

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

GOVERNMENT COPY

Return of Organization Exempt From Income Tax

2006

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2006 calendar year, or tax year beginning **JUL 1, 2006** and ending **JUN 30, 2007**

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p>C Name of organization CHILDREN'S MUSEUM OF MANHATTAN</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite THE TISCH BUILDING, 212 WEST 83RD STREET</p> <p>City or town, state or country, and ZIP + 4 NEW YORK, NY 10024</p>	<p>D Employer identification number 13-2761376</p> <p>E Telephone number (212) 721-1223</p> <p>F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶</p>
--	--	--	--

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

Hand I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates **▶ N/A**

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website: **▶ WWW.CMOM.ORG**

J Organization type (check only one) 501(c) (**3**) (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

I Group Exemption Number **▶ N/A**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **▶ 6,544,981.**

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

	1	Contributions, gifts, grants, and similar amounts received:		
	a	Contributions to donor advised funds	1a	
	b	Direct public support (not included on line 1a)	1b	2,302,577.
	c	Indirect public support (not included on line 1a)	1c	
	d	Government contributions (grants) (not included on line 1a)	1d	1,656,500.
	e	Total (add lines 1a through 1d) (cash \$ 3,869,559. noncash \$ 89,518.)	1e	3,959,077.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	1,011,769.
	3	Membership dues and assessments	3	766,265.
	4	Interest on savings and temporary cash investments	4	17,844.
	5	Dividends and interest from securities	5	
Revenue	6 a	Gross rents	6a	
	b	Less: rental expenses	6b	
	c	Net rental income or (loss). Subtract line 6b from line 6a	6c	
	7	Other investment income (describe ▶)	7	
	8 a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other
	b	Less: cost or other basis and sales expenses	8a	
	c	Gain or (loss) (attach schedule)	8b	
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8c	
	8d		8d	
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ 0. of contributions reported on line 1b)	9a	394,968.
	b	Less: direct expenses other than fundraising expenses	9b	111,237.
	c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c	SEE STATEMENT 1
	10 a	Gross sales of inventory, less returns and allowances	10a	
	b	Less: cost of goods sold	10b	
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c	
	11	Other revenue (from Part VII, line 103)	11	395,058.
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	6,433,744.
Expenses	13	Program services (from line 44, column (B))	13	4,193,746.
	14	Management and general (from line 44, column (C))	14	1,053,277.
	15	Fundraising (from line 44, column (D))	15	432,269.
	16	Payments to affiliates (attach schedule)	16	
	17	Total expenses. Add lines 16 and 44, column (A)	17	5,679,292.
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	754,452.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	9,417,211.
	20	Other changes in net assets or fund balances (attach explanation)	20	SEE STATEMENT 2
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	<165,610.>

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A STMT 4	170,000.	42,500.	42,500.	85,000.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	1,710,454.	1,201,712.	342,997.	165,745.
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27	36,573.	5,759.	1,960.	28,854.
29 Payroll taxes	282,821.	238,640.	44,181.	
30 Professional fundraising fees				
31 Accounting fees	53,300.		53,300.	
32 Legal fees	5,450.		5,450.	
33 Supplies	251,916.	234,076.	8,938.	8,902.
34 Telephone	26,483.	22,511.	2,648.	1,324.
35 Postage and shipping	43,559.	22,589.	3,227.	17,743.
36 Occupancy	150,000.	127,500.	15,000.	7,500.
37 Equipment rental and maintenance	36,205.	11,782.	21,064.	3,359.
38 Printing and publications	77,053.	52,411.		24,642.
39 Travel	38,441.	24,755.	11,069.	2,617.
40 Conferences, conventions, and meetings				
41 Interest	73,187.	73,187.		
42 Depreciation, depletion, etc. (attach schedule)	876,860.	499,957.	376,903.	
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 3	1,846,990.	1,636,367.	124,040.	86,583.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	5,679,292.	4,193,746.	1,053,277.	432,269.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? THE PROMOTION OF EDUCATION	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a THE MUSEUM PROVIDES CULTURAL AND EDUCATIONAL SERVICES AND WORKSHOP PROGRAMS TO THE NEW YORK STATE SCHOOL SYSTEM AND IS OPEN TO THE GENERAL PUBLIC IN FURTHERANCE OF ITS EXEMPT PURPOSE	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
b	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	4,193,746.
c	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	4,193,746.

Form 990 (2006)

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	48,975.	45 96,656.
	46 Savings and temporary cash investments	577,254.	46 965,231.
	47 a Accounts receivable	47a 96,181.	
	b Less: allowance for doubtful accounts	47b	47c 96,181.
	48 a Pledges receivable	48a 1,062,705.	
	b Less: allowance for doubtful accounts	48b	48c 1,062,705.
	49 Grants receivable	1,555,700.	49 2,454,300.
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b
	51 a Other notes and loans receivable	51a	
	b Less: allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use	8,349.	52 17,463.
	53 Prepaid expenses and deferred charges	92,867.	53 16,974.
	54 a Investments - publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a
	b Investments - other securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b
	55 a Investments - land, buildings, and equipment: basis	55a	
	b Less: accumulated depreciation	55b	55c
	56 Investments - other		56
	57 a Land, buildings, and equipment: basis	57a 18,020,134.	
b Less: accumulated depreciation STMT 5	57b 11,210,926.	57c 6,809,208.	
58 Other assets, including program-related investments (describe SECURITY DEPOSITS)	15,409.	58 15,409.	
59 Total assets (must equal line 74). Add lines 45 through 58	10,026,402.	59 11,534,127.	
Liabilities	60 Accounts payable and accrued expenses	363,861.	60 296,498.
	61 Grants payable		61
	62 Deferred revenue	209,330.	62 178,076.
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable STMT 6		64b 1,017,500.
	65 Other liabilities (describe REFUNDABLE DEPOSITS)	36,000.	65 36,000.
66 Total liabilities. Add lines 60 through 65	609,191.	66 1,528,074.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	6,938,134.	67 8,692,203.
	68 Temporarily restricted	1,510,725.	68 345,498.
	69 Permanently restricted	968,352.	69 968,352.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	9,417,211.	73 10,006,053.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	10,026,402.	74 11,534,127.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a Total revenue, gains, and other support per audited financial statements		a	6,287,962.
b Amounts included on line a but not on Part I, line 12:			
1 Net unrealized gains on investments	b1		
2 Donated services and use of facilities	b2		
3 Recoveries of prior year grants	b3		
4 Other (specify): MUSEUM STORE EXPENSES	b4	<145,782.>	
Add lines b1 through b4		b	<145,782.>
c Subtract line b from line a		c	6,433,744.
d Amounts included on Part I, line 12, but not on line a :			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify):	d2		
Add lines d1 and d2		d	0.
e Total revenue (Part I, line 12). Add lines c and d		e	6,433,744.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a Total expenses and losses per audited financial statements		a	5,699,120.
b Amounts included on line a but not on Part I, line 17:			
1 Donated services and use of facilities	b1		
2 Prior year adjustments reported on Part I, line 20	b2		
3 Losses reported on Part I, line 20	b3		
4 Other (specify): DEPRECIATION EXPENSE	b4	165,610.	
Add lines b1 through b4		b	165,610.
c Subtract line b from line a		c	5,533,510.
d Amounts included on Part I, line 17, but not on line a :			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify): MUSEUM STORE EXPENSES	d2	145,782.	
Add lines d1 and d2		d	145,782.
e Total expenses (Part I, line 17). Add lines c and d		e	5,679,292.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
----- SEE STATEMENT 7 -----		170,000.	0.	0.

