

**Short Form  
Return of Organization Exempt From Income Tax**

**2019**

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

**Open to Public  
Inspection**

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

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**A** For the 2019 calendar year, or tax year beginning , 2019, and ending , 20

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

**C** Name of organization  21  
**Municipal Analyst Group of NY**  
 Number and street (or P.O. box if mail is not delivered to street address)  21 Room/suite  
 City or town, state or province, country, and ZIP or foreign postal code

**D** Employer identification number  21  
 [REDACTED]

**E** Telephone number  
 [REDACTED]

**F** Group Exemption Number ▶  21 3348

**G** Accounting Method:  Cash  Accrual Other (specify) ▶

**H** Check  if the organization is not required to attach Schedule B  21 (Form 990, 990-EZ, or 990-PF).

**I** Website: ▶ [WWW.MAGNY.ORG](http://WWW.MAGNY.ORG)

**J** Tax-exempt status (check only one) -  501(c)(3)  501(c) ( 6 ) ◀ (insert no.)  4947(a)(1) or  527

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

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ 100,964

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  21  
 Check if the organization used Schedule O to respond to any question in this Part I . . . . .

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .																													
	2	Program service revenue including government fees and contracts . . . . .																											74,573		
	3	Membership dues and assessments . . . . .																												24,820	
	4	Investment income . . . . .																												44	
	5a	Gross amount from sale of assets other than inventory . . . . .																													
	b	Less: cost or other basis and sales expenses . . . . .																													
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . .																													
	6	Gaming and fundraising events:																													
	a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .																													
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .																													
c	Less: direct expenses from gaming and fundraising events . . . . .																														
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .																														
7a	Gross sales of inventory, less returns and allowances . . . . .																														
b	Less: cost of goods sold . . . . .																														
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . .																														
8	Other revenue (describe in Schedule O) . . . . .																													1,571	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶																													101,008	
Expenses	10	Grants and similar amounts paid (list in Schedule O) . . . . .																													
	11	Benefits paid to or for members . . . . .																													
	12	Salaries, other compensation, and employee benefits <input type="checkbox"/> 21 . . . . .																													
	13	Professional fees and other payments to independent contractors <input type="checkbox"/> 21 . . . . .																													15,502
	14	Occupancy, rent, utilities, and maintenance . . . . .																													
	15	Printing, publications, postage, and shipping . . . . .																													
	16	Other expenses (describe in Schedule O) <input type="checkbox"/> 21 . . . . .																													122,435
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶																													137,937	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9) . . . . .																												-36,929	
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .																												103,454	
	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .																													
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶																													66,525



**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments . . . . .	103,454	66,525
23 Land and buildings . . . . .		
24 Other assets (describe in Schedule O) . . . . .		
25 Total assets . . . . .	103,454	66,525
26 Total liabilities (describe in Schedule O) . . . . .	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	103,454	66,525

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 SEE SCHEDULE O		
29 (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
30 (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
31 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MICHAEL D'ARCY PROGRAM CHAIR (1/1/19-6/30/19)	10.0	0.	0.	0.
MICHAEL D'ARCY MEMBERSHIP CHAIR (7/1/19-12/31/19)	5.00	0.	0.	0.
MICHAEL IMBER TREASURER (1/1/19-6/30/19)	7.00	0.	0.	0.
MICHAEL IMBER CHAIRMAN (7/1/19-12/31/19)	7.00	0.	0.	0.
PATRICK LUBY PROGRAM CHAIR (7/1/19-12/31/19)	10.00	0.	0.	0.
EDEN PERRY MEMBERSHIP CHAIR (1/1/19-6/30/19)	5.00	0.	0.	0.
EDEN PERRY SECRETARY (7/1/19-12/31/19)	5.00	0.	0.	0.
RICHARD RAPHAEL SECRETARY (5/1/19- 6/30/19)	5.00	0.	0.	0.
RICHARD RAPHAEL TREASURER (7/1/19-12/31/19)	7.00	0.	0.	0.
DAN WILSON CHAIRMAN (1/1/19-6/30/19)	7.00	0.	0.	0.
DAN WILSON IMMED PAST CHAIR (7/1/19-12/31/19)	5.00	0.	0.	0.
STEPHEN WINTERSTEIN SECRETARY (1/1/19-4/30/19)	5.00	0.	0.	0.



Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		<input checked="" type="checkbox"/>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions . . . . .		<input checked="" type="checkbox"/>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .		<input checked="" type="checkbox"/>
35b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .		
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .		<input checked="" type="checkbox"/>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <u>37a</u> 0.		
37b	Did the organization file Form 1120-POL for this year? . . . . .		<input checked="" type="checkbox"/>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .		<input checked="" type="checkbox"/>
38b	If "Yes," complete Schedule L, Part II, and enter the total amount involved . . . . .		N/A
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9 . . . . .		N/A
39b	b Gross receipts, included on line 9, for public use of club facilities . . . . .		N/A
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>N/A</u> ; section 4912 ▶ <u>N/A</u> ; section 4955 ▶ <u>N/A</u>		
40b	b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		
40c	c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ <u>N/A</u>		
40d	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ <u>N/A</u>		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed ▶ <u>NONE</u>		
42a	The organization's books are in care of ▶ <u>RICHARD RAPHAEL</u> Telephone no. ▶ <u>917-207-7157</u> Located at ▶ <u>27 FAIR HAVEN ROAD, FAIR HAVEN, NJ</u> ZIP + 4 ▶ <u>07704</u>		
42b	b 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)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		<input checked="" type="checkbox"/>
42c	c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ _____		<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <u>43</u> N/A		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		<input checked="" type="checkbox"/>
44b	b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		<input checked="" type="checkbox"/>
44c	c Did the organization receive any payments for indoor tanning services during the year? . . . . .		<input checked="" type="checkbox"/>
44d	d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		<input checked="" type="checkbox"/>
45b	b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions . . . . .		



