

C&E 946

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OMB No 1545-0047

Form 990

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.

1803

Open to Public Inspection

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

A For the 2017 calendar year, or tax year beginning 04/01, 2017, and ending 03/31, 2018

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COLONY CLUB		D Employer identification number 13-0590080
	Doing business as		E Telephone number (212) 838-4200
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	
	564 PARK AVENUE		
City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10065		G Gross receipts \$ 19,361,984.	
F Name and address of principal officer JANE MURPHY SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
I Tax-exempt status	501(c)(3) <input checked="" type="checkbox"/> 501(c) (7) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 <input checked="" type="checkbox"/>	H(c) Group exemption number	
J Website: N/A			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 1903	M State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities TO OPERATE AS A PRIVATE SOCIAL CLUB ORGANIZED FOR THE MEMBERS SOCIAL PLEASURES.	
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3 Number of voting members of the governing body (Part VI, line 1a)	3 22.
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 22.
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5 159.
6 Total number of volunteers (estimate if necessary)	6 100.
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 1,481,764.
7b Net unrelated business taxable income from Form 990-T, line 34	7b 65,502.
8 Contributions and grants (Part VIII, line 1h)	Prior Year 0. Current Year 100,104.
9 Program service revenue (Part VIII, line 2g)	10,369,931. 10,316,886.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	139,750. 139,578.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,919,406. 5,660,667.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,429,087. 16,217,235.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0. 0.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,654,873. 8,777,950.
16a Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
b Total fundraising expenses (Part IX, column (D), line 25)	0.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,975,075. 5,703,321.
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	15,629,948. 14,481,271.
19 Revenue less expenses Subtract line 18 from line 12	799,139. 1,735,964.
20 Total assets (Part X, line 16)	Beginning of Current Year 14,379,025. End of Year 16,495,295.
21 Total liabilities (Part X, line 26)	2,933,532. 2,368,396.
22 Net assets or fund balances Subtract line 21 from line 20	11,445,493. 14,126,899.

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SCANNED MAR 27 2019

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 <i>Jane Murphy</i>	Date 2/16/19			
	Type or print name and title Jane Murphy, Treasurer				
Paid Preparer Use Only	Print/Type preparer's name JAMES J REILLY	Preparer's signature <i>J. Reilly</i>	Date JAN 30 2019	Check <input type="checkbox"/> if self-employed	PTIN P00183769
	Firm's name CONDON O'MEARA MCGINTY & DONNELLY L	Firm's EIN 13-3628255			
	Firm's address ONE BATTERY PARK PLAZA NEW YORK, NY 10004-1405	Phone no 212-661-7777			

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

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

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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
TO OPERATE AS A PRIVATE SOCIAL CLUB ORGANIZED FOR THE MEMBERS SOCIAL
PLEASURES.

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 \$ _____ including grants of \$ _____) (Revenue \$ _____)
TAX EXEMPT CLUB ACTIVITIES.

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

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

4d Other program services (Describe in Schedule O)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-19 detailing various organizational requirements and their status.

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? If "Yes," complete Schedule I, Parts I and II.		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? If "Yes," complete Schedule L, Part I		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a-1b, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, and 14a-14b.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows 1a-9. Includes questions about voting members, family/business relationships, management delegation, significant changes, asset diversions, and meeting documentation.

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

Table with 3 columns: Question, Yes, No. Rows 10a-16b. Includes questions about local chapters, written policies, Form 990 distribution, conflict of interest policies, whistleblower policy, document retention, and compensation review.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection
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

