

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

A For the 2021 calendar year, or tax year beginning 01-01-2021, and ending 12-31-2021

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

C Name of organization SEVENTH REGIMENT ARMORY CONSERVANCY INC, % JIM MCGLYNN, Doing business as PARK AVENUE ARMORY, Number and street (or P.O. box if mail is not delivered to street address) 643 PARK AVENUE, Room/suite, City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10065

D Employer identification number 13-4086800, E Telephone number (212) 616-3930, G Gross receipts \$ 37,454,198

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

H(a) Is this a group return for subordinates? Yes No, H(b) Are all subordinates included? Yes No, H(c) Group exemption number

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

J Website: WWW.ARMORYONPARK.ORG

K Form of organization: Corporation, Trust, Association, Other

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

Part I Summary

Table with 4 main sections: Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Each section contains rows for various financial metrics and their values for the prior and current years.

Part II Signature Block

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

Sign Here

Signature of officer

2022-11-11

Date

JIM MCGLYNN CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date 2022-11-11	Check <input type="checkbox"/> if self-employed	PTIN P01384178
Firm's name ▶ BDO USA LLP			Firm's EIN ▶	
Firm's address ▶ 100 PARK AVENUE NEW YORK, NY 100175001			Phone no. (212) 885-8000	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

Park Avenue Armory's mission is to enable a diverse range of artists to create, students to explore, and audiences to experience epic, adventurous, relevant work that cannot be done elsewhere in New York. With its soaring 55,000-square-foot Wade Thompson Drill Hall and an array of exuberant period rooms, the Armory fills a critical void in the cultural ecology of New York, supporting unconventional works in the performing and visual arts that cannot be fully realized in a traditional proscenium theater, concert hall, or white wall gallery. The Armory has been lauded as "one of the most ambitious arts presenters in the city, if not the country" (Wall Street Journal), with The New Yorker declaring that "the Armory's programming has become essential to New York life." Alongside adventurous artistic programming, the Armory offers creativity-based Arts Education programs at no cost to thousands of students from underserved New York City public schools. Armory Arts Education programs deeply

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 22,980,619 including grants of \$ 0) (Revenue \$ 3,094,973)
SEE SCHEDULE O

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

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

Other program services (Describe in Schedule U.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 22,980,619

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 20a regarding organizational requirements and financial reporting.

b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No

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

Part V Statements Regarding Other IRS Filings and Tax Compliance	
Check if Schedule O contains a response or note to any line in this Part V	<input type="checkbox"/>

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	132	
1b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	

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

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	486		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7	Organizations that may receive deductible contributions under section 170(c).			
a	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?		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
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?			
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16		No
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		17		

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 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 in Schedule O.	1a	36	
b Enter the number of voting members included in line 1a, above, who are independent	1b	35	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a		No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13 Did the organization have a written whistleblower policy?	13	Yes	
14 Did the organization have a written document retention and destruction policy?	14	Yes	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a	Yes	
b Other officers or key employees of the organization	15b		No

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶** CT, NJ, NY
- 18** Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 - Own website
 - Another's website
 - Upon request
 - Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records:
 - ▶** JIM MCGLYNN 643 PARK AVENUE NEW YORK, NY 10065 (212) 616-3930

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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, 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, or 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.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) REBECCA ROBERTSON PRESIDENT/DIRECTOR	50.0 0.0	X		X			577,326	0	46,487	
(2) MELANIE FORMAN CHIEF DEVELOPMENT OFFICER	50.0 0.0				X		289,381	0	18,433	
(3) PAUL KING DIRECTOR OF PRODUCTION	50.0 0.0				X		242,869	0	39,552	
(4) SUSAN NEIMAN CHIEF FINANCIAL OFFICER	50.0 0.0			X			199,014	0	23,196	
(5) MICHAEL LONERGAN PRODUCING DIRECTOR	50.0 0.0					X	205,419	0	13,424	
(6) LESLEY ALPERT-SCHULDENFRI DIRECTOR OF MARKETING	50.0 0.0					X	179,522	0	36,507	

