,653. 2,276. 2,681. С 128,654. 128,654.

 d
 FILM/EXHIBITION RENTALS

 e
 All other expenses

 25
 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

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110,942.

6,354,722.

117,890.

1,294,271.

230,355.

8,279,790.

Form 990 (2022)

1,523.

630,797.

1,070,580. Cash - non-interest-bearing 1 327,841. 2 Savings and temporary cash investments 889,601. Pledges and grants receivable, net 3 727,382. 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 37,011. 8 Inventories for sale or use 204,469. Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 9,887,791. basis. Complete Part VI of Schedule D _____ 10a 2,971,515. b Less: accumulated depreciation 10b 7,265,222. 2,622,569. 10c Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 14 Intangible assets Other assets. See Part IV, line 11 15

AMERICAN MUSEUM OF THE MOVING IMAGE

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

Total assets. Add lines 1 through 15 (must equal line 33)

Loans and other payables to any current or former officer, director,

Accounts payable and accrued expenses

Grants payable

Deferred revenue Tax-exempt bond liabilities

Escrow or custodial account liability. Complete Part IV of Schedule D

(B)

End of year

115,914.

510,036.

520,261.

837,304.

43,398.

71,206.

4,928,907.

594,895.

405,220.

208,219.

(A)

Beginning of year

6,228,399.

969,750.

698,911.

16

17

18

19

20

21

trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 500,000. 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 14,917. 12,042. 25 of Schedule D 1,512,157. 1,683,578. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 3,099,545. 2,485,601. Net assets without donor restrictions 27 27 1,445,276. 931,149. Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 Retained earnings, endowment, accumulated income, or other funds 31 31 4,544,821. 3,416,750. Total net assets or fund balances 32 32 6,228,399. 4,928,907. 33 33 Total liabilities and net assets/fund balances ...

Form **990** (2022)

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2 3

Form 990 (2022)	
Part X	Balanc	e Sheet

1

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22

_iabilities

Net Assets or Fund Balances

Assets

Form	AMERICAN MUSEUM OF THE MOVING IMAGE	11-2	730714	Pag	je 12	
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments	1 2 3 4 5 6 7 8	7,152 8,279 -1,127 4,544	9,7 7,6 1,8	90. 34.	
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,416	5,7	50.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
1 2a	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedu 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		-	Yes	No X	
b	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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 separa		2b	x		
с	 consolidated basis, or both: X 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 on Sc As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		x	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			

Form **990** (2022)

232012 12-13-22

SCHEDULE A	١
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Department of the Treasury

Internal Revenue Service

(Form 990)

Total

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

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

0000	OMB No. 1545-0047	
2022	2022	

Open to Public . Inspection

Name of the organization	
	-

					Employer	identification number
MUSEUM	OF	THE	MOVING	TMAGE	1 1	1 - 2730714

				M OF THE MOV					1-2730714			
Pa	rt I	Reason for Public	Charity Status.	(All organizations must o	complete t	his part.) S	See instruction	IS.				
The 1 2 3 4	organ	 anization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii). 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 6 7 8 9		 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 										
10		university: 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 12 a		 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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 										
b		organization. You must of Type II. A supporting org control or management of organization(s). You must	ganization supervised of the supporting org	d or controlled in connec janization vested in the s			-		-			
c d		 Type III functionally interits supported organizatio Type III non-functionally 	on(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.					
e		that is not functionally inf requirement (see instruct Check this box if the organ functionally integrated, o	tegrated. The organizations). You must cor anization received a	zation generally must sa mplete Part IV, Sections written determination fro	tisfy a dist s A and D om the IRS	ribution re , and Part 5 that it is a	equirement and V.	d an attent	iveness			
f	Ente	er the number of supported	organizationa									
a		vide the following information	0	ed organization(s).					·			
		i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the orga in your govern Yes	anization listed ing document? No	(v) Amount of support (see in	,	(vi) Amount of other support (see instructions)			

Schedule A (Form 990) 2022

Part II

AMERICAN MUSEUM OF THE MOVING IMAGE 11-

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

See	ction A. Public Support				-		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4587470.	4126033.	4307417.	5985824.	4677103.	23683847.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	4587470.	4126033.	4307417.	5985824.	4677103.	23683847.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1622374.
6	Public support. Subtract line 5 from line 4.						22061473.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	4587470.	4126033.	4307417.	5985824.	4677103.	23683847.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	669,582.	313,301.	92,845.	484,147.	375,745.	1935620.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	75,735.	144,453.	195,384.	183,176.	114,703.	713,451.
11	Total support. Add lines 7 through 10						26332918.
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12 8	3,434,324.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section §	501(c)(3)	
	organization, check this box and stop					<u></u>	
See	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2022 (•			14	83.78 %
	Public support percentage from 2021					15	85.01 %
1 6a	33 1/3% support test - 2022. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	s-and-circumstanc	es test, check this	s box and stop he	r e. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	•	•	,	•		
b	10% -facts-and-circumstances tes	•				-	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circ						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a		
						Schedule A	(Form 990) 2022

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Schedule A	(Form 990)	2022	AMERICAN	MUSEUM	OF	THE	MOVING	IMAGE
Part III	Support	Schedule f	or Organizatio	ns Describ	ed in	Section	on 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 (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to	,					
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and	t					
3 received from disqualified person	s					
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesse	s					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated busines activities not included on line 10b, whether or not the business is regularly carried on	S					
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
 13 Total support. (Add lines 9, 10c, 11, and 12. 14 First 5 years. If the Form 990 is for 		irot occord thind	fourth or fifth to		501(a)(2) area	zation
check this box and stop here Section C. Computation of Pul						
15 Public support percentage for 2022			column (f))		15	%
16 Public support percentage from 202					16	<u>%</u>
Section D. Computation of Inv						70
17 Investment income percentage for 2)	17	%
18 Investment income percentage for						% %
19a 33 1/3% support tests - 2022. If th						
more than 33 1/3%, check this box						∟ 6. and
b 33 1/3% support tests - 2021. If the						
line 18 is not more than 33 1/3%, c						
20 Private foundation. If the organizat	HOL CHECK a		a, or 190, check	UND DUX ANU SEE I		e A (Form 990) 2022
232023 12-09-22			17		Schedul	e A (FUIII 990) 2022