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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)VIVIANNE LAKE PRESIDENT	3.00 0.	X		X				0.	0.	0.
(2)CATHERINE STANTON FIRST VICE PRESIDENT	3.00 0.	X		X				0.	0.	0.
(3)ELLEN CROMACK SECOND VICE PRESIDENT	3.00 0.	X		X				0.	0.	0.
(4)JANE MURPHY TREASURER	3.00 0.	X		X				0.	0.	0.
(5)LAURA HALL SECRETARY	3.00 0.	X		X				0.	0.	0.
(6)JEANNE BORTHWICH GOVERNOR	3.00 0.	X						0.	0.	0.
(7)GENEVIEVE BROWN GOVERNOR	3.00 0.	X						0.	0.	0.
(8)ALIX DEVINE GOVERNOR	3.00 0.	X						0.	0.	0.
(9)LYNN DUCOMMUN GOVERNOR	3.00 0.	X						0.	0.	0.
(10)SAMANTHA GELLERT GOVERNOR	3.00 0.	X						0.	0.	0.
(11)MAYME HACKETT GOVERNOR	3.00 0.	X						0.	0.	0.
(12)MARY LOVE-HARMAN GOVERNOR	3.00 0.	X						0.	0.	0.
(13)HELEN HOUGHTON GOVERNOR	3.00 0.	X						0.	0.	0.
(14)CHERYL HURLEY GOVERNOR	3.00 0.	X						0.	0.	0.

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
15) EILEEN JACHYM GOVERNOR	3.00 0.	X						0.	0.	0.
16) REGINA LEE GOVERNOR	3.00 0.	X						0.	0.	0.
17) SUZANNE LIEBOLT GOVERNOR	3.00 0.	X						0.	0.	0.
18) JOYCE MOSS GOVERNOR	3.00 0.	X						0.	0.	0.
19) LINDSEY PRYOR GOVERNOR	3.00 0.	X						0.	0.	0.
20) ELEANOR STERNE GOVERNOR	3.00 0.	X						0.	0.	0.
21) KATE ALLEN GOVERNOR	3.00 0.	X						0.	0.	0.
22) MELISSA GIBBONS GOVERNOR	3.00 0.	X						0.	0.	0.
23) ARTHUR MAGUIRE GENERAL MANAGER	40.00 0.				X			429,698.	0.	67,966.
24) FRANK GODDEL CONTROLLER	40.00 0.					X		259,727.	0.	68,063.
25) NICHOLAS RUTYNA EXECUTIVE CHEF	40.00 0.					X		195,471.	0.	38,467.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								1,292,342.	0.	292,285.
d Total (add lines 1b and 1c)								1,292,342.	0.	292,285.

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 **7**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

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
ATTACHMENT 1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **1**

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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	100,104.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f ▶			100,104.			
Program Service Revenue			Business Code				
	2a DUES	900099	8,353,892.	8,353,892.			
	b CAPITAL IMPROVEMENT FUND CHARGES	900099	1,378,144.	1,378,144.			
	c ENTRANCE FEES	900099	584,850.	584,850.			
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f ▶			10,316,886.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶		120,839.		117,839.	3,000.	
	4 Income from investment of tax-exempt bond proceeds . ▶		0.				
	5 Royalties ▶		0.				
	6a Gross rents	(i) Real					
		(ii) Personal					
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss) ▶			0.			
	7a Gross amount from sales of assets other than inventory	(i) Securities	2,358,170.				
		(ii) Other					
		b Less cost or other basis and sales expenses	2,339,431.				
		c Gain or (loss)	18,739.				
	d Net gain or (loss) ▶			18,739.	18,739.		
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
b Less direct expenses		b					
c Net income or (loss) from fundraising events. ▶				0.			
9a Gross income from gaming activities See Part IV, line 19	a						
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities. ▶			0.			
10a Gross sales of inventory, less returns and allowances	a	6,465,985.					
	b Less cost of goods sold	b	805,318.				
	c Net income or (loss) from sales of inventory. ▶		5,660,667.	4,315,481.	1,345,186.		
Miscellaneous Revenue		Business Code					
11a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d ▶			0.				
12 Total revenue. See instructions ▶			16,217,235.	14,632,367.	1,481,764.	3,000.	