Part V-A	Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>	Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 26		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.	75c	X
d	Does the organization have a written conflict of interest policy?	75d	X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI	Other Information <i>(See the instructions.)</i>	Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization ▶ N/A _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures. (See line 81 instructions.) 81a 0.		
b	Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	73,269.
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	N/A
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed ▶ NY		
b	Number of employees employed in the pay period that includes March 12, 2006	90b	37
91 a	The books are in care of ▶ CANDICE CARNAGE Telephone no. ▶ 212-721-1223 Located at ▶ 212 WEST 83RD STREET, NEW YORK, NY ZIP + 4 ▶ 10024		
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)?	91b	X
	If "Yes," enter the name of the foreign country ▶ N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a EDUCATIONAL PROGRAM FEES					627,769.
b MUSEUM PROGRAM FEES					254,095.
c TRAVELING EXHIBITS					129,905.
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					766,265.
95 Interest on savings and temporary cash investments			14	17,844.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	283,731.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MUSEUM STORE					282,892.
b OTHER					112,166.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		301,575.	2,173,092.
105 Total (add line 104, columns (B), (D), and (E))					2,474,667.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 8

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

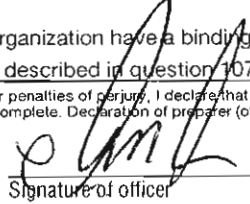
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

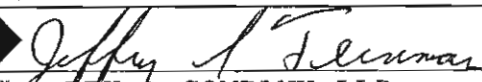
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

Please Sign Here:  Date: 3/26/08

ANDREW ACKERMAN, EXEC. DIRECTOR
Type or print name and title

Paid Preparer's Use Only: Preparer's signature:  Date: 3/26/08

Check if self-employed: Preparer's SSN or PTIN (See Gen. Inst. X)

Firm's name (or yours if self-employed), address, and ZIP + 4: **DDK & COMPANY LLP**
ONE PENN PLAZA, 54TH FLR
NEW YORK, NY 10119

EIN: Phone no.: **212-997-0600**

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2006

Name of the organization CHILDREN'S MUSEUM OF MANHATTAN	Employer identification number 13 2761376
---	---

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>KAREN SNIDER</u> 212 WEST 83RD STREET, NEW YORK, NY 10	DEPUTY DIRECTOR 40.00	101,626.	0.	0.
<u>LESLIE MCMAHON</u> 212 WEST 83RD STREET, NEW YORK, NY 10	DEPUTY DIRECTOR 40.00	96,002.	9,334.	0.
<u>LINDA OBSER</u> 212 WEST 83RD STREET, NEW YORK, NY 10	MANAGER 40.00	69,825.	2,868.	0.
<u>CANDICE CARNAGE</u> 212 WEST 83RD STREET, NEW YORK, NY 10	DIRECTOR, FINANCE 40.00	91,478.	0.	0.
<u>ELLEN BLACK</u> 212 WEST 83RD STREET, NEW YORK, NY 10	MANAGER 40.00	73,019.	0.	0.
Total number of other employees paid over \$50,000	12			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>ROTO STUDIOS</u> 4150 TULLER ROAD, SUITE 206, DUBLIN, OH 43017	EXHIBIT FABRICATION	831,970.
<u>RC DOLNER</u> 15-17 EAST 16TH ST, M 2ND F, NEW YORK, NY 10003	EXHIBIT FABRICATION	721,048.
<u>HEARTLAND SCENIC STUDIOS</u> 5329 LINDERBERGH DRIVE, OMAHA, NE 68110	EXHIBIT FABRICATION	195,374.
<u>BRATSKEIR & CO</u> 400 LAFAYETTE ST, NEW YORK, NY 10003	PUBLIC RELATIONS	78,089.
<u>GENSLER</u> 12478 COLLECTION CENTER DR, CHICAGO, IL 60693	EXHIBIT FABRICATION	71,825.
Total number of other contractors receiving over \$50,000 for other services	12	

Part III Statements About Activities (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e	Transfer of any part of its income or assets?	2e	X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b	Did the organization make any taxable distributions under section 4966?	4b	N/A
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A
d	Enter the total number of donor advised funds owned at the end of the tax year	N/A	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	N/A	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	0.	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	0.	

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶** _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	5,924,355.	2,274,757.	2,430,912.	2,651,003.	13,281,027.
16 Membership fees received	536,435.	428,329.	344,531.	304,957.	1,614,252.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	1,183,402.	1,037,077.	1,290,614.	958,169.	4,469,262.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	28,768.	17,819.	15,879.	21,492.	83,958.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	342,876.	332,899.	SEE STATEMENT 9 286,210.	434,172.	1,396,157.
23 Total of lines 15 through 22	8,015,836.	4,090,881.	4,368,146.	4,369,793.	20,844,656.
24 Line 23 minus line 17	6,832,434.	3,053,804.	3,077,532.	3,411,624.	16,375,394.
25 Enter 1% of line 23	80,158.	40,909.	43,681.	43,698.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 327,508.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 161,197.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 16,375,394.
d Add: Amounts from column (e) for lines: 18 83,958. 19 22 1,396,157. 26b 161,197.					26d 1,641,312.
e Public support (line 26c minus line 26d total)					26e 14,734,082.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 89.9770%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2005) (2004) (2003) (2002)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2005) (2004) (2003) (2002)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

Part V Private School Questionnaire (See page 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended?		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)

N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h .)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h .)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- a Transfers from the reporting organization to a noncharitable exempt organization of:
(i) Cash
(ii) Other assets
b Other transactions:
(i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
d If the answer to any of the above is "Yes," complete the following schedule...

Table with columns: Yes, No. Rows: 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), c. Values: X, X, X, X, X, X, X, X.