(7) KIRSTEN REOCH DIR. OF DESIGN & CONSTRUCTION	50.0 0.0			X					172,099	0	29,576
(8) CASSIDY JONES DIRECTOR OF SPECIAL PROJECTS	50.0 0.0					X			169,492	0	26,410
(9) JENNIFER KIM CHIEF OPERATING OFFICER	50.0 0.0				X				175,294	0	787
(10) AURELIO ROMAN FACILITIES DIRECTOR	50.0 0.0					X			149,105	0	9,954
(11) KIRRA STEEL DIRECTOR OF DEVELOPMENT	50.0 0.0					X			143,080	0	8,012
(12) ADAM R FLATTO CO-CHAIR/DIRECTOR	1.0 0.0	X		X					0	0	0
(13) AMANDA JT RIEGEL CO-CHAIR/DIRECTOR	1.0 0.0	X		X					0	0	0
(14) WENDY BELZBERG VICE CHAIR	1.0 0.0	X		X					0	0	0
(15) KEN KUCHIN VICE PRESIDENT	1.0 0.0	X		X					0	0	0
(16) PABLO LEGORRETA VICE PRESIDENT	1.0 0.0	X		X					0	0	0
(17) EMANUEL STERN VICE PRESIDENT	1.0 0.0	X		X					0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARINA ABRAMOVIC DIRECTOR	1.0 0.0	X						0	0	0
(19) SIR DAVID ADJAYE OBE DIRECTOR	1.0 0.0	X						0	0	0
(20) ABIGAIL BARATTA DIRECTOR	1.0 0.0	X						0	0	0
(21) MARTIN BRAND DIRECTOR	1.0 0.0	X						0	0	0
(22) DR JOYCE F BROWN DIRECTOR	1.0 0.0	X						0	0	0
(23) CORA CAHAN DIRECTOR	1.0 0.0	X						0	0	0
(24) HELENE COMFORT DIRECTOR	1.0 0.0	X						0	0	0
(25) PAUL CRONSON	1.0									

DIRECTOR	0.0	X								0	0	0
(26) TINA R DAVIS	1.0									0	0	0
DIRECTOR	0.0	X								0	0	0
(27) MARC DE LA BRUYERE	1.0									0	0	0
DIRECTOR	0.0	X								0	0	0
(28) EMME LEVIN DELAND	1.0									0	0	0
DIRECTOR	0.0	X								0	0	0
(29) JESSIE DING	1.0									0	0	0
DIRECTOR	0.0	X								0	0	0
(30) SANFORD B EHRENKRANZ	1.0									0	0	0
DIRECTOR	0.0	X								0	0	0
(31) DAVID FOX	1.0									0	0	0
DIRECTOR	0.0	X								0	0	0
(32) ROBERTA GARZA	1.0									0	0	0
DIRECTOR	0.0	X								0	0	0
(33) ANDREW GUNDLACH	1.0									0	0	0
DIRECTOR	0.0	X								0	0	0
(34) MARJORIE L HART	1.0									0	0	0
DIRECTOR	0.0	X								0	0	0
(35) BRANDEN JACOBS-JENKINS	1.0									0	0	0
DIRECTOR	0.0	X								0	0	0
(36) SAMHITA JAYANTI	1.0									0	0	0
DIRECTOR	0.0	X								0	0	0
(37) MAJOR GENERAL EDWARD G KLEIN	1.0									0	0	0
DIRECTOR	0.0	X								0	0	0
(38) RALPH LEMON	1.0									0	0	0
DIRECTOR	0.0	X								0	0	0
(39) HEIDI MCWILLIAMS	1.0									0	0	0
DIRECTOR	0.0	X								0	0	0
(40) JASON MORAN	1.0									0	0	0
DIRECTOR	0.0	X								0	0	0
(41) JOEL PRESS	1.0									0	0	0
DIRECTOR	0.0	X								0	0	0
(42) JANET C ROSS	1.0									0	0	0
DIRECTOR	0.0	X								0	0	0
(43) JOAN STEINBERG	1.0									0	0	0
DIRECTOR	0.0	X								0	0	0
(44) MIMI KLEIN STERNLICHT	1.0									0	0	0
DIRECTOR	0.0	X								0	0	0
(45) DEBORAH C VAN ECK	1.0									0	0	0
DIRECTOR	0.0	X								0	0	0
(46) PETER ZHOU	1.0									0	0	0
DIRECTOR	0.0	X								0	0	0

1b Sub-Total												
1c Total from continuation sheets to Part VII, Section A												
1d Total (add lines 1b and 1c)										2,502,601	0	252,338

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 18

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SYRREAL ENTERTAINMENT GMBH, PRENZLAUER ALLEE 8 BERLIN, 0 10405 GM	ARTIST'S FEES	554,426
ALMEIDA THEATRE COMPANY LTD, ALMEIDA STREET LONDON, 0 N1 1TA UK	CREATIVE CONSULTANT	329,715
PIERRE AUDI, KIEZERSGRACHT 610 AMSTERDAM, 0 1017 EP NL	PROGRAM CONSULTANT	218,545
LIZ BICKLEY STUDIOS LLC, 207 VAN VORST STREET APT 1016 JERSEY CITY, NJ 07302	CURATOR CONSULTANT	181,317
NEW YORK LIVE ARTS INC, 219 W 19TH STREET NEW YORK, NY 10011	ARTIST'S FEES	155,590
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 ▶ 10		

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Part VIII **Statement of Revenue**

