Form Particle Comparization Exempt From Income Tax Under section 60 (c), 527, or 4947(a)(1) of the Internal Revenue Code (oxcept private foundations)				** PUBLIC DISCLOSURE Short Form		PY *	*				3 No. 1545-1150
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MUNICIPAL ANALYSTS GROUP	OF NY				Daga 0
Form 990-EZ (2016) C/O BRIGHTBAY ADVISORS					Page 2
Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to resp	and to any guarties	in this Dout II			
Check II the organization used Schedule O to resp		A) Beginning of year		(B) F	nd of year
22 Cash payings and investments	· ·	75,066	• 22		65,377.
22 Cash, savings, and investments		75,000	• 22		05,577.
23 Land and buildings			_		
24 Other assets (describe in Schedule O)		75,066	24		65,377.
25 Total assets					05,577.
26 Total liabilities (describe in Schedule 0)		0 75,066	• 26		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) Part III Statement of Program Service Accomplishmer			• 27		65,377.
		,	V		kpenses for section
Check if the organization used Schedule O to resp	ond to any question	in this Part III	X		and 501(c)(4)
What is the organization's primary exempt purpose? SEE SCHEDULE O					ons; optional for
Describe the organization's program service accomplishments for each of its three largest program s		s. In a clear and concise		others.)	
manner, describe the services provided, the number of persons benefited, and other relevant inform	ation for each program title.				
28 SEE SCHEDULE O					
(Grants \$) If this amount includes foreign g	rants, check here			28a	
29					
(Grants \$) If this amount includes foreign g	rants, check here			29a	
30					
(Grants \$) If this amount includes foreign g	rants, check here			30a	
31 Other program services (describe in Schedule O)					
(Grants \$) If this amount includes foreign g				31a	
				32	
Part IV LIST OF OFFICERS, DIRECTORS, IRUSTEES, and Key E	mployees (list each one ev	en if not compensated - :	see the	instructions f	for Part IV)
Part IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule Q to rest			see the	instructions f	for Part IV)
Check if the organization used Schedule O to resp	ond to any question	in this Part IV			
Check if the organization used Schedule O to resp		in this Part IV (c) Reportable compensation (Forms	(d) Hea	alth benefits, ibutions to	for Part IV) (e) Estimated amount of other
	ond to any question (b) Average hours	in this Part IV (c) Reportable	(d) Hea contr emplo plans, a	alth benefits, ibutions to byee benefit and deferred	(e) Estimated
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11570327 786250 23519-24000 2016.03010 MUNICIPAL ANALYSTS GROUP OF 23519-21

MUNICIPAL ANALYSTS GROUP OF NY C/O BRIGHTBAY ADVISORS

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Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V) Check if the organization used Sch. O to respond to any question in this			X
	instructions for Part V) check if the organization used Sch. O to respond to any question in this	sran		No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each		100	
	activity in Schedule O	33		x
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)	34		X
35 a	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)?	35a		X
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	A
C	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	35c		x
36	requirements during the year? If "Yes," complete Schedule C, Part III	300		
00	complete applicable parts of Schedule N	36		x
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		Х
	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?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9 39a N/A Gross receipts, included on line 9, for public use of club facilities 39b N/A	-		
		-		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 \blacktriangleright N/A ; section 4912 \blacktriangleright N/A ; section 4955 \blacktriangleright N/A			
h	Section 4911 Section 4912 Section 4912 Section 4912 Section 4913 Section 4913 Section 4913 Section 4914 Secti			
5	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	40b	N/	А
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 N/A			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
	by the organization N/A			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			V
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed NONE The organization's books are in care of ELIZABETH HILL Telephone no. 516-9	93-8	670	
42 a	Located at \triangleright 232 WEST BAY DRIVE, LONG BEACH, NY ZIP+4 \triangleright			
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		Yes	No
	account)?	42b		Х
	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).			
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	N/A	🟲	
	and enter the amount of tax-exempt interest received or accrued during the tax year 43	N/A	-	
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
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	44b		X
	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
45	in Schedule O	44d		v
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
U	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)	45b		
		Form 9	90-F7	(2016)

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Form 990-EZ (2016)

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11570327 786250 23519-24000 2016.03010 MUNICIPAL ANALYSTS GROUP OF 23519-21

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MUNICIPAL ANALYSTS GROUP OF NY

Forr	m 990-EZ (2016)	C/0	BRIGHTBAY	ADVISORS			Page 4
						Yes	No
46	Did the organizati	on 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		46		X
Pa	art VI Secti	on 501(c)(3) organizatio	ns 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

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49 a	a Did the organization make any transfers to an exempt non-charitable related organization?	49a		
t	o If "Yes," was the related organization a section 527 organization?	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 ${f N}/{f A}$	(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

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

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

(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

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	Signature of officer			Date		
Here	ELIZABETH HILL, TR	REASURER				
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN	
Paid				self- employed		
Prepare	EUGENE J. LOGAN	EUGENE J. LOGAN			P00227231	
Use Onl		Firm's EIN ► 25-1408703				
	Firm's address ONE PPG PI	Phone no. (4	12)261-3644			
	PITTSBURGH	I, PA 15222				
May the IRS	discuss this return with the preparer shown al	bove? See instructions			🕨 🗶 Yes 📃 No	
					Form 990-EZ (2016)	

632174 12-08-16

. 🕨 🗌 Yes 📃 No

OMB No 1545-0047 SCHEDULE O Supplemental Information to Form 990 or 990-EZ 16 Complete to provide information for responses to specific questions on (Form 990 or 990-EZ) Form 990 or 990-EZ or to provide any additional information. Open to Public Attach to Form 990 or 990-EZ. Department of the Treasury Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990. Inspection Internal Revenue Service MUNICIPAL ANALYSTS GROUP OF NY Name of the organization Employer identification number C/O BRIGHTBAY ADVISORS FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME: DESCRIPTION OF PROPERTY: AMOUNT: INTEREST INCOME 33. FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: AMOUNT: BANK FEES 160.

86,572.

135.

2,700.

89,567.

SEMINARS AND MEMBER MEETINGS

TRAVEL

ANNUAL GOLF OUTING

TOTAL TO FORM 990-EZ, LINE 16

FORM 990-EZ, PART III, PRIMARY EXEMPT 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:

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

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2016)

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11570327 786250 23519-24000 2016.03010 MUNICIPAL ANALYSTS GROUP OF 23519-21

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.



Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. MUNICIPAL ANALYSTS GROUP OF NY Emplo

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.

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2016)

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11570327 786250 23519-24000 2016.03010 MUNICIPAL ANALYSTS GROUP OF 23519-21