N/A

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule: N/A

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2006

Name of organization

CHILDREN ' S MUSEUM OF MANHATTAN

Employer identification number

13-2761376

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

General Rule-

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ► \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2006)

Name of organization CHILDREN'S MUSEUM OF MANHATTAN	Employer identification number 13-2761376
---	---

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	VARIOUS CONTRIBUTIONS OVER \$5,000 <hr/> SCHEDULE ATTACHED <hr/>	\$ 809,017.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	CHRIS VATIS <hr/> 212 WEST 83RD STREET <hr/> NEW YORK, NY 10024 <hr/>	\$ 6,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	VARIOUS GRANTS <hr/> SCHEDULE ATTACHED <hr/>	\$ 975,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization CHILDREN'S MUSEUM OF MANHATTAN	Employer identification number 13-2761376
---	---

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	LUXURY GREEK VACATION _____ _____ _____	\$ 6,000.	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

2006 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No.	Description	Date Acquired	Method	Life	Con v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
62	LEASEHOLD IMPROVEMENTS	06/30/86	SL	20.00	H	16	3,998,330.				3,998,330.	3,409,775.		0.	3,409,775.
63	LEASEHOLD IMPROVEMENTS	06/30/86	SL	20.00	H	16	19,000.				19,000.	14,250.		0.	14,250.
64	LEASEHOLD IMPROVEMENTS	06/30/86	SL	20.00	H	16	691.				691.	525.		0.	525.
65	LEASEHOLD IMPROVEMENTS	06/30/91	SL	20.00	H	16	28,014.				28,014.	21,003.		1,401.	22,404.
66	LEASEHOLD IMPROVEMENTS	06/30/91	SL	20.00	H	16	3,165.				3,165.	2,370.		158.	2,528.
67	LEASEHOLD IMPROVEMENTS	06/30/97	SL	20.00	H	16	78,191.				78,191.	35,190.		3,910.	39,100.
68	LEASEHOLD IMPROVEMENTS	06/30/97	SL	20.00	H	16	82,178.				82,178.	36,981.		4,109.	41,090.
69	LEASEHOLD IMPROVEMENTS	06/30/97	SL	5.00	H	16	2,000.				2,000.	2,000.		0.	2,000.
70	LEASEHOLD IMPROVEMENTS	06/30/97	SL	20.00	H	16	1,500.				1,500.	675.		75.	750.
71	LEASEHOLD IMPROVEMENTS	06/30/97	SL	20.00	H	16	20,000.				20,000.	9,000.		1,000.	10,000.
72	LEASEHOLD IMPROVEMENTS	06/30/98	SL	20.00	H	16	3,913,229.				3,913,229.	1,565,473.		195,661.	1,761,134.
73	LEASEHOLD IMPROVEMENTS	06/30/98	SL	20.00	H	16	156,446.				156,446.	52,452.		7,822.	60,274.
74	LEASEHOLD IMPROVEMENTS	06/30/98	SL	20.00	H	16	20,000.				20,000.	8,000.		1,000.	9,000.
75	LEASEHOLD IMPROVEMENTS	06/30/01	SL	10.00	H	16	22,301.				22,301.	13,380.		2,230.	15,610.
76	LEASEHOLD IMPROVEMENTS	06/30/02	SL	10.00	H	16	17,033.				17,033.	6,812.		1,703.	8,515.
77	LEASEHOLD IMPROVEMENTS	06/30/03	SL	10.00	H	16	28,342.				28,342.	11,336.		2,834.	14,170.
78	LEASEHOLD IMPROVEMENTS	06/30/04	SL	10.00	H	16	10,739.				10,739.	2,685.		1,074.	3,759.

2006 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
79	LEASEHOLD IMPROVEMENTS	06/30/05	SL	20.00		HY16	3,132.				3,132.	314.		157.	471.
80	LEASEHOLD IMPROVEMENTS	06/30/91	SL	10.00		HY16	134,378.				134,378.	134,378.		0.	134,378.
81	LEASEHOLD IMPROVEMENTS	06/30/91	SL	10.00		HY16	970.				970.	970.		0.	970.
82	LEASEHOLD IMPROVEMENTS	06/30/91	SL	10.00		HY16	13,469.				13,469.	13,469.		0.	13,469.
83	LEASEHOLD IMPROVEMENTS	06/30/91	SL	10.00		HY16	1,122.				1,122.	1,122.		0.	1,122.
84	LEASEHOLD IMPROVEMENTS	06/30/91	SL	10.00		HY16	1,015.				1,015.	1,015.		0.	1,015.
85	LEASEHOLD IMPROVEMENTS	06/30/91	SL	5.00		HY16	1,350.				1,350.	1,350.		0.	1,350.
86	LEASEHOLD IMPROVEMENTS	06/30/91	SL	5.00		HY16	3,067.				3,067.	3,067.		0.	3,067.
87	LEASEHOLD IMPROVEMENTS	04/01/06	SL	11.42		HY16	12,384.				12,384.	271.		1,084.	1,355.
88	LEASEHOLD IMPROVEMENTS	04/01/06	SL	11.42		HY16	243,730.				243,730.	5,336.		21,342.	26,678.
89	LEASEHOLD IMPROVEMENTS	04/01/06	SL	11.42		HY16	6,436.				6,436.	141.		564.	705.
90	LEASEHOLD IMPROVEMENTS	09/01/06	SL	11.42		HY16	315,782.				315,782.			23,043.	23,043.
91	LEASEHOLD IMPROVEMENTS	09/01/06	SL	11.42		HY16	17,867.				17,867.			1,304.	1,304.
92	LEASEHOLD IMPROVEMENTS	09/01/06	SL	11.42		HY16	175,867.				175,867.			12,833.	12,833.
93	LEASEHOLD IMPROVEMENTS	09/01/06	SL	11.42		HY16	29,164.				29,164.			2,128.	2,128.
94	LEASEHOLD IMPROVEMENTS	09/01/06	SL	11.42		HY16	32,970.				32,970.			2,406.	2,406.
108	LEASEHOLD IMPROVEMENTS	09/06/06	SL	11.42		HY16	2,748.				2,748.			201.	201.
109	LEASEHOLD IMPROVEMENTS	09/19/06	SL	11.42		HY16	516,017.				516,017.			33,889.	33,889.

2006 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
110	LEASEHOLD IMPROVEMENTS	09/19/06	SL	11.42		HY16	20,987.				20,987.			1,378.	1,378.
111	LEASEHOLD IMPROVEMENTS	09/19/06	SL	11.42		HY16	6,404.				6,404.			421.	421.
112	LEASEHOLD IMPROVEMENTS	09/19/06	SL	11.42		HY16	23,554.				23,554.			1,547.	1,547.
113	LEASEHOLD IMPROVEMENTS	09/19/06	SL	11.42		HY16	4,732.				4,732.			311.	311.
114	LEASEHOLD IMPROVEMENTS	10/18/06	SL	11.42		HY16	1,205.				1,205.			70.	70.
115	LEASEHOLD IMPROVEMENTS	12/12/06	SL	11.42		HY16	11,135.				11,135.			569.	569.
116	LEASEHOLD IMPROVEMENTS	03/29/07	SL	11.42		HY16	7,700.				7,700.			169.	169.
117	LEASEHOLD IMPROVEMENTS	06/01/07	SL	11.42		HY16	26,850.				26,850.			196.	196.
	* 990 PAGE 2 TOTAL BUILDINGS						10015194.				10015194.	5,353,340.		326,589.	5,679,929.
	FURNITURE & FIXTURES														
1	FURNITURE & FIXTURE	06/30/78	SL	5.00		HY16	2,007.				2,007.	2,007.		0.	2,007.
2	FURNITURE & FIXTURE	06/30/97	SL	10.00		HY16	250,000.				250,000.	225,000.		25,000.	250,000.
3	FURNITURE & FIXTURE	06/30/00	SL	5.00		HY16	4,159.				4,159.	4,159.		0.	4,159.
4	FURNITURE & FIXTURE	06/30/02	SL	5.00		HY16	1,316.				1,316.	1,052.		264.	1,315.
5	FURNITURE & FIXTURE	06/30/02	SL	5.00		HY16	973.				973.	780.		193.	973.
6	FURNITURE & FIXTURE	12/31/03	SL	5.00		HY16	926.				926.	463.		185.	648.
7	FURNITURE & FIXTURE	06/30/04	SL	5.00		HY16	825.				825.	330.		165.	495.
8	FURNITURE & FIXTURE	06/30/04	SL	5.00		HY16	4,200.				4,200.	1,680.		840.	2,520.