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a Federated campaigns				
1b Contributions, Gifts, Grants, and Membership dues				
1c Other Amounts Similar Fundraising events	1,504,913			
1d Related organizations				
1e Government grants (contributions)	7,250,678			
1f All other contributions, gifts, grants, and similar amounts not included above	4,751,747			
1g Noncash contributions included in lines 1a - 1f:\$	421,660			
h Total. Add lines 1a-1f	13,507,338			

Program Service Revenue	2a	Business Code	(A)	(B)	(C)	(D)
	RENTAL OF EXHIBITION SPACE	531120	1,999,471	1,999,471		
BOX OFFICE REVENUE	711190	960,824	960,824			
TICKET AND FACILITY FEE INCOME	711190	134,678	134,678			
f All other program service revenue.						
g Total. Add lines 2a-2f.			3,094,973			
3 Investment income (including dividends, interest, and other similar amounts)			7,091,043		-9,944	7,100,987

Income from investment of tax-exempt bond proceeds					
5	Royalties		0		
6a	Gross rents	(i) Real			
		(ii) Personal			
b	Less: rental expenses				
6c	Rental income or (loss)		0		
d	Net rental income or (loss)		0		
7a	Gross amount from sales of assets other than inventory	(i) Securities	12,679,215		
		(ii) Other			
b	Less: cost or other basis and sales expenses		10,846,933		
7c	Gain or (loss)		1,832,282		
d	Net gain or (loss)		1,832,282		1,832,282
8a	Gross income from fundraising events (not including \$ 1,504,913 of contributions reported on line 1c). See Part IV, line 18				
			749,504		
			749,504		
b	Less: direct expenses				
c	Net income or (loss) from fundraising events				
9a	Gross income from gaming activities. See Part IV, line 19				
			0		
			0		
b	Less: direct expenses				
c	Net income or (loss) from gaming activities		0		
10a	Gross sales of inventory, less returns and allowances				
			0		
			0		
b	Less: cost of goods sold				
c	Net income or (loss) from sales of inventory		0		
Miscellaneous Revenue		Business Code			
11a	OTHER INCOME	900009	332,125		332,125
b					
c					
d	All other revenue				
e	Total. Add lines 11a-11d		332,125		
12	Total revenue. See instructions		25,857,761	3,094,973	-9,944
					9,265,394

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Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).				
Check if Schedule O contains a response or note to any line in this Part IX <input checked="" type="checkbox"/>				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			

3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,814,012	1,171,258	361,345	281,409
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	5,675,416	3,664,462	1,130,523	880,431
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	238,923	154,266	47,593	37,064
9 Other employee benefits	470,192	303,590	93,661	72,941
10 Payroll taxes	497,118	320,976	99,024	77,118
11 Fees for services (non-employees):				
a Management	0			
b Legal	104,862		104,862	
c Accounting	84,850		84,850	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	424,113		424,113	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,727,367	2,502,443	73,155	151,769
12 Advertising and promotion	647,477	557,194	5,630	84,653
13 Office expenses	452,009	356,570	50,151	45,288
14 Information technology	0			
15 Royalties	0			
16 Occupancy	641,426	412,584	131,452	97,390
17 Travel	415,437	365,145	37,316	12,976
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	8,629,961	8,426,293	160,175	43,493
23 Insurance	671,164	631,695	36,208	3,261
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER PRODUCTION COSTS	3,367,863	3,328,064	0	39,799
b FACILITY CONTRACT SERVICES	675,230	652,354	19,340	3,536
c CATERING	88,951	70,832	0	18,119
d DUES & SUBSCRIPTIONS	66,034	50,442	13,745	1,847
e All other expenses	50,693	12,451	35,779	2,463
25 Total functional expenses. Add lines 1 through 24e	27,743,098	22,980,619	2,908,922	1,853,557
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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Part X **Balance Sheet**

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

	(A) Beginning of year		(B) End of year
1 Cash—non-interest-bearing	1,485,698	1	3,963,732