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2022

11-2730714 Page 5 AMERICAN MUSEUM OF THE MOVING IMAGE Schedule A (Form 990) 2022 Part IV Supporting Organizations (continued) Yes No

			163	140		
I	Has the organization accepted a gift or contribution from any of the following persons?					
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and					
	11c below, the governing body of a supported organization?	11a				
b	A family member of a person described on line 11a above?	11b				
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide					
	detail in Part VI.	11c				
otion B. Type I Supporting Organizations						

Section B. Type I Supporting Organizations

11 ć

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C.	. Type II Supporting Organizations	
		-

Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a 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? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a 2b 3a 3b

No Yes

Yes

1

2

No

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Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022 AMERICAN MUSEUM OF THE MOVING IMAGE Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

		<u> </u>		
1	Check here if the organization satisfied the Integral Part Test as a qualifying the second se	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete	Sections A through E.	i
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	·	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
-				

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2022

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Par	t V Type III Non-Functionally Integrated 509	(a)(s) Supporting Orga	anizations (continu	<u>led)</u>	
Secti	on D - Distributions			-	Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
C	Excess from 2020				
d	Excess from 2021				
۹	Excess from 2022				

Schedule A (Form 990) 2022

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Schedule A	(Form 990) 2022				OVING IMAGE		80714 Pa
	Part IV. Section A	lines 1, 2, 3b, 3c, 4b	vide the explanatio	ons required by Pa 9c. 11a, 11b, and	rτ II, line 10; Part II, li 11c: Part IV, Section	ine 17a or 17b; Part III, B, lines 1 and 2; Part I	INE 12; V. Section C
	line 1; Part IV, Sect	tion D, lines 2 and 3;	Part IV, Section E,	lines 1c, 2a, 2b, 3a	a, and 3b; Part V, line	e 1; Part V, Section B, I	ine 1e; Part V
	Section D. lines 5.	6, and 8; and Part V,	Section E, lines 2,	5, and 6. Also con	nplete this part for ar	ny additional informatio	on.
	(See instructions.)						
2028 12-09-2	2					Schedule	A (Form 990)
				22			
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	Po	litical Campaign	and Lobbyin	ng Activities		OMB No. 1545-0047
(Form 990) For Organizations Exempt From Income Tax Under section 501(c) and section 527						2022
		f the organization is described				Open to Public
Department of the Treasury Internal Revenue Service	Go	to www.irs.gov/Form990 for i	nstructions and the la	atest information.		Inspection
 Section 501(c)(3) org Section 501(c) (other Section 527 organization answ Section 501(c)(3) org Section 501(c)(3) org If the organization answ Tax) (See separate instance) 	ganizations: Com r than section 50 ations: Complete wered "Yes," on ganizations that h ganizations that h wered "Yes," on tructions), then	Form 990, Part IV, line 4, or F nave filed Form 5768 (election u nave NOT filed Form 5768 (elect Form 990, Part IV, line 5 (Prov	omplete Part I-C. e Parts I-A and C below orm 990-EZ, Part VI, I nder section 501(h)): C ion under section 501(<i>i.</i> Do not complete Pa ine 47 (Lobbying Act complete Part II-A. Do (h)): Complete Part II-F	tivities), ti not comp 3. Do not	hen lete Part II-B. complete Part II-A.
), or (6) organizat	ions: Complete Part III.				
Name of organization		N MUSEUM OF THE	MOUTNG TMAG	.		r identification number $11-2730714$
Part I-A Comple		anization is exempt und				
2 Political campaign3 Volunteer hours for	activity expenditu political campai	gn activities				
	-	anization is exempt und				
		ncurred by the organization unon ncurred by organization manag				
		n 4955 tax, did it file Form 4720				Yes No
b If "Yes," describe in						
		anization is exempt und	ler section 501(c)	, except section	501(c)(3).
1 Enter the amount d	lirectly expended	by the filing organization for se	ction 527 exempt func	tion activities	\$	
		zation's funds contributed to ot				
					\$	
	-	Add lines 1 and 2. Enter here a			¢	
		1120-POL for this year?				Yes No
00		ployer identification number (El				
made payments. For contributions received	or each organizat ved that were pro	ion listed, enter the amount pai omptly and directly delivered to additional space is needed, prov	d from the filing organi a separate political org	zation's funds. Also e janization, such as a s	nter the a	mount of political
(a) Name	3	(b) Address	(c) EIN	(d) Amount paid f filing organizatio funds. If none, ent	on's co er -0	(e) Amount of political intributions received and promptly and directly delivered to a separate political organization. If none, enter -0
For Paperwork Reduct	ion Act Notice, s	see the Instructions for Form	990 or 990-EZ.		Sche	edule C (Form 990) 2022