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

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	531,203.			
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	5,842,768.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	616,347.			
9 Other employee benefits	1,213,127.			
10 Payroll taxes	574,505.			
11 Fees for services (non-employees)				
a Management	0.			
b Legal	15,500.			
c Accounting	36,573.			
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17.	0.			
f Investment management fees	54,079.			
9 Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	346,684.			
12 Advertising and promotion	0.			
13 Office expenses	1,095,191.			
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	1,378,959.			
17 Travel	0.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	3,999.			
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	0.			
23 Insurance	198,235.			
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 UNRELATED BUS. INCOME TAX	16,457.			
b CAPITAL ADDITIONS	860,270.			
c REPAIRS & MAINTENANCE	640,611.			
d OTHER DEPARTMENT OPERATIONS	510,343.			
e All other expenses	546,420.			
25 Total functional expenses. Add lines 1 through 24e	14,481,271.			
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)	0.			

Part X Balance Sheet

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

		(A)		(B)		
		Beginning of year		End of year		
Assets	1	Cash - non-interest-bearing	1,777,942.	1	3,430,785.	
	2	Savings and temporary cash investments	5,339,455.	2	5,219,380.	
	3	Pledges and grants receivable, net	0.	3	0.	
	4	Accounts receivable, net	613,052.	4	561,912.	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0.	5	0.	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0.	6	0.	
	7	Notes and loans receivable, net	0.	7	0.	
	8	Inventories for sale or use	156,758.	8	147,634.	
	9	Prepaid expenses and deferred charges	389,810.	9	385,380.	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	805,001.		
	b	Less accumulated depreciation	10b		10c	805,001.
	11	Investments - publicly traded securities	5,297,007.	11	5,945,203.	
	12	Investments - other securities See Part IV, line 11	0.	12	0.	
	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	0.	15	0.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	14,379,025.	16	16,495,295.		
Liabilities	17	Accounts payable and accrued expenses	1,308,454.	17	1,325,587.	
	18	Grants payable	0.	18	0.	
	19	Deferred revenue	409,922.	19	384,016.	
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	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	1,215,156.	25	658,793.	
	26	Total liabilities. Add lines 17 through 25.	2,933,532.	26	2,368,396.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets	11,349,765.	27	14,025,265.	
	28	Temporarily restricted net assets	95,728.	28	101,634.	
	29	Permanently restricted net assets	0.	29	0.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
33	Total net assets or fund balances	11,445,493.	33	14,126,899.		
34	Total liabilities and net assets/fund balances	14,379,025.	34	16,495,295.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,217,235.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,481,271.
3	Revenue less expenses Subtract line 2 from line 1	3	1,735,964.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,445,493.
5	Net unrealized gains (losses) on investments	5	466,807.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	478,635.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	14,126,899.

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 in 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		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2017

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.

Name of the organization

COLONY CLUB

Employer identification number

13-0590080

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for 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 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items, b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.

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?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on 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 98.9800 %
b Permanent endowment %
c Temporarily restricted endowment 1.0200 %

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

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

b If "Yes" on line 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 10c) 805,001.

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

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	
(2) EMPLOYEES CHRISTMAS FUNDS	128,991.
(3) PENSION LIABILITY	529,802.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	658,793.

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	17,913,916.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		466,807.
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		1,286,932.
e	Add lines 2a through 2d		2e	1,753,739.
3	Subtract line 2e from line 1		3	16,160,177.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		54,079.
b	Other (Describe in Part XIII)	4b		2,979.
c	Add lines 4a and 4b		4c	57,058.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	16,217,235.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	15,232,510.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		805,318.
e	Add lines 2a through 2d		2e	805,318.
3	Subtract line 2e from line 1		3	14,427,192.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		54,079.
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	54,079.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	14,481,271.

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

PART V - LINE 4

THE RESTRICTED NET ASSETS CONSIST OF FUNDS TO BE USED FOR DESIGNATED PURPOSES, WHICH HAVE BEEN RESTRICTED FOR SUCH BY DONORS.

PART XI - LINES 2D & 4B

2D. COST OF GOODS SOLD: 805,318.

2D. PENSION ADJUSTMENT: 481,614.

4B. GROSS-UP FROM DEFERRED COMP. PLAN: 2,979.