Assets	2 Savings and temporary cash investments		4,237,417	2	9,347,498	
	3 Pledges and grants receivable, net		3,198,261	3	2,231,134	
	4 Accounts receivable, net		852,191	4	788,281	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0	
	7 Notes and loans receivable, net		0	7	0	
	8 Inventories for sale or use		0	8	0	
	9 Prepaid expenses and deferred charges		24,577	9	1,462,003	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	165,721,553			
	b Less: accumulated depreciation	10b	50,464,280	122,665,470	10c	115,257,273
	11 Investments—publicly traded securities		56,225,511	11	59,122,337	
	12 Investments—other securities. See Part IV, line 11		19,604,417	12	24,327,447	
	13 Investments—program-related. See Part IV, line 11		0	13	0	
	14 Intangible assets		0	14	0	
	15 Other assets. See Part IV, line 11		2,920,002	15	89,584,019	
	16 Total assets. Add lines 1 through 15 (must equal line 33)		211,213,544	16	306,083,724	
Liabilities	17 Accounts payable and accrued expenses		1,436,196	17	1,618,933	
	18 Grants payable		0	18	0	
	19 Deferred revenue		459,959	19	4,525,190	
	20 Tax-exempt bond liabilities		0	20	0	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0	
	23 Secured mortgages and notes payable to unrelated third parties		0	23	0	
	24 Unsecured notes and loans payable to unrelated third parties		0	24	0	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		0	25	0	
	26 Total liabilities. Add lines 17 through 25		1,896,155	26	6,144,123	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27 Net assets without donor restrictions		129,992,056	27	125,561,059	
	28 Net assets with donor restrictions		79,325,333	28	174,378,542	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29 Capital stock or trust principal, or current funds			29		
	30 Paid-in or capital surplus, or land, building or equipment fund			30		
	31 Retained earnings, endowment, accumulated income, or other funds			31		
	32 Total net assets or fund balances		209,317,389	32	299,939,601	
33 Total liabilities and net assets/fund balances		211,213,544	33	306,083,724		

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Part XI **Reconciliation of Net Assets**

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

1 Total revenue (must equal Part VIII, column (A), line 12)	1	25,857,761
2 Total expenses (must equal Part IX, column (A), line 25)	2	27,743,098
3 Revenue less expenses. Subtract line 2 from line 1	3	-1,885,337
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	209,317,389
5 Net unrealized gains (losses) on investments	5	2,568,155
6 Donated services and use of facilities	6	
7 Investment expenses	7	

8 Prior period adjustments	8	89,939,394
9 Other changes in net assets or fund balances (explain in Schedule O)	9	
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	299,939,601

Part XII **Financial Statements and Reporting**

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

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

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

Form **990** (2021)

Form 990 (2021)

Additional Data

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Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2021

Open to Public Inspection

Table with 2 columns: Name of the organization (SEVENTH REGIMENT ARMORY CONSERVANCY INC) and Employer identification number (13-4086800)

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture.
10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F Schedule A (Form 990) 2021

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	9,021,455	15,496,726	10,761,253	17,760,368	13,507,338	66,547,140
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						0
4 Total. Add lines 1 through 3	9,021,455	15,496,726	10,761,253	17,760,368	13,507,338	66,547,140
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) . . .						384,742
6 Public support. Subtract line 5 from line 4.						66,162,398

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4. . .	9,021,455	15,496,726	10,761,253	17,760,368	13,507,338	66,547,140
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	2,325,129	3,793,629	2,339,123	1,594,008	7,091,043	17,142,932
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .	14,349	30,170	12,295	52,424	332,125	441,363
11 Total support. Add lines 7 through 10						84,131,435
12 Gross receipts from related activities, etc. (see instructions)					12	42,060,912
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	78.642 %
15 Public support percentage for 2020 Schedule A, Part II, line 14	15	84.170 %
16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990) 2021

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the						

4 Tax revenues received for the organization's benefit and either paid to or expended on its behalf. . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. . . .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6. . . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests-2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support tests-2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Schedule A (Form 990) 2021

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		

<p>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.</p>	3c	
<p>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.</p>	4a	
<p>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.</p>	4b	
<p>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.</p>	4c	
<p>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).</p>	5a	
<p>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?</p>	5b	
<p>c Substitutions only. Was the substitution the result of an event beyond the organization's control?</p>	5c	
<p>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.</p>	6	
<p>7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990) .</p>	7	
<p>8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).</p>	8	
<p>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.</p>	9a	
<p>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.</p>	9b	
<p>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.</p>	9c	
<p>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.</p>	10a	
<p>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).</p>	10b	

Schedule A (Form 990) 2021

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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 11a above?	11b	
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .	11c	

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
--	-----	----

1	were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed 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 in 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

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):

a The organization satisfied the Activities Test. Complete **line 2** below.

b The organization is the parent of each of its supported organizations. Complete **line 3** below.

c The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

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.

	Yes	No
2a		
2b		
3a		
3b		

Schedule A (Form 990) 2021

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	

e Discount claimed for blockage or other factors <i>(explain in detail in Part VI):</i>			
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		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

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

Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1		
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2		
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3		
4 Amounts paid to acquire exempt-use assets	4		
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5		
6 Other distributions (<i>describe in Part VI</i>). See instructions	6		
7 Total annual distributions. Add lines 1 through 6.	7		
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8		
9 Distributable amount for 2021 from Section C, line 6	9		
10 Line 8 amount divided by Line 9 amount	10		
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016.			
b From 2017.			
c From 2018.			
d From 2019.			
e From 2020.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			

b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017. . . .			
b Excess from 2018. . . .			
c Excess from 2019. . . .			
d Excess from 2020. . . .			
e Excess from 2021. . . .			