2006 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
9	FURNITURE & FIXTURE	06/30/04	SL	5.00		HY16	900.				900.	360.		180.	540.
10	FURNITURE & FIXTURE	06/30/04	SL	5.00		HY16	858.				858.	344.		172.	516.
	* 990 PAGE 2 TOTAL FURNITURE & FIXTURES						266,164.				266,164.	236,175.		26,999.	263,173.
	MACHINERY & EQUIPMENT														
11	OFFICE EQUIPMENT	06/30/00	SL	5.00		HY16	205,005.				205,005.	205,005.		0.	205,005.
12	OFFICE EQUIPMENT	06/30/00	SL	10.00		HY16	100,000.				100,000.	100,000.		0.	100,000.
13	OFFICE EQUIPMENT	06/30/02	SL	5.00		HY16	5,677.				5,677.	4,540.		1,137.	5,675.
14	OFFICE EQUIPMENT	06/30/03	SL	5.00		HY16	50,920.				50,920.	40,552.		10,184.	50,736.
15	OFFICE EQUIPMENT	06/30/04	SL	5.00		HY16	10,977.				10,977.	4,391.		2,195.	6,586.
16	OFFICE EQUIPMENT	06/30/04	SL	10.00		HY16	7,050.				7,050.	1,763.		705.	2,468.
17	OFFICE EQUIPMENT	06/30/05	SL	5.00		HY16	10,467.				10,467.	4,187.		2,093.	6,280.
18	OFFICE EQUIPMENT	06/30/05	SL	5.00		HY16	1,625.				1,625.	325.		325.	650.
19	OFFICE EQUIPMENT	09/22/05	SL	5.00		HY16	1,586.				1,586.	238.		317.	555.
20	OFFICE EQUIPMENT	10/19/05	SL	5.00		HY16	1,500.				1,500.	200.		300.	500.
21	OFFICE EQUIPMENT	11/25/05	SL	5.00		HY16	1,827.				1,827.	213.		365.	578.
22	OFFICE EQUIPMENT	12/14/05	SL	5.00		HY16	3,072.				3,072.	358.		614.	972.
23	OFFICE EQUIPMENT	11/18/05	SL	5.00		HY16	1,320.				1,320.	154.		264.	418.
24	OFFICE EQUIPMENT	12/07/05	SL	5.00		HY16	6,484.				6,484.	756.		1,297.	2,053.

2006 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
25	OFFICE EQUIPMENT	03/16/06	SL	5.00		HY16	4,970.				4,970.	249.		994.	1,243.
26	OFFICE EQUIPMENT	03/16/06	SL	5.00		HY16	2,401.				2,401.	120.		480.	600.
27	OFFICE EQUIPMENT	06/30/06	SL	5.00		HY16	2,674.				2,674.			535.	535.
95	OFFICE EQUIPMENT	07/19/06	SL	5.00		HY16	958.				958.			176.	176.
96	OFFICE EQUIPMENT	07/14/06	SL	5.00		HY16	660.				660.			132.	132.
97	OFFICE EQUIPMENT	11/22/06	SL	5.00		HY16	8,570.				8,570.			1,000.	1,000.
98	OFFICE EQUIPMENT	03/28/07	SL	5.00		HY16	1,020.				1,020.			51.	51.
99	OFFICE EQUIPMENT	03/20/07	SL	5.00		HY16	1,213.				1,213.			61.	61.
100	OFFICE EQUIPMENT	03/15/07	SL	5.00		HY16	671.				671.			45.	45.
101	OFFICE EQUIPMENT	04/17/07	SL	5.00		HY16	1,349.				1,349.			45.	45.
102	OFFICE EQUIPMENT	06/19/07	SL	5.00		HY16	1,585.				1,585.			0.	
	* 990 PAGE 2 TOTAL MACHINERY & EQUIPMENT						433,581.				433,581.	363,051.		23,315.	386,364.
	* 990 PAGE 2 TOTAL - MACHINERY & EQUIPMENT						10714939.				10714939.	5,952,566.		376,903.	6,329,466.
28	PERMANENT EXHIBITS	06/30/05	SL	5.00		HY16	109,795.				109,795.	109,795.		0.	109,795.
29	PERMANENT EXHIBITS	06/30/04	SL	5.00		HY16	7,175.				7,175.	2,870.		1,435.	4,305.
30	PERMANENT EXHIBITS	06/30/05	SL	5.00		HY16	52,805.				52,805.	52,805.		0.	52,805.
31	PERMANENT EXHIBITS	06/30/96	SL	10.00		HY16	21,687.				21,687.	21,687.		0.	21,687.

2006 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
32	PERMANENT EXHIBITS	06/30/02	SL	3.00		HY16	29,377.				29,377.	29,377.		0.	29,377.
33	PERMANENT EXHIBITS	06/30/89	SL	20.00		HY16	82,200.				82,200.	69,885.		4,110.	73,995.
34	PERMANENT EXHIBITS	06/30/00	SL	5.00		HY16	194,467.				194,467.	194,497.		0.	194,497.
35	PERMANENT EXHIBITS	06/30/00	SL	3.00		HY16	24,921.				24,921.	20,000.		0.	20,000.
36	PERMANENT EXHIBITS	10/30/02	SL	3.00		HY16	629,700.				629,700.	629,700.		0.	629,700.
37	PERMANENT EXHIBITS	06/30/00	SL	3.00		HY16	101,372.				101,372.	101,372.		0.	101,372.
38	PERMANENT EXHIBITS	06/30/00	SL	3.00		HY16	752,330.				752,330.	752,330.		0.	752,330.
39	PERMANENT EXHIBITS	06/30/00	SL	3.00		HY16	391,751.				391,751.	391,751.		0.	391,751.
40	PERMANENT EXHIBITS	06/30/04	SL	5.00		HY16	396,979.				396,979.	158,792.		79,396.	238,188.
41	PERMANENT EXHIBITS	06/30/00	SL	3.00		HY16	454,549.				454,549.	454,549.		0.	454,549.
42	PERMANENT EXHIBITS	06/30/00	SL	3.00		HY16	200,703.				200,703.	200,703.		0.	200,703.
43	PERMANENT EXHIBITS	06/30/00	SL	3.00		HY16	279,463.				279,463.	279,463.		0.	279,463.
44	PERMANENT EXHIBITS	06/30/00	SL	3.00		HY16	92,358.				92,358.	92,358.		0.	92,358.
45	PERMANENT EXHIBITS	06/30/00	SL	3.00		HY16	86,127.				86,127.	86,127.		0.	86,127.
46	PERMANENT EXHIBITS	06/30/03	SL	3.00		HY16	17,387.				17,387.	17,387.		0.	17,387.
47	PERMANENT EXHIBITS	06/30/04	SL	3.00		HY16	17,144.				17,144.	11,430.		5,714.	17,144.
48	PERMANENT EXHIBITS	06/30/03	SL	6.00		HY16	751,925.				751,925.	375,962.		125,321.	501,283.
49	PERMANENT EXHIBITS	06/30/00	SL	3.00		HY16	3,250.				3,250.	3,250.		0.	3,250.