46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . 

	Yes	No
46		<input checked="" type="checkbox"/>

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . . 

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . 

	Yes	No
48		

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . 

	Yes	No
49a		

b If "Yes," was the related organization a section 527 organization? . . . . . 

	Yes	No
49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

f Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

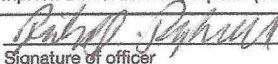
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 . . . . . ▶ \_\_\_\_\_

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . . ▶  Yes  No

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**

	5/7/2020
Signature of officer	Date
RICHARD RAPHAEL, TREASURER	
Type or print name and title	

**Paid Preparer Use Only**

Print/Type preparer's name EUGENE J. LOGAN	Preparer's signature EUGENE J. LOGAN	Date 5/7/2020	Check <input type="checkbox"/> if self-employed	PTIN P00227231
Firm's name ▶ SCHNEIDER DOWNS & CO., INC.	Firm's EIN ▶ 25-1408703		Phone no. (412) 261-3644	
Firm's address ▶ ONE PPG PLACE-- SUITE 1700 PITTSBURGH, PA 15222				

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶  Yes  No

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Employer identification number

**FORM 990-EZ, PART 1, LINE 4, OTHER INVESTMENT INCOME:**

**DESCRIPTION OF PROPERTY:**

**AMOUNT:**

INTEREST INCOME

44

**FORM 990-EZ, PART 1, LINE 8, OTHER REVENUE:**

**DESCRIPTION OF OTHER REVENUE:**

**AMOUNT:**

GOLF OUTING INCOME

1,571

**FORM 990-EZ, PART 1, LINE 16, OTHER EXPENSES**

**DESCRIPTION OF OTHER EXPENSES:**

**AMOUNT:**

SEMINARS AND MEETINGS

115,102

VIDEO PRODUCTION

5,000

ANNUAL GOLF OUTING

1,350

BOARD AND COMMITTEE MEETINGS

481

MISCELLANEOUS

502

TOTAL TO FORM 990 - EZ, LINE 16

122,435

FORM 990 - EZ, PART III, PRIMARY PURPOSE - THE MUNICIPAL ANALYSTS GROUP OF NY ('MAGNY') IS AN ASSOCIATION OF SECURITIES

ANALYSTS BASED IN THE GREATER NEW YORK CITY METROPOLITAN AREA, INCLUDING PORTIONS OF NEW JERSEY AND

CONNECTICUT, WHO SPECIALIZE IN EVALUATING THE CREDIT WORTHINESS OF MUNICIPAL SECURITIES.

MAGNY HAS MIRRORED THE STEADY GROWTH OF THE MUNICIPAL FINANCE INDUSTRY AS A WHOLE, AND HAS EVOLVED INTO A LARGE

ORGANIZATION THAT NOW INCLUDES OVER 450 MEMBERS. DESPITE THIS GROWTH, MAGNY HAS RETAINED ITS ORIGINAL

EDUCATIONAL MISSION AS ITS CORE ORGANIZATIONAL GOAL.

**FORM 990 - EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:**

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

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) (2019)



Name of the organization

Employer identification number

TO PROVIDE A FORUM TO EXCHANGE IDEAS AND TO ANALYZE A WIDE RANGE OF TIMELY TOPICS IMPORTANT TO THE PROFESSION, MAGNY ORGANIZES PERIODIC LUNCHEON MEETINGS THROUGHOUT THE YEAR FEATURING PROMINENT FIGURES IN THE MUNICIPAL FINANCE INDUSTRY AS WELL AS MEMBER ANALYSTS THEMSELVES. THESE LUNCHEONS ARE TYPICALLY HELD ON A MONTHLY BASIS, ALTHOUGH THE SCHEDULE SOMETIMES VARIES, MAGNY'S FORUM LUNCHEONS HAVE SERVED AN EXTREMELY USEFUL ROLE IN PROVIDING A CONVENIENT MEANS TO EVALUATE ISSUES OF COMMON CONCERN AND TO DEEPEN THE KNOWLEDGE AND AWARENESS OF ITS MEMBERS WITH RESPECT TO TIMELY ISSUES AND TOPICS. THESE LUNCHEONS ARE OF INDUSTRY WIDE SIGNIFICANCE AND ARE OPEN TO ALL MUNICIPAL FINANCE PROFESSIONALS. INDIVIDUALS WHOSE PROFESSIONAL WORK IS DEVOTED TO MUNICIPAL CREDIT ANALYSIS AND ALIGNED AREAS ARE ENCOURAGED TO JOIN MAGNY.

FORM 990 - EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.