Schedule A (Form 990) (2021)

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

Facts And Circumstances Test

Return Reference	Explanation
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Schedule A (Form 990) 2021

Additional Data

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Software ID:
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Schedule B

Schedule of Contributors

OMB No. 1545-0047

(Form 990) Department of the Treasury Internal Revenue Service

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

2021

Name of the organization SEVENTH REGIMENT ARMORY CONSERVANCY INC

Employer identification number 13-4086800

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

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

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

Cat. No. 30613X

Schedule B (Form 990) (2021)

Part I

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Page 3

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
------------------------	--	--	----------------------

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization SEVENTH REGIMENT ARMORY CONSERVANCY INC	Employer identification number 13-4086800
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
(e) Transfer of gift		Relationship of transferor to transferee	
Transferee's name, address, and ZIP 4			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
(e) Transfer of gift		Relationship of transferor to transferee	
Transferee's name, address, and ZIP 4			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	

Schedule B (Form 990) (2021)

Additional Data

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Software ID:
Software Version:

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Table with 2 columns: Name of the organization (SEVENTH REGIMENT ARMORY CONSERVANCY INC) and Employer identification number (13-4086800)

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

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 3 columns: Question number, description, and Yes/No options. Includes questions 1-9 regarding conservation easements.

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

Table with 3 columns: Question number, description, and Yes/No options. Includes questions 1a-2b regarding collections of art and historical treasures.

Schedule D (Form 990) 2021

Page 2

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment
b Permanent endowment 77.890 %
c Term endowment 22.110 %
The percentages on lines 2a, 2b, and 2c should equal 100%.
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) Unrelated organizations
(ii) Related organizations
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) HEDGE FUND	11,885,432	F
(B) FUND OF FUNDS	6,278,311	F
(C) PRIVATE EQUITY FUNDS	6,163,704	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	24,327,447	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) PLEDGE-RIGHT-TO-USE PROPERTY	88,868,687
(2) DUE FROM GOVERNMENT AGENCIES	715,332
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	89,584,019

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0

UPON EXAMINATION BY A TAXING AUTHORITY. THE ARMORY DOES NOT BELIEVE IT HAS TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT HAS NOT RECORDED ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. THE ARMORY HAS FILED FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED TO DO SO. ADDITIONALLY, THE ARMORY HAS FILED IRS FORM 990 INFORMATION RETURNS, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS WHERE SO REQUIRED. FOR THE YEAR ENDED DECEMBER 31, 2021, THERE WERE NO INCOME TAX-RELATED INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE STATEMENT OF ACTIVITIES.

Schedule D (Form 990) 2021

Additional Data

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Software ID:
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

2021

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization SEVENTH REGIMENT ARMORY CONSERVANCY INC

Employer identification number 13-4086800

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

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

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

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

Table with 6 columns: (a) Region, (b) Number of offices in the region, (c) Number of employees, agents, and independent contractors in the region, (d) Activities conducted in region (by type), (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region, (f) Total expenditures for and investments in the region. Includes sub-totals and totals for Central America and the Caribbean.

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

Cat. No. 50082W

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021

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

Table with 9 columns: (a) Name of organization, (b) IRS code section and EIN (if applicable), (c) Region, (d) Purpose of grant, (e) Amount of cash grant, (f) Manner of cash disbursement, (g) Amount of noncash assistance, (h) Description of noncash assistance, (i) Method of valuation (book, FMV, appraisal, other)

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

Name of the organization SEVENTH REGIMENT ARMORY CONSERVANCY INC

Employer identification number 13-4086800

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

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

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

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

		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events
		GALA (event type)	OPENING NIGHT (event type)	1 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	2,093,317	88,500	72,600	2,254,417
	2 Less: Contributions	1,403,836	44,981	56,096	1,504,913
	3 Gross income (line 1 minus line 2)	689,481	43,519	16,504	749,504
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	689,481	43,519	16,504	749,504
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				749,504
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶ -----

Address ▶ -----

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

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

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

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

Return Reference	Explanation
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Schedule G (Form 990) 2021

Additional Data

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Software ID:
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Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization SEVENTH REGIMENT ARMORY CONSERVANCY INC	Employer identification number 13-4086800
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Part I Questions Regarding Compensation

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T **Schedule J (Form 990) 2021**

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 REBECCA ROBERTSON PRESIDENT/DIRECTOR	(i)	492,326	85,000	0	29,622	16,865	623,813	85,000
	(ii)	0	0	0	0	0	0	0
2 MELANIE FORMAN CHIEF DEVELOPMENT OFFICER	(i)	289,381	0	0	17,361	1,072	307,814	0
	(ii)	0	0	0	0	0	0	0
3 JENNIFER KIM CHIEF OPERATING OFFICER	(i)	175,294	0	0	0	787	176,081	0
	(ii)	0	0	0	0	0	0	0
4 SUSAN NEIMAN CHIEF FINANCIAL OFFICER	(i)	199,014	0	0	12,240	10,956	222,210	0
	(ii)	0	0	0	0	0	0	0