2006 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
50	PERMANENT EXHIBITS	06/30/04	SL	3.00		HY16	56,462.				56,462.	37,642.		18,820.	56,462.
51	PERMANENT EXHIBITS	12/31/04	SL	3.00		HY16	6,947.				6,947.	4,632.		2,315.	6,947.
52	PERMANENT EXHIBITS	06/30/04	SL	3.00		HY16	116,545.				116,545.	77,696.		38,849.	116,544.
53	PERMANENT EXHIBITS	06/30/04	SL	5.00		HY16	27,903.				27,903.	5,581.		5,581.	11,162.
54	PERMANENT EXHIBITS	06/30/04	SL	5.00		HY16	63,515.				63,515.	25,406.		12,703.	38,109.
55	PERMANENT EXHIBITS	01/01/06	SL	1.00		HY16	6,214.				6,214.	3,107.		3,107.	6,214.
56	PERMANENT EXHIBITS	12/31/05	SL	4.00		HY16	68,709.				68,709.	8,589.		17,177.	25,766.
57	PERMANENT EXHIBITS	07/01/05	SL	1.00		HY16	277.				277.	277.		0.	277.
58	PERMANENT EXHIBITS	06/30/05	SL	2.00		HY16	2,349.				2,349.	1,175.		1,174.	2,349.
59	PERMANENT EXHIBITS	06/30/06	SL	10.00		HY16	669,552.				669,552.			66,955.	66,955.
60	PERMANENT EXHIBITS	06/30/06	SL	10.00		HY16	206,361.				206,361.			20,636.	20,636.
61	PERMANENT EXHIBITS	06/30/00	NC	.000		HY	<15,145.>				<15,145.>	15,145.		0.	15,145.
103	PERMANENT EXHIBITS	09/01/06	SL	10.00		HY16	431,289.				431,289.			35,941.	35,941.
104	PERMANENT EXHIBITS	05/25/07	SL	1.50		HY16	867,719.				867,719.			48,207.	48,207.
105	PERMANENT EXHIBITS	07/01/06	SL	4.00		HY16	36,078.				36,078.			9,020.	9,020.
106	PERMANENT EXHIBITS	05/25/07	SL	1.50		HY16	48,843.				48,843.			2,714.	2,714.
107	PERMANENT EXHIBITS	05/25/07	SL	1.50		HY16	14,080.				14,080.			782.	782.
	* 990 PAGE 2 TOTAL MACHINERY & EQUIPMENT						7,305,163.				7,305,163.	4,235,340.		499,957.	4,735,296.

2006 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990 PAGE 2 TOTAL -						7,305,163.				7,305,163.	4,235,340.		499,957.	4,735,296.
	* GRAND TOTAL 990 PAGE 2 DEPR						18020102.				18020102.	10187906.		876,860.	11064762.

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	1
----------	-------------------------------	-----------	---

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
ANNUAL AND FALL BENEFITS	394,968.		394,968.	111,237.	283,731.
TO FM 990, PART I, LINE 9	394,968.		394,968.	111,237.	283,731.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
----------	--	-----------	---

DESCRIPTION	AMOUNT
DEPRECIATION ADJUSTMENT	<165,610.>
TOTAL TO FORM 990, PART I, LINE 20	<165,610.>

FORM 990	OTHER EXPENSES	STATEMENT	3
----------	----------------	-----------	---

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING	21,363.	20,591.		772.
CHINA EXHIBIT	58,832.	58,832.		
COMPUTER EXPENSES	20,818.		20,818.	
CONTRACTED SERVICES	789,422.	734,872.	6,491.	48,059.
CREDIT CARD FEES	52,124.	33,635.		18,489.
EXHIBIT RENTAL	140,886.	140,886.		
FRIENDS COMMITTEE EXPENSE	2,477.			2,477.
INSURANCE	68,378.	58,640.	6,492.	3,246.
LONG RANGE PLANNING	61,352.	61,352.		
MAINTENANCE AND REPAIRS	76,026.	64,622.	7,603.	3,801.
MEMBERSHIP, DUES, AND SUBSCRIPTIONS	4,073.	649.	2,617.	807.
MISCELLANEOUS	1,142.		1,122.	20.
PROFESSIONAL SERVICES	92,251.	25,963.	64,550.	1,738.
SECURITY	133,034.	133,034.		
STIPENDS	16,733.	16,733.		
STORAGE	18,821.	18,821.		
UTILITIES	143,476.	121,955.	14,347.	7,174.
MUSEUM STORE COST OF SALES	145,782.	145,782.		
TOTAL TO FM 990, LN 43	1,846,990.	1,636,367.	124,040.	86,583.

FORM 990 OFFICER COMPENSATION ALLOCATION STATEMENT 4
PART II, LINE 25A

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
ANDREW ACKERMAN	170,000.			170,000.
A. PROGRAM SERVICES	42,500.			42,500.
B. MANAGEMENT AND GENERAL	42,500.			42,500.
C. FUNDRAISING	85,000.			85,000.
TOTAL PROGRAM SERVICES				42,500.
TOTAL MANAGEMENT AND GENERAL				42,500.
TOTAL FUNDRAISING				85,000.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A				170,000.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 5

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE & FIXTURE	2,007.	2,007.	0.
FURNITURE & FIXTURE	250,000.	250,000.	0.
FURNITURE & FIXTURE	4,159.	4,159.	0.
FURNITURE & FIXTURE	1,316.	1,316.	0.
FURNITURE & FIXTURE	973.	973.	0.
FURNITURE & FIXTURE	926.	648.	278.
FURNITURE & FIXTURE	825.	495.	330.
FURNITURE & FIXTURE	4,200.	2,520.	1,680.
FURNITURE & FIXTURE	900.	540.	360.
FURNITURE & FIXTURE	858.	516.	342.
OFFICE EQUIPMENT	205,005.	205,005.	0.
OFFICE EQUIPMENT	100,000.	100,000.	0.
OFFICE EQUIPMENT	5,677.	5,677.	0.
OFFICE EQUIPMENT	50,920.	50,736.	184.
OFFICE EQUIPMENT	10,977.	6,586.	4,391.
OFFICE EQUIPMENT	7,050.	2,468.	4,582.
OFFICE EQUIPMENT	10,467.	6,280.	4,187.
OFFICE EQUIPMENT	1,625.	650.	975.