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Schedule C (Form 990) 2022	MERICAN MU	JSEUM OF THE	E MOVING IMA	GE 11-2	2730714 Page 2
Part II-A Complete if the organized section 501(h)).	anization is exe	mpt under section	on 501(c)(3) and file	ed Form 5768 (e	lection under
A Check if the filing organizat expenses, and share	e of excess lobbying	expenditures).	n Part IV each affiliated	group member's nar	ne, address, EIN,
Limit	s on Lobbying Expe	nd "limited control" pr enditures unts paid or incurred		(a) Filing organization's totals	(b) Affiliated group totals
 1 a Total lobbying expenditures to influ b Total lobbying expenditures to influ c Total lobbying expenditures (add lir 	ence a legislative bo	dy (direct lobbying)			
 d Other exempt purpose expenditure e Total exempt purpose expenditures f Lobbying nontaxable amount. Ente 	s add lines 1c and 1	d)			
If the amount on line 1e, column (a) or Not over \$500,000	r (b) is: The lot 20% of	obying nontaxable an the amount on line 1e	nount is:		
Over \$500,000 but not over \$1,000 Over \$1,000,000 but not over \$1,50 Over \$1,500,000 but not over \$17,0	00,000 \$175,0 000,000 \$225,0	00 plus 15% of the ex 00 plus 10% of the ex 00 plus 5% of the exc	cess over \$1,000,000.		
Over \$17,000,000	\$1,000	,			
 g Grassroots nontaxable amount (ent h Subtract line 1g from line 1a. If zero i Subtract line 1f from line 1c. If zero 	or less, enter -0-				
j If there is an amount other than zer reporting section 4911 tax for this y			zation file Form 4720		Yes No
(Some organizations th	at made a section {	eraging Period Unde 501(h) election do not rate instructions for I	t have to complete all o	of the five columns I	below.
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					ula C (Form 000) 2022

Schedule C (Form 990) 2022

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AMERICAN MUSEUM OF THE MOVING IMAGE

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

of the klobying activity. Yes No Amount 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opnion on a legislative matter or reterendum, through the use of: X X a Volunteers? X X X b Paid staff or management (include compensation in expenses reported on lines 1c through 10)? X X c Media advertisements? X X Y d Mailings to members, legislative, or the public? X X Y e Publications, environments, conventions, speeches, lectures, or any similar means? X Y Y 1 Other activities in line 1 cause the organization to be not described in section 501(c)(3)? X Y <td< th=""><th>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description</th><th>(a</th><th>a)</th><th colspan="2">(b)</th></td<>	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	a)	(b)	
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2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a a Current year 2a b Carryover from last year 2b c Total 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? 4 5 Taxable amount of lobbying and political expenditures. See instructions 5 Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART III-B, LINE 1, LOBBYING ACTIVITIES: MUSEUM OF THE MOVING IMAGE ENGAGED TWO LOBBYISTS TO REPRESENT THE MUSEUM BEFORE THE EXECUTIVE AND LEGISLATIVE GOVERNMENT BRANCHES OF BOTH STATE AND CITY OF NEW YORK TO SECURE FUNDING FOR THE MUSEUM'S CAPITAL	1 Dues, assessments and similar amounts from members		1		
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c Total 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? 4 5 Taxable amount of lobbying and political expenditures. See instructions 5 Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, LINE 1, LOBBYING ACTIVITIES: MUSEUM OF THE MOVING IMAGE ENGAGED TWO LOBBYISTS TO REPRESENT THE MUSEUM BEFORE THE EXECUTIVE AND LEGISLATIVE GOVERNMENT BRANCHES OF BOTH STATE AND CITY OF NEW YORK TO SECURE FUNDING FOR THE MUSEUM'S CAPITAL					
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Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART II-B, LINE 1, LOBBYING ACTIVITIES: MUSEUM OF THE MOVING IMAGE ENGAGED TWO LOBBYISTS TO REPRESENT THE MUSEUM BEFORE THE EXECUTIVE AND LEGISLATIVE GOVERNMENT BRANCHES OF BOTH STATE AND CITY OF NEW YORK TO SECURE FUNDING FOR THE MUSEUM'S CAPITAL					
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PART II-B, LINE 1, LOBBYING ACTIVITIES: MUSEUM OF THE MOVING IMAGE ENGAGED TWO LOBBYISTS TO REPRESENT THE MUSEUM BEFORE THE EXECUTIVE AND LEGISLATIVE GOVERNMENT BRANCHES OF BOTH STATE AND CITY OF NEW YORK TO SECURE FUNDING FOR THE MUSEUM'S CAPITAL			, ,		
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MUSEUM BEFORE THE EXECUTIVE AND LEGISLATIVE GOVERNMENT BRANCHES OF BOTH					
STATE AND CITY OF NEW YORK TO SECURE FUNDING FOR THE MUSEUM'S CAPITAL	MUSEUM OF THE MOVING IMAGE ENGAGED TWO LOBBYISTS TO	REPRESE	ENT TH	Е	
	MUSEUM BEFORE THE EXECUTIVE AND LEGISLATIVE GOVERNME	NT BRAN	ICHES	OF BOTH	
	STATE AND CITY OF NEW YORK TO SECURE FUNDING FOR THE	MUSEUN	I'S CA	PITAL	
	AND PROGRAMMATIC NEEDS.				