5 MICHAEL LONERGAN
PRODUCING DIRECTOR

(i)	205,419	0	0	12,240	1,184	218,843	0
(ii)	0	0	0	0	0	0	0

6 LESLEY ALPERT-SCHULDENFRI
DIRECTOR OF MARKETING

(i)	179,522	0	0	11,700	24,807	216,029	0
(ii)	0	0	0	0	0	0	0

7 KIRSTEN REOCH
DIR. OF DESIGN & CONSTRUCTION

(i)	172,099	0	0	10,623	18,953	201,675	0
(ii)	0	0	0	0	0	0	0

8 CASSIDY JONES
DIRECTOR OF SPECIAL PROJECTS

(i)	169,492	0	0	10,296	16,114	195,902	0
(ii)	0	0	0	0	0	0	0

9 AURELIO ROMAN
FACILITIES DIRECTOR

(i)	149,105	0	0	8,377	1,577	159,059	0
(ii)	0	0	0	0	0	0	0

10 PAUL KING
DIRECTOR OF PRODUCTION

(i)	242,869	0	0	15,037	24,515	282,421	0
(ii)	0	0	0	0	0	0	0

11 KIRRA STEEL
DIRECTOR OF DEVELOPMENT

(i)	143,080	0	0	0	8,012	151,092	0
(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021

Part III Supplemental Information

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

Return Reference	Explanation
PART I, Line 7:	IN 2021, THE ARMORY PAID DISCRETIONARY BONUS (APPROVED BY THE EXECUTIVE COMMITTEE) THAT WAS earned in 2020 and accrued at December 31, 2020 and reported on 2020 Form 990, Schedule J, Part II as deferred compensation.

Schedule J (Form 990) 2021

Additional Data

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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2021

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 the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization SEVENTH REGIMENT ARMORY CONSERVANCY INC

Employer identification number 13-4086800

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash contribution amounts. Row 9 shows Securities—Publicly traded with value 421,660.

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

Table with 3 columns: Question (30a, 31, 32a, 33), Yes, No. 30a: During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years... 31: Does the organization have a gift acceptance policy... 32a: Does the organization hire or use third parties... 33: If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN B:	THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS.

Schedule M (Form 990) (2021)

Additional Data

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Software Version:

efile Public Visual Render | **ObjectID: 202223189349314227 - Submission: 2022-11-14** | **TIN: 13-4086800**

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
SEVENTH REGIMENT ARMORY CONSERVANCY INC