OFFICE EQUIPMENT	1,586.	555.	1,031.
OFFICE EQUIPMENT	1,500.	500.	1,000.
OFFICE EQUIPMENT	1,827.	578.	1,249.
OFFICE EQUIPMENT	3,072.	972.	2,100.
OFFICE EQUIPMENT	1,320.	418.	902.
OFFICE EQUIPMENT	6,484.	2,053.	4,431.
OFFICE EQUIPMENT	4,970.	1,243.	3,727.
OFFICE EQUIPMENT	2,401.	600.	1,801.
OFFICE EQUIPMENT	2,674.	535.	2,139.
PERMANENT EXHIBITS	109,795.	109,795.	0.
PERMANENT EXHIBITS	7,175.	4,305.	2,870.
PERMANENT EXHIBITS	52,805.	52,805.	0.
PERMANENT EXHIBITS	21,687.	21,687.	0.
PERMANENT EXHIBITS	29,377.	29,377.	0.
PERMANENT EXHIBITS	82,200.	73,995.	8,205.
PERMANENT EXHIBITS	194,467.	194,497.	<30.>
PERMANENT EXHIBITS	24,921.	20,000.	4,921.
PERMANENT EXHIBITS	629,700.	629,700.	0.
PERMANENT EXHIBITS	101,372.	101,372.	0.
PERMANENT EXHIBITS	752,330.	752,330.	0.
PERMANENT EXHIBITS	391,751.	391,751.	0.
PERMANENT EXHIBITS	396,979.	238,188.	158,791.
PERMANENT EXHIBITS	454,549.	454,549.	0.
PERMANENT EXHIBITS	200,703.	200,703.	0.
PERMANENT EXHIBITS	279,463.	279,463.	0.
PERMANENT EXHIBITS	92,358.	92,358.	0.
PERMANENT EXHIBITS	86,127.	86,127.	0.
PERMANENT EXHIBITS	17,387.	17,387.	0.
PERMANENT EXHIBITS	17,144.	17,144.	0.
PERMANENT EXHIBITS	751,925.	501,283.	250,642.
PERMANENT EXHIBITS	3,250.	3,250.	0.
PERMANENT EXHIBITS	56,462.	56,462.	0.
PERMANENT EXHIBITS	6,947.	6,947.	0.
PERMANENT EXHIBITS	116,545.	116,545.	0.
PERMANENT EXHIBITS	27,903.	11,162.	16,741.
PERMANENT EXHIBITS	63,515.	38,109.	25,406.
PERMANENT EXHIBITS	6,214.	6,214.	0.
PERMANENT EXHIBITS	68,709.	25,766.	42,943.
PERMANENT EXHIBITS	277.	277.	0.
PERMANENT EXHIBITS	2,349.	2,349.	0.
PERMANENT EXHIBITS	669,552.	66,955.	602,597.
PERMANENT EXHIBITS	206,361.	20,636.	185,725.
PERMANENT EXHIBITS	<15,145.>	15,145.	<30,290.>
LEASEHOLD IMPROVEMENTS	3,998,330.	3,409,775.	588,555.
LEASEHOLD IMPROVEMENTS	19,000.	14,250.	4,750.
LEASEHOLD IMPROVEMENTS	691.	525.	166.
LEASEHOLD IMPROVEMENTS	28,014.	22,404.	5,610.
LEASEHOLD IMPROVEMENTS	3,165.	2,528.	637.
LEASEHOLD IMPROVEMENTS	78,191.	39,100.	39,091.
LEASEHOLD IMPROVEMENTS	82,178.	41,090.	41,088.
LEASEHOLD IMPROVEMENTS	2,000.	2,000.	0.
LEASEHOLD IMPROVEMENTS	1,500.	750.	750.
LEASEHOLD IMPROVEMENTS	20,000.	10,000.	10,000.

LEASEHOLD IMPROVEMENTS	3,913,229.	1,761,134.	2,152,095.
LEASEHOLD IMPROVEMENTS	156,446.	60,274.	96,172.
LEASEHOLD IMPROVEMENTS	20,000.	9,000.	11,000.
LEASEHOLD IMPROVEMENTS	22,301.	15,610.	6,691.
LEASEHOLD IMPROVEMENTS	17,033.	8,515.	8,518.
LEASEHOLD IMPROVEMENTS	28,342.	14,170.	14,172.
LEASEHOLD IMPROVEMENTS	10,739.	3,759.	6,980.
LEASEHOLD IMPROVEMENTS	3,132.	471.	2,661.
LEASEHOLD IMPROVEMENTS	134,378.	134,378.	0.
LEASEHOLD IMPROVEMENTS	970.	970.	0.
LEASEHOLD IMPROVEMENTS	13,469.	13,469.	0.
LEASEHOLD IMPROVEMENTS	1,122.	1,122.	0.
LEASEHOLD IMPROVEMENTS	1,015.	1,015.	0.
LEASEHOLD IMPROVEMENTS	1,350.	1,350.	0.
LEASEHOLD IMPROVEMENTS	3,067.	3,067.	0.
LEASEHOLD IMPROVEMENTS	12,384.	1,355.	11,029.
LEASEHOLD IMPROVEMENTS	243,730.	26,678.	217,052.
LEASEHOLD IMPROVEMENTS	6,436.	705.	5,731.
LEASEHOLD IMPROVEMENTS	315,782.	23,043.	292,739.
LEASEHOLD IMPROVEMENTS	17,867.	1,304.	16,563.
LEASEHOLD IMPROVEMENTS	175,867.	12,833.	163,034.
LEASEHOLD IMPROVEMENTS	29,164.	2,128.	27,036.
LEASEHOLD IMPROVEMENTS	32,970.	2,406.	30,564.
OFFICE EQUIPMENT	958.	176.	782.
OFFICE EQUIPMENT	660.	132.	528.
OFFICE EQUIPMENT	8,570.	1,000.	7,570.
OFFICE EQUIPMENT	1,020.	51.	969.
OFFICE EQUIPMENT	1,213.	61.	1,152.
OFFICE EQUIPMENT	671.	45.	626.
OFFICE EQUIPMENT	1,349.	45.	1,304.
OFFICE EQUIPMENT	1,585.	0.	1,585.
PERMANENT EXHIBITS	431,289.	35,941.	395,348.
PERMANENT EXHIBITS	867,719.	48,207.	819,512.
PERMANENT EXHIBITS	36,078.	9,020.	27,058.
PERMANENT EXHIBITS	48,843.	2,714.	46,129.
PERMANENT EXHIBITS	14,080.	782.	13,298.
LEASEHOLD IMPROVEMENTS	2,748.	201.	2,547.
LEASEHOLD IMPROVEMENTS	516,017.	33,889.	482,128.
LEASEHOLD IMPROVEMENTS	20,987.	1,378.	19,609.
LEASEHOLD IMPROVEMENTS	6,404.	421.	5,983.
LEASEHOLD IMPROVEMENTS	23,554.	1,547.	22,007.
LEASEHOLD IMPROVEMENTS	4,732.	311.	4,421.
LEASEHOLD IMPROVEMENTS	1,205.	70.	1,135.
LEASEHOLD IMPROVEMENTS	11,135.	569.	10,566.
LEASEHOLD IMPROVEMENTS	7,700.	169.	7,531.
LEASEHOLD IMPROVEMENTS	26,850.	196.	26,654.
TOTAL TO FORM 990, PART IV, LN 57	18,020,102.	11,064,766.	6,955,336.

FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 6

LENDER'S NAMETERMS OF REPAYMENT

JPMORGAN CHASE BANK

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
08/01/06	08/28/09	1,730,000.	9.25%

SECURITY PROVIDED BY BORROWERPURPOSE OF LOAN

NYCDCA PROMISED DONATION OF \$1.25M. J & J HANNAN PROMISED DONATION OF \$1M.

FUNDS FOR THE RENOVATION OF THE THIRD FLOOR OF THE MUSEUM

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATIONFMV OF CONSIDERATIONBALANCE DUE

NONE

0.

1,017,500.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B

1,017,500.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 7
TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ANDREW ACKERMAN 11 HEATHER HILL LANE SUFFERN, NY 10901	EXECUTIVE DIRECTOR 50.00	170,000.	0.	0.
LAURIE TISCH 88 CENTRAL PARK WEST NEW YORK, NY 10023	HONORARY CHAIR 1.00	0.	0.	0.
JUDITH HANNAN 1133 FIFTH AVENUE NEW YORK, NY 10028	PAST CHAIR 1.00	0.	0.	0.
ELLEN UNTERBERG CELLI 993 PARK AVENUE, 5 SOUTH NEW YORK, NY 10028	SECRETARY 1.00	0.	0.	0.
BRIAN P. MATHIS 210 RIVERSIDE DRIVE, APT 2A NEW YORK, NY 10025	VICE CHAIR 1.00	0.	0.	0.
JOHN BRANDON RHEA 272 WEST 107TH STREET, APT 12A NEW YORK, NY 10025	TREASURER 1.00	0.	0.	0.
MICHAEL COHEN 59 LIVINGSTON STREET, #3D BRROKLYN HEIGHTS, NY 11201	DIRECTOR 1.00	0.	0.	0.
ELIZABETH SARNOFF COHEN 901 LEXINGTON AVENUE NEW YORK, NY 10021	DIRECTOR 1.00	0.	0.	0.
RENEE EDELMAN 2 WEST 67TH STREET NEW YORK, NY 10036	DIRECTOR 1.00	0.	0.	0.
HALLEY K. HARRISBURG 211 CENTRAL PARK WEST NEW YORK, NY 10024	DIRECTOR 1.00	0.	0.	0.
JENNIFER HELLER-HEFTLER 8 EAST 83RD STREET, #5D/6D NEW YORK, NY 10028	DIRECTOR 1.00	0.	0.	0.

MYRON KAPLAN, ESQ. 551 FIFTH AVENUE, 18TH FLOOR NEW YORK, NY 10176	DIRECTOR 1.00	0.	0.	0.
MIYOUNG LEE 155 W 15TH ST, APT 6A NEW YORK, NY 10011	DIRECTOR 1.00	0.	0.	0.
MATT MAZER 171 WEST 57TH STREET, 8A NEW YORK, NY 10016	DIRECTOR 1.00	0.	0.	0.
KEVIN B. MCGRATH, ESQ 151 EAST 80TH STREET NEW YORK, NY 10021	DIRECTOR 1.00	0.	0.	0.
RAFFIQ A. NATHOO 176 EAST 71ST STREET NEW YORK, NY 10021	DIRECTOR 1.00	0.	0.	0.
NANCY COHEN ROBERTS 25 CENTRAL PARK WEST, APT 15M NEW YORK, NY 10023	DIRECTOR 1.00	0.	0.	0.
STEVEN SWARTZ 201 WEST 89TH. ST, #7A NEW YORK, NY 10024	DIRECTOR 1.00	0.	0.	0.
MARCIA L. WARNER 1015 NAUTILUS LANE MAMARONECK, NY 10543	DIRECTOR 1.00	0.	0.	0.
STEVEN WARNER 1015 SEAHAVEN DRIVE MAMARONECK, NY 10543	DIRECTOR 1.00	0.	0.	0.
CYMA ZARGHAMI 180 RIVERSIDE DRIVE, APT 11B NEW YORK, NY 10024	DIRECTOR 1.00	0.	0.	0.
MARK B PEARLMAN 525 EAST 72ND STREET 347-I NEW YORK, NY 10021	CHAIR 1.00	0.	0.	0.
MICHAEL J. BOUBLIK 139 EST 79TH STREET, APT 10 NEW YORK, NY 10021	TRUSTEE 1.00	0.	0.	0.
LAMAE ALLEN DEJONGH 885 WEST END AVENUE, UNIT 7C NEW YORK, NY 10025	TRUSTEE 1.00	0.	0.	0.

ROBIN A. VINCE 31 WEST 21ST STREET, 6TH FLOOR NEW YORK, NY 10010	TRUSTEE 1.00	0.	0.	0.
ZACHARY M. WILLIAMS 219 WEST BROADWAY, 4TH FLOOR NEW YORK, NY 10013	TRUSTEE 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>170,000.</u>	<u>0.</u>	<u>0.</u>

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 8
 ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A B,C	THESE ACTIVITIES ARE CULTURAL AND EDUCATIONAL SERVICES PROVIDED TO NEW YORK SCHOOL CHILDREN AND THE GENERAL PUBLIC WHEN THEY VISIT THE MUSEUM
94	THESE DUES HELP THE MUSEUM TO USE THE ARTS TO INCREASE COMMUNICATION SKILLS, TO PROMOTE INTER-GENERATIONAL INTERACTION, AND TO FOSTER CREATIVE EXPLORATION OF THE NATURAL AND MAN-MADE ENVIRONMENT WHICH IS THE EXEMPT FUNCTION OF THIS ORGANIZATION
103A B	THESE ACTIVITIES HELP TO PRESENT PARTICIPATORY EXHIBITS AND EDUCATIONAL PROGRAMS FOR CHILDREN AND ADULTS THAT ENCOURAGE CREATIVITY IN THE ARTS AND SCIENCES.