232043 11-08-22

Schedule C (Form 990) 2022

SCHEDULE D

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 9	9 90)
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Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Employer identification number

Nam	AMERICAN MUSEUM OF	THE MOVING IMAGE	11-2730714
Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor		
		· · · ·	
Par			
1	Purpose(s) of conservation easements held by the organizat	-	,
-	Preservation of land for public use (for example, recrea	· · · · · · · · · · · · · · · · · · ·	f a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
-	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	- · · · · · · · · · · · ·		
	Number of conservation easements on a certified historic str		
	Number of conservation easements included in (c) acquired		
u	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
3		leased, extinguished, or terminated by th	le organization during the tax
4	year Number of states where property subject to conservation ea	soment is located	
5	Does the organization have a written policy regarding the pe		
5	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ŭ			iscivation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
•			anon outomonito during the year
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 17	۲(h)(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat		
5	balance sheet, and include, if applicable, the text of the foot		
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	f Art. Historical Treasures. or 0	Other Similar Assets.
	Complete if the organization answered "Yes" on Forn		
	If the organization elected, as permitted under FASB ASC 9		and balance sheet works
	of art, historical treasures, or other similar assets held for pu	•	
	service, provide in Part XIII the text of the footnote to its fina		•
b	If the organization elected, as permitted under FASB ASC 99		
, D	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	exhibition, education, or research in fur	inerance of public service,
			¢
	(i) Revenue included on Form 990, Part VIII, line 1		
0	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tree the following empurity required to be reported under FASE		ai gain, provide
-	the following amounts required to be reported under FASB A	-	¢
	Revenue included on Form 990, Part VIII, line 1		
-	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction	S 101 FORM 990.	Schedule D (Form 990) 2022
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	dule D (Form 990) 2022 AMERICA	N MUSEUM O					er Sim	11-27 ilar Asse			age 2
3	Using the organization's acquisition, accessi									,	
	collection items (check all that apply):	,	,	,	5		5				
а	X Public exhibition	d	X	Loan or exc	hange progr	am					
b	X Scholarly research	e		Other	515						
c	X Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how t	hev further t	he organizat	ion's exe	mot our	oose in Par	t XIII.		
5	During the year, did the organization solicit of								.,		
-	to be sold to raise funds rather than to be ma								Yes	X	No
Par	t IV Escrow and Custodial Arran										
	reported an amount on Form 990, Pa			9				,,,			
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	r contributior	ns or other a	ssets not	include	d			
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
			C C						Amoun	:	
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.						• • • • • •]
Par	t V Endowment Funds. Complete i	f the organization an	swered	d "Yes" on Fo	orm 990, Par	t IV, line	10.				
		(a) Current year		Prior year	(c) Two yea			years back	(e) Four	years	back
1a	Beginning of year balance	50,000.		50,000.	5	0,000.		50,000.		50,	000.
	Contributions									-	
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance	50,000.		50,000.	5	0,000.		50,000.		50,	000.
2	Provide the estimated percentage of the cur		e (line ⁻	, 1a. column (a		, ,		,		,	
	Board designated or quasi-endowment	.0000	%	. 3,	-,,,						
b	Permanent endowment 100	%									
c	Term endowment .0000										
-	The percentages on lines 2a, 2b, and 2c sho	- -									
3a	Are there endowment funds not in the posse		ation th	at are held a	nd administe	ered for t	he				
	organization by:	j							Ι	Yes	No
	(i) Unrelated organizations								3a(i)		Х
	(ii) Related organizations										Х
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on S	Schedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere), Part I	IV, line 11a. S	See Form 99	D, Part X,	, line 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) A	ccumula	ted	(d) Boo	< value	e
		basis (investr	nent)		(other)		preciatio		()		
1a	Land	```		1							
	Buildings			1							
	Leasehold improvements			6,74	7,216.	4,	124,6	547.	2,62	2,5	69.
	Equipment				0,575.	3.	140,5	575.			0.
	Other			<u>† </u>							
	Add lines 1a through 1e. (Column (d) must e		X. colu	mn (B). line 1	10c.)				2,62	2,5	69.
			., 00101					Schedule			
								20.0000			

232052 09-01-22

(a) Description of security or category (including nam		(b) Book value	e 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or e	nd-of-year market value
1) Financial derivatives		()		,
2) Closely held equity interests				
B) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Col. (b) must equal Form 990, Part X, col. (B)				
Part VIII Investments - Program R				
	vered "Yes" on F		e 11c. See Form 990, Part X, line 13.	
(a) Description of investment		(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) Part IX Other Assets.	line 13.)			
	vorad "Vas" on F	orm 000 Part IV lin	e 11d. See Form 990, Part X, line 15.	
	(a) Desc			(b) Book value
(1)	(4) 5000	shption		
(1)				
(3)				
(3)				
(4)				
(4) (5)				
(4) (5) (6)				
(4) (5) (6) (7)				
(4) (5) (6) (7) (8)				
(4) (5) (6) (7) (8) (9)	<, col. (B) line 15.)		
(4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part >	(, col. (В) line 15.)		
(4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part > Part X Other Liabilities.		·	e 11e or 11f. See Form 990, Part X, line	25.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part > Part X Other Liabilities. Complete if the organization answ	vered "Yes" on F	·	e 11e or 11f. See Form 990, Part X, line	25. (b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part > Part X Other Liabilities. Complete if the organization answ	vered "Yes" on F	·	e 11e or 11f. See Form 990, Part X, line	
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X Part X Other Liabilities. Complete if the organization answ I. (a) Description of lia	vered "Yes" on F bility	·	e 11e or 11f. See Form 990, Part X, line	
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part > Part X Other Liabilities. Complete if the organization answ (a) Description of lia (1) Federal income taxes	vered "Yes" on F bility	·	e 11e or 11f. See Form 990, Part X, line	(b) Book value
(4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part > Part X Other Liabilities. Complete if the organization answ (a) Description of lia (1) Federal income taxes (2) CAPITAL LEASE OBLIG.	vered "Yes" on F bility	·	e 11e or 11f. See Form 990, Part X, line	(b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part) Part X Other Liabilities. Complete if the organization answ 1. (a) Description of lia (1) Federal income taxes (2) CAPITAL LEASE OBLIG. (3)	vered "Yes" on F bility	·	e 11e or 11f. See Form 990, Part X, line	(b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part) Part X Other Liabilities. Complete if the organization answ (a) Description of lia (1) Federal income taxes (2) CAPITAL LEASE OBLIG. (3) (4)	vered "Yes" on F bility	·	e 11e or 11f. See Form 990, Part X, line	(b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X Part X Other Liabilities. Complete if the organization answ (a) Description of lia (1) Federal income taxes (2) CAPITAL LEASE OBLIG. (3) (4) (5)	vered "Yes" on F bility	·	e 11e or 11f. See Form 990, Part X, line	(b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part > Part X Other Liabilities. Complete if the organization answ (a) Description of lia (1) Federal income taxes (2) CAPITAL LEASE OBLIG. (3) (4) (5) (6)	vered "Yes" on F bility	·	e 11e or 11f. See Form 990, Part X, line	(b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X Part X Other Liabilities. Complete if the organization answ . (a) Description of lia (1) Federal income taxes (2) CAPITAL LEASE OBLIG. (3) (4) (5) (6) (7)	vered "Yes" on F bility	·	e 11e or 11f. See Form 990, Part X, line	(b) Book value