Employer identification number

13-4086800

Return Reference	Explanation
FORM 990, PART III, LINE 4A:	<p>2021 ARTISTIC SEASON Due to city-wide shutdowns and limits on large indoor gatherings in 2021, the Armory embarked on several initiatives to support the artistic community during this devastating time when the job loss in the cultural sector was nearly 70%, and to offer an artistic lens as a safe way to try to understand the incomprehensible. The result was a new "Social Distance Hall" model for commissioning and producing new work that could employ artists and provide hope for the sector. With its flat open floor, state-of-the-art ventilation, multiple entrances, and no fixed seating or stage, the SOCIAL DISTANCE HALL opened in April 2021 to present live performances within strict health and safety regulations. We worked diligently alongside NYS to develop a plan for performances that could be safely experienced by the public - long before traditional venues might be able to return. We reached out to artists in the Armory community and commissioned four new works - the full runs of which each sold out within a day: SOCIAL! THE SOCIAL DISTANCE DANCE CLUB (4/9/21 - 4/22/21): This joyful and irresistible participatory movement experience was conceived by multimedia artist and musician David Byrne (Talking Heads, American Utopia), Tony Award-winning set designer Christine Jones, and choreographer Steven Hoggett. With a playlist curated by the work's creators and mixed by New York City DJ Natasha Diggs, SOCIAL! invited audiences to dance in their own socially distanced spotlights, all while listening to an instructional voiceover by David Byrne with choreography by Yasmine Lee. Moving free-form or in sync with the spoken choreography, audiences took part in a communal moment of cathartic release that was "exhilarating, full of possibility" (New York Times). PARTY IN THE BARDO (5/5/21 - 5/9/21): Multidisciplinary artist and MacArthur "Genius" Jason Moran and multi-Grammy Award-winning performance artist Laurie Anderson performed in the Armory's 55,000-square-foot Wade Thompson Drill Hall underpinned by the soundscape of LOU REED: DRONES, a sonic installation utilizing guitars from Reed's collection and curated by his former guitar technician Stewart Hurwood. Anderson and Moran invited two groups of artists to add their own layer of artistry over the Drones, joining them in these improvisational sonic meditations for the city of New York. AFTERWARDSNESS (5/19/21 - 5/26/21): This powerful new dance work by Bill T. Jones and Janet Wong was created in collaboration with members of the Bill T. Jones/Arnie Zane Company as well as composers/performers Holland Andrews and Pauline Kim Harris. The work addressed the confluence of the Black Lives Matter movement and COVID-19, incorporating the company's own writings while in isolation, vocal and instrumental solos, and choreography based on Bill T. Jones/Arnie Zane Company repertory. The New York Times selected the work as a Critic's Pick, calling the performance "genuine and resolute in its unwillingness to paint the wrong snapshot of a time. In its best moments, Afterwardsness was fully alive." ENEMY OF THE PEOPLE (6/22/21 - 7/10/21): The Armory commissioned visionary British director Robert Icke (Broadway's 1984) for a new participatory production inspired by Ibsen's An Enemy of the People. Envisioned for a socially distanced time, Icke's thrilling adaptation explored themes in Ibsen's original play that resonate powerfully today: collective responsibility and the complex relationship between scientific expertise and political power, public health and economic growth. The central character played by Ann Dowd (A Handmaid's Tale) is a scientist who discovers that the water supply of her town's precious mineral baths is contaminated. The audience was engaged in the action and asked to weigh in on important decisions through interactive voting devices, allowing each performance to take its own unique path. Vulture declared that the production was "the biggest, fanciest, splashiest in-person indoor theater event in New York since the shutdown, New York Theater called it "the exact right show for this moment." In September 2021, the Armory was thrilled to safely welcome full capacity, masked, and fully vaccinated audiences back to the soaring Wade Thompson Drill Hall, utilizing the Armory's unique assets to present work engaging with the most pressing issues of our time: DEEP BLUE SEA (9/28/21 - 10/9/21): A new commission envisioned by director, choreographer, and dancer Bill T. Jones, Deep Blue Sea was a "breath-taking" visually and sonically stunning" (The New York Times) new movement statement that used the iconic American texts of 'I have a Dream' by Martin Luther King and Moby Dick by Herman Melville as its starting points to explore the relationships of loneliness / aloneness as it pertains to, or contrasts with group identity. The work was choreographed to expand from a rare solo by Bill T. Jones to a company of 100 dancers, evolving from solitary to community action - an exploration of Jones' frequent question: "What does 'we' mean?" To amplify the vastness of the space, the dance was set against an expansive design by Liz Diller (Diller Scofidio + Renfro). Vulture commended the work as "a colossal undertaking both in subject matter, and theatrical scope." THE SHAPE OF THINGS (12/2/21 - 12/31/21): This major new commission by Carrie Mae Weems was her first large-scale multi-media exhibition and the largest display of her new work over the last decade. The Shape of Things was conceived as an ephemeral monument to the complexity of the American experience and a platform for collective investigation and reflection. Vogue hailed Weems' epic exhibition as "a deeply compelling - at moments even revelatory - exploration of our socio-political moment as interpreted by one of our greatest living image-makers." Known for her investigations of social conflict and ability to convene leading thinkers and artists through her work, Weems was uniquely positioned to confront our contemporary moment with this multi-faceted exhibition as well as a weekend-long convening of performances and talks to enrich public conversation, entitled Land of Broken Dreams (December 9 - 11, 2021). In the fall, the acclaimed Recital Series returned to the Board of Officers Room with its gilded age interiors and exceptional acoustics. American tenor Paul Appleby opened the program with an "intelligent and beautifully performed program of German lieder, his performance was named a New York Times Critic's Pick (9/20/21 & 9/22/21). Baritone Will Liverman brought his "velvet voice" (NPR) for a performance highlighting German lieder alongside songs by Black composers like Damien Sneed and Brian McKnight, prompting high praise from The New York Times' Anthony Tommasini for an original arrangement: many opera singers have that skill, let alone the courage." (10/10/21 - 10/11/21) Lastly, the "divine operatic mezzo Jamie Barton" (The New York Times) partnered with Jake Heggie on a program with special attention to female composers (11/19/21 & 11/21/21). In the restored Veterans Room, the eclectic Artists Studio series, curated since 2016 by MacArthur "Genius" Jason Moran, featured sculptor Carol Szymanski and trumpeter Jaimie Branch and an aural animation of 26 sculpted brass horns whose shapes were based on the alphabet (10/31/21).</p>
FORM 990, PART III, LINE 4A (CONTINUED)	<p>ARTS EDUCATION AT THE ARMORY Utilizing our magnificent historic building and unique visual and performing arts programming, Park Avenue Armory's Arts Education Program serves thousands of students from underserved New York City public schools from all five boroughs through a wide range of opportunities to be immersed in the creative process of diverse world-class artists. The Arts Education Program has three main components: (1) Production-based Programming, in which students attend major productions of music, theater, dance and visual art, and participate in pre- and post-visit workshops with the Armory's talented</p>