PART XII - LINE 2D

2D. COST OF GOODS SOLD: 805,318.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No 1545-0047

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

COLONY CLUB

Employer identification number

13-0590080

Part I Questions Regarding Compensation

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 indemnification 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 (such as, 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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 checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input 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?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only section 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?
 - b** Any related organization?
- 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?
 - b** Any related organization?
- 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 on lines 5 and 6? If "Yes," describe in Part III.

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.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		
5b		
6a		
6b		
7		
8		
9		

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

Schedule J (Form 990) 2017

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(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 ARTHUR MAGUIRE	(i) 354,698.	75,000.	0.	35,049.	32,917.	497,664.	
1 GENERAL MANAGER	(ii) 0.	0.	0.				
2 FRANK GODDEL	(i) 207,727.	52,000.	0.	35,146.	32,917.	327,790.	
2 CONTROLLER	(ii) 0.	0.	0.				
3 NICHOLAS RUTYNA	(i) 184,471.	11,000.	0.	15,669.	22,798.	233,938.	
3 EXECUTIVE CHEF	(ii) 0.	0.	0.				
4 BRIAN CASHIN	(i) 132,794.	4,500.	0.	11,146.	11,352.	159,792.	
4 CHIEF ENGINEER	(ii) 0.	0.	0.				
5 JEAN PAUL ZAREMBA	(i) 129,764.	6,500.	0.	19,182.	22,036.	177,482.	
5 DINING ROOM MANAGER	(ii) 0.	0.	0.				
6 CHRIS AGBUYA	(i) 129,888.	4,000.	0.	23,072.	31,001.	187,961.	
6 BANQUET MANAGER	(ii) 0.	0.	0.				
7 KRIS KOKOSZYNSKI	(i) 127,699.	25,504.	0.	25,956.	6,214.	185,373.	
7 HEAD HOUSEKEEPER	(ii) 0.	0.	0.				
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

Part III Supplemental Information

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

COLONY CLUB

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.

OMB No 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

13-0590080

PART VI, SECTION A. - QUESTION 3

THE COLONY CLUB HAS A CONTRACT WITH AN INDEPENDENT LEASING COMPANY TO
PROVIDE HUMAN RESOURCE MANAGEMENT, PAYROLL SERVICES, BENEFIT PROCUREMENT,
AND ADMINISTRATION IN CONNECTION WITH THE LEASING COMPANY'S EMPLOYEES
THAT ARE PLACED WITH THE COLONY CLUB.

PART VI, SECTION A. - QUESTION 6

THE COLONY CLUB (THE "CLUB") WAS INCORPORATED AS A MEMBERSHIP
ORGANIZATION.

PART VI, SECTION A. - QUESTION 7A

THE MEMBERSHIP ELECTS THE BOARD OF GOVERNORS.

PART VI, SECTION A. - QUESTION 7B

ANY CHANGES TO THE CLUB'S BY-LAWS AND CONSTITUTIONS ARE SUBJECT TO
APPROVAL BY MEMBERSHIP.

PART VI, SECTION A. - QUESTION 8B

NO COMMITTEE HAS AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

PART VI, SECTION B. - QUESTION 11B

THE FORM 990 WILL BE PRESENTED TO THE CLUB TREASURER FOR REVIEW PRIOR TO
FILING. THE ENTIRE BOARD IS NOTIFIED THAT THE RETURN IS MADE AVAILABLE
FOR REVIEW.

Name of the organization
COLONY CLUB

Employer identification number
13-0590080

PART VI, SECTION B. - QUESTION 12C

THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED AND SIGNED ANNUALLY.

PART VI, SECTION B. - QUESTIONS 15A & 15B

THE COMPENSATION COMMITTEE DETERMINES COMPENSATION THROUGH THE USAGE OF
COMPARABILITY DATA.

PART VI, SECTION C. - QUESTION 19

THE CLUB DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

PART XI - LINE 9

PENSION ADJUSTMENT: 481,614.

GROSS UP FROM DEFERRED COMP. PLAN: -2,979.

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
MARSHALL WATSON INTERIORS 105 WEST 72ND STREET NEW YORK, NY 10023	INTERIOR DESIGN	196,696.