AMERICAN MUSEUM OF THE MOVING IMAGE

Schedule D (Form 990) 2022

11-2730714 Page 3

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Schedule D (Form 990) 2022

Sche	edule D (Form 990) 2022 AMERICAN MUSEUM OF THE M		-		2730714 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ements With R	evenue per F	Returi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	7,151,719.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-437.		
b	Donated services and use of facilities	2b			
с					
d					
е	Add lines 2a through 2d			2e	-437.
3	Subtract line 2e from line 1			3	7,152,156.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
_				5	7,152,156.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)			-	
	rt XII Reconciliation of Expenses per Audited Financial Stat			-	
		ements With I		-	irn.
	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With I 12a.	Expenses per	-	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line	ements With I 12a.	Expenses per	Retu	irn.
Pa 1	Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	ements With I	Expenses per	Retu	irn.
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ements With I 12a. 	Expenses per	Retu	irn.
Pa 1 2 a b	rt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ements With I 12a. 2a 2b	Expenses per	Retu	irn.
Pa 1 2 a b	Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2a 2b 2c	Expenses per	Retu	irn.
Pa 1 2 a b c d	rt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2a 2b 2c 2d	Expenses per	Retu	ırn. 8,279,790. 0.
Pa 1 2 a b c d	rt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2a 2b 2c 2d	Expenses per		ırn. 8,279,790.
Pa 1 2 a b c d e	rt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2a 2b 2c 2d	Expenses per	· Retu	ırn. 8,279,790. 0.
Pa 1 2 a b c d e 3 4	rt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	Expenses per	· Retu	ırn. 8,279,790. 0.
Pa 1 2 a b c d e 3 4 a	rt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 2d	Expenses per	· Retu	ırn. 8,279,790. 0.
Pa 1 2 a b c d e 3 4 a b	rt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 12a. 2b 2c 2d 2d 4a 4b	Expenses per	· Retu	ırn. 8,279,790. 0. 8,279,790. 0.
Pa 1 2 a b c d a b c d a b c 3 4 b c 5	rt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 12a. 2b 2c 2d 2d 4a 4b	Expenses per	- Retu 1 2e 3	ırn. 8,279,790. 0. 8,279,790.

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

PART III, LINE 1A:

COLLECTION OF ARTIFACTS:

THE PRODUCTION, PROMOTION AND EXHIBITION OF MOTION PICTURES, TELEVISION,	THE	MUSEUM	COLLEC	CTS HISTOF	RIC AND	CONTEMPO	DRARY	ARTIF	ACTS ASSOC	CIATED WITH	
THE PRODUCTION, PROMOTION AND EXHIBITION OF MOTION PICTURES, TELEVISION,											
	THE	PRODUCI	ION, E	PROMOTION	AND EX	HIBITION	OF MC	OTION 1	PICTURES,	TELEVISION	,

VIDEO AND DIGITAL MEDIA. COLLECTION ITEMS ACQUIRED EITHER THROUGH PURCHASE

OR	DONATION	ARE	NOT	CAPITALIZED.	PURCHASES	OF	COLLECTION	ITEMS	ARE
----	----------	-----	-----	--------------	-----------	----	------------	-------	-----

RECORDED AS DECREASES IN UNRESTRICTED NET ASSETS. A DESCRIPTION OF THE

CONTENTS OF THE COLLECTION IS KEPT BY THE REGISTRAR AND IS CURRENTLY

INSURED FOR A VALUE OF APPROXIMATELY \$8,000,000 PLUS \$2,400,000 FOR ITEMS

ON LOAN.

PART III, LINE 4:

232054 09-01-22

 Schedule D (Form 990) 2022
 AMERICAN MUSEUM OF THE MOVING IMAGE
 11-2730714 Page 5

 Part XIII
 Supplemental Information (continued)
 THE MUSEUM MAINTAINS THE NATION'S LARGEST AND MOST COMPREHENSIVE

 COLLECTION OF ARTIFACTS RELATING TO THE ART, HISTORY, AND TECHNOLOGY OF

 THE MOVING IMAGE. COMPRISING OVER 130,000 ARTIFACTS, THE COLLECTION IS AN

 INVALUABLE RESOURCE FOR BOTH THE GENERAL PUBLIC AND FOR SCHOLARS,

 BENEFITING ANYONE WHO TAKES AN INTEREST IN THE HISTORY AND CULTURE OF THE

 MOVING IMAGE.

PART V, LINE 4:

THE MUSEUM'S ENDOWMENT WAS ESTABLISHED BY A BEQUEST. THE INCOME EARNED ON THE PRINCIPAL OF THE ENDOWMENT IS TO BE USED FOR THE MUSEUM'S OPERATIONS.

Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE G	Suppleme	ental Informat	ion Regardin	ng Fund	drais	ing or Gaming	Activitie	es 🔤	OMB No. 1545-0047
(Form 990)						Part IV, line 17, 18, o rm 990-EZ, line 6a.	or 19, or it	the	2022
Department of the Treasury		-	ach to Form 990			-			Open to Public
Internal Revenue Service		to www.irs.gov/F	orm990 for instr	uctions	and t	he latest informatio			Inspection ntification number
Name of the organizatio		N MUSEUM	OF THE M	IOVIN	GΙ	MAGE		–2730	
Part I Fundrais	sing Activities	- Complete if the	organization ans	wered "Y	es" o	n Form 990, Part IV,	line 17. Fo	orm 990-E2	Z filers are not
·	complete this par								
c X Phone solic d X In-person so	tions d email solicitations itations blicitations	S	e X Solici f X Solici g X Speci	tation of tation of al fundra	non-g gover iising	overnment grants nment grants events			
2 a Did the organization								X Yes	
b If "Yes," list the 10				-		undraising services?			
compensated at le	east \$5,000 by the	e organization.							
(i) Name and addres or entity (fun		(ii) A	ctivity	(iii) fundr have c or con contribu	aiser Jstody trol of	(iv) Gross receipts from activity	to (or ret fund	unt paid ained by) raiser n col. (i)	(vi) Amount paid to (or retained by) organization
ELINORE ANTELL - 2				Yes	No			50 400	
MCFARLANE DRIVE, 4	102, DELRAY	FUNDRAISING (ONSULTING		Х	0.		52,400.	0.
				_					
Total	· · · · · · · · · · · · · · · · · · ·	· · · · ·						52,400.	<u> </u>
 List all states in wh or licensing. 	nich the organizatio	on is registered or	licensed to solic	it contrib	ution	s or has been notified	d it is exer	npt from r	egistration
NY									
								<u></u>	
LHA For Paperwork R SEE	eduction Act Not				990-1	ΕΖ.		Schedule	e G (Form 990) 2022

232081 10-27-22

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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 NONE	(d) Total events (add col. (a) through
Ð			(event type)	(event type)	(total number)	- col. (c))
Revenue	1	Gross receipts	560,350.			560,350.
_	2	Less: Contributions	463,780.			463,780.
	3	Gross income (line 1 minus line 2)	96,570.			96,570.
	4	Cash prizes				
es	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct F	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				96,570.
	10	Direct expense summary. Add lines 4 through				96,570.
De	<u>11</u> rt			000 Dest N/ Kee 40 er		0.
ГС		Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or	reported more than	
				(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
£	1	Gross revenue				
S	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	5		Yes %	Yes %	Yes %	
	6	Volunteer labor				
	7	Direct expense summary. Add lines 2 through				
	8	Net gaming income summary. Subtract line 7	' from line 1, column (d)			
		ter the state(s) in which the organization condu the organization licensed to conduct gaming a				
		No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No
2320	82 1	0-27-22			Sche	edule G (Form 990) 2022
_020	0					
				~ -		

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Sch	edule G (Form 990) 2022	AMERICAN	MUSEUM C	F THE	MOVING	IMAGE	11-2	730	714	Page 3
11	Does the organization conduct gan	ning activities with	nonmembers?						/es	No
12	Is the organization a grantor, benef	•			-	•				
	to administer charitable gaming? $_{\dots}$							L)	/es	No No
	Indicate the percentage of gaming	•								
	The organization's facility							13a		%
	An outside facility Enter the name and address of the							13b		%
14	Enter the name and address of the	person who prepa	ares the organiza	alion's gam	iiriy/special ev	Pents DOOKS and I	ecorus.			
	Name									
	Address									
15a	Does the organization have a contr	act with a third pa	rty from whom t	he organiza	ation receives	gaming revenue?	?	<u>ר</u>	/es	🗌 No
b	If "Yes," enter the amount of gamir	ng revenue receive	d by the organiz	ation \$		and the	e amount			
	of gaming revenue retained by the	third party \$ _								
с	If "Yes," enter name and address of	of the third party:								
	Name									
	Address									
16	Gaming manager information:									
	Name									
	Gaming manager compensation	\$								
	Description of services provided									
	Director/officer	Employee		Idependent	t contractor					
	Mandatory distributions:					do to				
а	Is the organization required under s								/65	🗆 No
b	retain the state gaming license? Enter the amount of distributions re							. — .		
	organization's own exempt activitie	•				· 9				
Ра	rt IV Supplemental Inform	nation. Provide t	he explanations	required by	y Part I, line 2l	b, columns (iii) an	d (v); and Pa	rt III, lin	es 9,	9b, 10b,
	15b, 15c, 16, and 17b, as a	applicable. Also pr	ovide any additi	onal inform	ation. See ins	tructions.				
SC	HEDULE G, PART I,	LINE 2B,	LIST OF	TEN H	IGHEST	PAID FUNI	DRAISER	s:		
(I) NAME OF FUNDRAIS	ER: ELINC	RE ANTEL	ıL						
(I	•									
<u>\</u>										
20	0 MCFARLANE DRIVE,	402, DEL	RAY BEAC	H, FL	33483					
23200	3 10-27-22						Sched	ile G (F	orm (990) 2022
0							201100			

chedule G (Form 990) Part IV Supplemental	AMERICAN	MUSEUM	OF THE	MOVING	IMAGE	11-2730714 _{Pag}
art IV Supplemental	Information (continu	ed)				
						Schedule G (Form