	<p>corps of teaching artists; (2) Partner School Program, in which deeper relationships with schools are created through attendance at productions, in-school residencies and end-of-term events at the Armory; and (3) the Armory Youth Corps, a paid and closely mentored internship program focusing on students from underserved NYC public schools. Armory Arts Education programs are offered at no cost to students or schools and are developed in alignment with the NYS Next Generation Learning Standards and the NYC Blueprint for the Arts. In 2021, the Armory adapted the Arts Education program's core values and creative methodology to remote and hybrid learning, pivoting to meet new circumstances with an unwavering commitment to the principles of unbounded creativity, community, and flexible support for NYC public school students and teachers. Through Production-Based Programs, Armory staff and teaching artists provided opportunities for community, creativity, and connection, reaching 3,477 students through live instruction workshops (remote in the spring, hybrid during the fall), and 2,150 students through a new Creative Arts Journal. Virtual Production-Based Programs were in high demand, engaging students through remote workshops and virtual student matinees inspired by the Armory's productions, including Bill T. Jones' Deep Blue Sea, Trustee Sidekick Theater Company's The Mendelssohn Electric, jaimie branch and Carol Syzmanski's Artists Studio performance, and the Armory's 100 Years 100 Women Project Archive. The Partner School Program offered curriculum enrichment at no cost to 7 participating Title I schools, focusing on underserved NYC public schools that lack access to art programs. Partner School Residencies explored the concepts of community, inspired by the process behind the creation of Bill T. Jones' Deep Blue Sea; the current political landscape through Carrie Mae Weems' exhibition The Shape of Things; artistic practices of Armory Artist-in-Residence Theaster Gates; and the Creative Arts Journal. The Armory Youth Corps Program remained committed to its core mission and values, continuing to develop rigorous, highly mentored, and paid internship opportunities customizable to each student's unique interests, goals, and learning style. DESIGN AND CONSTRUCTION Since 2007, Park Avenue Armory has been consistently working to revitalize this significant historic landmark through an ambitious program of restoration and renovation with a world-class team of architects, engineers, and conservators. From the start, our initial projects focused on stabilizing the building, adding essential upgrades to the infrastructure, and making it safe. With these early phases underway, the Armory opened to the public and began to explore its unique potential as an unconventional platform for world-class artists pursuing expanding the boundaries of their artistic practice. Due to the COVID crisis, capital projects were put on hold in 2021.</p>
<p>FORM 990, PART VI, SECTION B, LINE 11B:</p>	<p>A DRAFT FORM 990, PREPARED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY MANAGEMENT, IS SUBMITTED TO THE CEO/CFO AND PRESIDENT FOR REVIEW. UPON APPROVAL, THE DRAFT FORM 990 IS PROVIDED TO THE FINANCE/AUDIT COMMITTEE OF THE BOARD FOR REVIEW, COMMENT, AND APPROVAL. UPON THE FINANCE/AUDIT COMMITTEE'S APPROVAL, THE FORM 990 IS PROVIDED TO THE FULL BOARD, PRIOR TO ITS ELECTRONIC FILING WITH THE INTERNAL REVENUE SERVICE.</p>
<p>FORM 990, PART VI, SECTION B, LINE 12C:</p>	<p>ALL BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE A CONFLICT-OF-INTEREST DISCLOSURE FORM ON AN ANNUAL BASIS. ANY POTENTIAL CONFLICTS REPORTED IN THE DISCLOSURE FORMS ARE REVIEWED BY THE FINANCE/AUDIT COMMITTEE OF THE BOARD. ANY CONFLICT THAT BECOMES KNOWN DURING THE YEAR SHALL BE REPORTED TO THE FINANCE/AUDIT COMMITTEE. THE EVALUATION AND RESOLUTION POLICIES OUTLINED IN THE CONFLICT-OF-INTEREST POLICY SHALL BE APPLIED.</p>
<p>FORM 990, PART VI, SECTION B, LINE 15A:</p>	<p>COMPENSATION OF THE PRESIDENT IS SUBJECT TO REVIEW AND APPROVAL BY THE EXECUTIVE COMMITTEE OF THE BOARD. THE CO-CHAIRS OBTAIN COMPENSATION INFORMATION FROM INDEPENDENT SOURCES WHICH SERVE AS THE BASIS FOR COMPENSATION OFFERED TO THE EXECUTIVE POSITION IDENTIFIED ABOVE.</p>
<p>FORM 990, PART VI, SECTION B, LINE 15B:</p>	<p>COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES is determined by use of comparable data and IS REVIEWED AND APPROVED BY THE PRESIDENT OF THE ORGANIZATION.</p>
<p>FORM 990, PART VI, SECTION C, LINE 19:</p>	<p>THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.</p>

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

Cat. No. 51056K

Schedule O (Form 990) 2021

Additional Data

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