

Short Form

Form 990-EZ

Return of Organization Exempt From Income Tax

2017

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/Form990EZ for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Form 990-EZ header section including: A For the 2017 calendar year, or tax year beginning and ending; B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending; C Name of organization: MUNICIPAL ANALYSTS GROUP OF NY; D Employer identification number; E Telephone number: 914-325-1663; F Group Exemption Number: 3348; G Accounting Method: Cash; H Check if the organization is not required to attach Schedule B; I Website: WWW.MAGNY.ORG; J Tax-exempt status: 501(c)(3); K Form of organization: Association; L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. Total: \$100,822.

Table with 21 rows and 3 columns. Section: Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Investment income; 5a-5c Gross amount from sale of assets; 6 Gaming and fundraising events; 7a-7c Gross sales of inventory; 8 Other revenue; 9 Total revenue; 10-17 Expenses; 18 Excess or (deficit) for the year; 19-21 Net assets or fund balances.

LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2017)

**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	65,377.	22	84,486.
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	65,377.	25	84,486.
26 Total liabilities (describe in Schedule O)	0.	26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	65,377.	27	84,486.

**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 <b>SEE SCHEDULE O</b>			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		28a	
29			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		29a	
30			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		30a	
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
SANDRA BRINKERT				
IMMED. PAST CHAIR (1/1/17-6/30/17)	5.00	0.	0.	0.
MICHAEL D'ARCY				
PROGRAM CO-CHAIR (7/1/17-12/31/17)	10.00	0.	0.	0.
ELIZABETH HILL				
TREASURER (1/1/17-6/30/17)	7.00	0.	0.	0.
ELIZABETH HILL				
CHAIRMAN (7/1/17-12/31/17)	7.00	0.	0.	0.
MICHAEL IMBER				
MEMBERSHIP CHAIR (1/1/17-6/30/17)	5.00	0.	0.	0.
MICHAEL IMBER				
SECRETARY (7/1/17-12/31/17)	5.00	0.	0.	0.
AMY LASKEY				
CHAIRMAN (1/1/17-6/30/17)	7.00	0.	0.	0.
AMY LASKEY				
IMMED. PAST CHAIR (7/1/17-12/31/17)	5.00	0.	0.	0.
EDEN PERRY				
PROGRAM CHAIR (7/1/17-12/31/17)	10.00	0.	0.	0.
STEPHEN WINTERSTEIN				
PROGRAM CHAIR (1/1/17-6/30/17)	10.00	0.	0.	0.
STEPHEN WINTERSTEIN				
MEMBERSHIP CHAIR (7/1/17-12/31/17)	5.00	0.	0.	0.
DAN WILSON				
SECRETARY (1/1/17-6/30/17)	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 Sch. O to respond to any question in this Part V [X]

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
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)
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)?
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
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.
37b Did the organization file Form 1120-POL for this year?
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?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9 39a N/A
39b Gross receipts, included on line 9, for public use of club facilities 39b N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
section 4911 N/A; section 4912 N/A; section 4955 N/A
40b 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 40b N/A
40c 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 40c N/A
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d N/A
40e 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 40e X
41 List the states with which a copy of this return is filed 41 NONE
42a The organization's books are in care of 42a DAN WILSON Telephone no. 914-325-1663
Located at 17 MCKINLEY STREET, BRONXVILLE, NY ZIP + 4 10708
42b 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)? 42b X
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).
42c 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 and enter the amount of tax-exempt interest received or accrued during the tax year 43 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 44a X
44b 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
44c Did the organization receive any payments for indoor tanning services during the year? 44c X
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a X
45b 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

	<b>Yes</b>	<b>No</b>
<b>46</b> 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 .....	46	X

**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

	<b>Yes</b>	<b>No</b>
<b>47</b> 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	
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E .....	48	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? .....	49a	
<b>b</b> 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	(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." **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  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.

<b>Sign Here</b>	Signature of officer	Date
	<b>DAN WILSON, TREASURER</b> Type or print name and title	

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

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

**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

**2017**

Open to Public  
Inspection

Name of the organization

MUNICIPAL ANALYSTS GROUP OF NY

Employer identification number

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

DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	40.

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:	AMOUNT:
GOLF OUTING INCOME	2,700.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
BANK FEES	19.
SEMINARS AND MEMBER MEETINGS	63,382.
TRAVEL	1,690.
ANNUAL GOLF OUTING	2,565.
MISCELLANEOUS	207.
TOTAL TO FORM 990-EZ, LINE 16	67,863.

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.

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization

MUNICIPAL ANALYSTS GROUP OF NY

Employer identification number

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

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.

FORM 990-EZ, PART V, QUESTION 34:

MAGNY CHANGED THE BYLAWS OF THE ORGANIZATION TO:

EXPRESS LIMITATIONS ON POLITICAL ACTIVITY, EXPAND MEMBERSHIP CATEGORIES

TO INCLUDE ASSOCIATE, STUDENT, AND PROFESSOR MEMBERSHIPS, AND TO REMOVE

"EXTRAORDINARY MEETINGS" FROM THEIR MEETING TYPES.

Name of the organization

MUNICIPAL ANALYSTS GROUP OF NY

Employer identification number

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for 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
DAN WILSON TREASURER (7/1/17-12/31/17)	7.00	0.	0.	0.