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2022.05050 AMERICAN MUSEUM OF THE MOVI 11273071

sc	HEDULE J	Compensation Information	I	OMB No. 1	545-00	47		
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22)		
•	-	Compensated Employees		ZU		-		
Dono	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic		
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction			
Nan	ne of the organizatio		Employer id			mber		
		AMERICAN MUSEUM OF THE MOVING IMAGE	11-2	73071	4			
Pa	rt I Question	s Regarding Compensation						
					Yes	No		
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	ı 990,					
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or c	harter travel Housing allowance or residence for perso	nal use					
	Travel for com	panions Payments for business use of personal re	sidence					
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S					
	Discretionary	spending account Personal services (such as maid, chauffe	ur, chef)					
b		on line 1a are checked, did the organization follow a written policy regarding payment or						
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b				
2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
3	,	ny, of the following the organization used to establish the compensation of the organization?						
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to					
		ation of the CEO/Executive Director, but explain in Part III.						
	X Compensation							
	Independent compensation consultant							
	Form 990 of o	ther organizations	ommittee					
4		I any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a re					v		
a		e payment or change-of-control payment?				X X		
b		eive payment from a supplemental nonqualified retirement plan?				X		
С		eive payment from an equity-based compensation arrangement?		4c				
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only postion E01	(2) 501(c)(4) and 501(c)(20) argumentations must complete lines 5.0						
F		;)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation of the section of t	on					
5	contingent on the r		201					
2	•			5a		x		
		ation?				x		
5		or 5b, describe in Part III.						
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on					
5	contingent on the r							
а				6a		X		
		ation?				X		
-		or 6b, describe in Part III.						
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	S					
	-	nes 5 and 6? If "Yes," describe in Part III		7		X		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t						
-		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X		
9		id the organization also follow the rebuttable presumption procedure described in						
-		1 53.4958-6(c)?		. 9				
LHA		eduction Act Notice, see the Instructions for Form 990.		ile J (Forn	n 990) 2022		

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Schedule J (Form 990) 2022

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

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

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

	(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CARL GOODMAN	(i)	297,154.	0.	4,850.	36,167.	455.	338,626.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	204,288.	0.	363.	25,380.	10,379.	240,410.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	140,396.	0.	0.	13,837.	3,675.		0.
	ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
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	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							

Part III Supplemental Information

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

Schedule J (Form 990) 2022

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

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

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

Name of the organization

Employer identification number

1	1-2730714

AMERICAN MUSEUM OF THE MOVING IMAGE Types of Property Part I (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g 1 Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 5 Clothing and household goods Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded 9 10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies 20 21 Taxidermy Х 9 0. Historical artifacts 22 23 Scientific specimens Archeological artifacts 24 25 Other () 26 Other) (27 Other () 28 Other 29 Number of Forms 8283 received by the organization during the tax year for contributions 0 for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

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Schedule M	(Form 990) 2022	AMERICAN	MUSEUM	OF T	HE	<u>MOVI</u> NG	IMAGE	1	1-27307	14 Page 2
Part II	Supplemental is reporting in Part this part for any ac	t I, column (b), the	number of co	formation ntribution	n requi	red by Part I, number of ite	lines 30b, 32b, a ems received, or	and 33, and a combinat	whether the ion of both. A	organization
232142 09-09-2	22								Schedule N	l (Form 990) 202
						44				
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SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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 Form 990-EZ Go to www.irs.gov/Form990 for the latest information.



11 - 2730714

AMERICAN MUSEUM OF THE MOVING IMAGE

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

HISTORY, TECHNIQUE, AND TECHNOLOGY OF FILM, TELEVISION, AND DIGITAL

MEDIA BY PRESENTING EXHIBITIONS, EDUCATION PROGRAMS, SIGNIFICANT

MOVING-IMAGE WORKS, AND INTERPRETIVE PROGRAMS, AND COLLECTING AND

PRESERVING MOVING-IMAGE RELATED ARTIFACTS.

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

AND COLLECTING AND PRESERVING MOVING-IMAGE RELATED ARTIFACTS.

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

HIS EXPERIMENTAL FILM PROJECTS. CHANGING EXHIBITIONS DURING FISCAL

YEAR 2023 INCLUDED CINEMA OF SENSATIONS: THE NEVER-ENDING SCREEN OF VAL

DEL OMAR, WHICH BROUGHT THE IMMERSIVE, MULTISENSORY VISIONS OF THE

FAMED FILMMAKER AND ARTIST TO U.S. AUDIENCES FOR THE FIRST TIME; LIVING

WITH THE WALKING DEAD, WHICH EXPLORED THE ORIGINS, PRODUCTION, FANDOM,

AND IMPACT OF THE WALKING DEAD, ONE OF THE MOST WATCHED SHOWS IN THE

HISTORY OF CABLE TELEVISION; AND THE RETURN OF MARVELS OF MEDIA,

PRESENTED IN CONJUNCTION WITH A FESTIVAL AND AWARDS CEREMONY, THAT

CELEBRATED THE ARTISTRY OF FILMMAKERS, WRITERS, AND ANIMATORS ON THE

AUTISM SPECTRUM. THE MUSEUM MAINTAINS THE NATION'S LARGEST AND MOST

COMPREHENSIVE COLLECTION OF ARTIFACTS RELATING TO THE ART, HISTORY, AND

TECHNOLOGY OF THE MOVING IMAGE. WITH APPROXIMATELY 130,000 ARTIFACTS,

THE COLLECTION, WHICH INCLUDES COSTUMES, LICENSED MERCHANDISE,

TECHNICAL APPARATUS, MOVIE THEATER FURNISHINGS, AND VIDEO AND COMPUTER

GAMES, SPANS FROM THE SILENT FILM ERA TO TODAY'S WORLD OF DIGITAL MEDIA

CREATION.

Employer identification number 11 - 2730714

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: SHOWCASE OF ADVENTUROUS NEW CINEMA FROM AROUND THE WORLD. THE MUSEUM'S WEBSITE, MOVINGIMAGE.ORG, IS A REPOSITORY OF MOVING IMAGE RELATED MATERIAL AND LORE AND FEATURES THE ONLINE JOURNALS REVERSE SHOT AND SLOAN SCIENCE & FILM, WHICH CONTINUE TO PUBLISH WORKS EXPLORING THE PAST, PRESENT, AND FUTURE OF THE MOVING IMAGE, AND THE INTERSECTION OF SCIENCE AND CINEMA, RESPECTIVELY.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: WITH THE OPPORTUNITY TO COLLABORATE IN THE CREATION OF DIGITAL MEDIA. IN PARTNERSHIP WITH LOCAL HIGH SCHOOLS, MUSEUM EDUCATORS BRING THE LATEST IN DIGITAL TECHNOLOGY TO STUDENTS IN THEIR CLASSROOMS. THROUGH COLLABORATIONS AND PARTNERSHIPS, THE MUSEUM ENGAGES WITH LOCAL RESIDENTS, BUSINESSES, AND COMMUNITY ORGANIZATIONS TO CREATE DIVERSE PROGRAMMING, AND THE NEIGHBORHOOD COUNCIL PROVIDES NEW VOICES TO PARTICIPATE IN DECISION-MAKING PROCESSES AT THE MUSEUM. SPECIAL FAMILY PROGRAMS INCLUDED A DAY OF THE DEAD FESTIVAL FEATURING LIVE PERFORMANCES AND A JUNETEENTH WEEKEND WITH MEDIA-MAKING ACTIVITIES CELEBRATING BLACK IDENTITY AND HERITAGE.

FORM 990, PART VI, SECTION A, LINE 1A: THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES IS COMPOSED OF OFFICERS OF THE BOARD (THE MUSEUM'S GOVERNING BODY), INCLUDING THE CO-CHAIRMEN, VICE-PRESIDENT, TREASURER, AND SECRETARY, AS WELL AS OTHER SELECT TRUSTEES WHO ARE HAVE SHOWN EXTRAORDINARY COMMITMENT TO THE MUSEUM. ONLY MEMBERS OF THE BOARD OF TRUSTEES CAN BE APPOINTED TO THE EXECUTIVE COMMITTEE. THE BY-LAWS OF THE MUSEUM'S BOARD OF TRUSTEES SPECIFY THAT THE EXECUTIVE 232212 10-28-22 46

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Name of the organization	AMERIC	AN MU	SEUM OF	THE	MOVING	IMZ	AGE			eridenti -273	fication r)714	umber
COMMITTEE "SHA	ALL BE	AUTHO	RIZED O	R EMI	POWERED	то	TAKE .	ALL A	CTION	THE	BOAR	D OF
TRUSTEES IS AU	JTHORIZ	ED OR	EMPOWE	RED /	FO TAKE	EXC	CEPT T	НАТ Т	HE EX	ECUT	IVE	
COMMITTEE SHAI	LL NOT	BE AU	THORIZE	D TO	REMOVE	OR	ELECT	TRUS	TEES	OR AI	IEND	THE

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

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

FORM 990, PART VI, SECTION B, LINE 12C:

THE MUSEUM'S CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO MEMBERS OF THE BOARD OF TRUSTEES UPON THEIR FIRST ELECTION TO THE BOARD, AND ANNUALLY AT A BOARD OF TRUSTEES MEETING. AT BOTH OF THESE TIMES, TRUSTEES ARE REQUIRED TO SIGN AND SUBMIT TO THE SECRETARY OF THE BOARD A STATEMENT WHICH AFFIRMS THE TRUSTEE HAS RECEIVED A COPY OF THE POLICY, HAS READ AND UNDERSTOOD THE POLICY, AND HAS AGREED TO COMPLY WITH THE POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE AND COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES REVIEW AND APPROVE THE EXECUTIVE DIRECTOR'S COMPENSATION AND THE

COMPENSATION OF KEY EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19:

THE MUSEUM'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

232212 10-28-22

17300215 759420 112730714

Schedule O (Form 990) 2022 Name of the organization AMERICAN MUSEUM OF THE MOVING IMAGE	Employer identification num 11-2730714
FORM 990, PART IX, LINE 11G, OTHER FEES:	11 2730714
CONSULTING FEES:	
PROGRAM SERVICE EXPENSES	491,62
MANAGEMENT AND GENERAL EXPENSES	224,87
FUNDRAISING EXPENSES	79,20
TOTAL EXPENSES	795,70
ARTISTIC FEES:	
PROGRAM SERVICE EXPENSES	187,36
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	
TOTAL EXPENSES	187,36
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	983,06
	Schedule O (Form 990) 2

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

•141 •	JU PAGE IU	-				_		330	-						
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
				.000	НҮ	16									
	* 990 PAGE 10 TOTAL OTHER						0.				0.	0.		0.	0.
	MACHINERY & EQUIPMENT														
2	FURNITURE, FIXTURES AND EQUIPMENT	VARIOUS	SL	5.00		16	3,140,575.				3,140,575.	8,140,575.		٥.	3,140,575.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						3,140,575.				3,140,575.	8,140,575.		٥.	3,140,575.
	OTHER														
1	LEASEHOLD IMPROVEMENTS	VARIOUS	SL	15.00		16	6,747,216.				6,747,216.	8,740,581.		384,066.	4,124,647
	* 990 PAGE 10 TOTAL OTHER						6,747,216.				6,747,216.	8,740,581.		384,066.	4,124,647
	* GRAND TOTAL 990 PAGE 10 DEPR						9,887,791.				9,887,791.	5,881,156.		384,066.	7,265,222

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