SCHEDULE A OTHER INCOME STATEMENT 9

DESCRIPTION	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT
VARIOUS	342,876.	332,899.	286,210.	434,172.
TOTAL TO SCHEDULE A, LINE 22	<u>342,876.</u>	<u>332,899.</u>	<u>286,210.</u>	<u>434,172.</u>

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization CHILDREN'S MUSEUM OF MANHATTAN	Employer identification number 13-2761376
	Number, street, and room or suite no. If a P.O. box, see instructions. THE TISCH BUILDING, 212 WEST 83RD STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10024	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **CANDICE CARNAGE**
Telephone No. ▶ **212-721-1223** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a section 501(c) corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2008**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or

▶ tax year beginning **JUL 1, 2006**, and ending **JUN 30, 2007**.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.		
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization CHILDREN'S MUSEUM OF MANHATTAN	Employer identification number 13-2761376
	Number, street, and room or suite no. If a P.O. box, see instructions. THE TISCH BUILDING, 212 WEST 83RD STREET	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10024	

Check type of return to be filed (File a separate application for each return):

- Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 5227 Form 8870
- Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720 Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **CANDICE CARNAGE**
Telephone No. **212-721-1223** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **MAY 15, 2008**.
- 5 For calendar year _____, or other tax year beginning **JUL 1, 2006**, and ending **JUN 30, 2007**.
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension
THIRD PARTY INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN IS CURRENTLY UNAVAILABLE.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature _____ Title **CPA** Date _____

Notice to Applicant. (To Be Completed by the IRS)

- We **have** approved this application. Please attach this form to the organization's return.
- We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.
- Other _____

Director _____ By: _____ Date _____

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name DDK & COMPANY LLP
	Number and street (include suite, room, or apt. no.) or a P.O. box number ONE PENN PLAZA, 54TH FLR
	City or town, province or state, and country (including postal or ZIP code) NEW YORK, NY 10119

623832 05-01-07

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

STATE COPY

Form CHAR500	Annual Filing for Charitable Organizations New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 www.oag.state.ny.us/charities/charities.html	2006
This form used for Article 7-A, EPTL, and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)		Open to Public Inspection

1. General Information			
a. For the fiscal year beginning (mm/dd/yyyy) 07/01/2006 and ending (mm/dd/yyyy) 06/30/2007			
b. Check if applicable for NYS: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending	c. Name of organization CHILDREN'S MUSEUM OF MANHATTAN Number and street (or P.O. box if mail not delivered to street address) Room/suite THE TISCH BUILDING, 212 WEST 83R City or town, state or country and ZIP + 4 NEW YORK, NY 10024	d. Fed. employer ID no. (EIN) 13-2761376 e. NY State registration no. 03-86-91 f. Telephone number 212 721-1223 g. Email	

2. Certification - Two Signatures Required			
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.			
a. President or Authorized Officer	 Signature ANDREW ACKERMAN Printed Name	EXEC. DIRECTOR Title	Date
b. Chief Financial Officer or Treasurer	 Signature JOHN BRANDON RHEA Printed Name	TREASURER Title	3/31/08 Date

3. Annual Report Exemption Information	
a. Article 7-A annual report exemption (Article 7-A registrants and dual registrants) Check <input type="checkbox"/> if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 and the organization did not use the services of a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.	NOTE: An organization may also check the box to claim this exemption if no PFR or FRC was used and either: 1) the organization received an allocation from a federated fund, United Way or incorporated community appeal and contributions from all other sources did not exceed \$25,000 or 2) it received all or substantially all of its contributions from a single government agency to which it submitted an annual financial report similar to that required by Article 7-A).
b. EPTL annual report exemption (EPTL registrants and dual registrants) Check <input type="checkbox"/> if total gross receipts for this fiscal year did not exceed \$25,000 and the assets (market value) of the organization did not exceed \$25,000 at any time during this fiscal year.	
For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above. Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.	

4. Article 7-A Schedules	
If you did not check the Article 7-A annual report exemption above, complete the following for this fiscal year:	
a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? * If "Yes", complete Schedule 4a.	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No
b. Did the organization receive government contributions (grants)? * If "Yes", complete Schedule 4b.	<input checked="" type="checkbox"/> Yes* <input type="checkbox"/> No

5. Fee Submitted: See last page for summary of fee requirements.		
Indicate the filing fee(s) you are submitting along with this form:		
a. Article 7-A filing fee	\$ <u>25.</u>	Submit only one check or money order for the total fee, payable to "NYS Department of Law"
b. EPTL filing fee	\$ <u>750.</u>	
c. Total fee	\$ <u>775.</u>	

6. Attachments: For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments.
--

- Mail completed form with required schedules, fee and attachments to the address at the top of this page -

CHILDREN'S MUSEUM OF MANHATTAN

5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

Organization's Registration Type	Fee Instructions
• Article 7-A	Calculate the Article 7-A filing fee using the table in part a below. The EPTL filing fee is \$0.
• EPTL	Calculate the EPTL filing fee using the table in part b below. The Article 7-A filing fee is \$0.
• Dual	Calculate both the Article 7-A and EPTL filing fees using the tables in parts a and b below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a <u>single</u> check or money order for the total fee.

a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

* Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

b) EPTL filing fee

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

For All Filers

Filing Fee

Single check or money order payable to "NYS Department of Law"

Copies of Internal Revenue Service Forms

<input checked="" type="checkbox"/> IRS Form 990	<input type="checkbox"/> IRS Form 990-EZ	<input type="checkbox"/> IRS Form 990-PF
<input checked="" type="checkbox"/> Schedule A to IRS Form 990	<input type="checkbox"/> Schedule A to IRS Form 990-EZ	<input type="checkbox"/> Schedule B to IRS Form 990-PF
<input checked="" type="checkbox"/> Schedule B to IRS Form 990	<input type="checkbox"/> Schedule B to IRS Form 990-EZ	<input type="checkbox"/> IRS Form 990-T
<input type="checkbox"/> IRS Form 990-T	<input type="checkbox"/> IRS Form 990-T	

Additional Article 7-A Document Attachment Requirement

Independent Accountant's Report

Audit Report (total support & revenue more than \$250,000)

Review Report (total support & revenue \$100,001 to \$250,000)

No Accountant's Report Required (total support & revenue not more than \$100,000)

Return of Organization Exempt From Income Tax

2006

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2006 calendar year, or tax year beginning **JUL 1, 2006** and ending **JUN 30, 2007**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization CHILDREN'S MUSEUM OF MANHATTAN Number and street (or P.O. box if mail is not delivered to street address) Room/suite THE TISCH BUILDING, 212 WEST 83RD STREET City or town, state or country, and ZIP + 4 NEW YORK, NY 10024	D Employer identification number 13-2761376
	E Telephone number (212) 721-1223		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)
	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).		

G Website: **WWW.CMOM.ORG**

J Organization type (check only one) 501(c) (3) (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **6,544,981.**

H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates **N/A**
H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number **N/A**
M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

		1a		1b		1c		1d		1e	
1 Contributions, gifts, grants, and similar amounts received:											
a Contributions to donor advised funds											
b Direct public support (not included on line 1a) 2,302,577.											
c Indirect public support (not included on line 1a)											
d Government contributions (grants) (not included on line 1a) 1,656,500.											
e Total (add lines 1a through 1d) (cash \$ 3,869,559. noncash \$ 89,518.) 3,959,077.											
2 Program service revenue including government fees and contracts (from Part VII, line 93) 1,011,769.											
3 Membership dues and assessments 766,265.											
4 Interest on savings and temporary cash investments 17,844.											
5 Dividends and interest from securities											
6 a Gross rents 6a											
b Less: rental expenses 6b											
c Net rental income or (loss). Subtract line 6b from line 6a 6c											
7 Other investment income (describe) 7											
8 a Gross amount from sales of assets other than inventory (A) Securities (B) Other 8a											
b Less: cost or other basis and sales expenses 8b											
c Gain or (loss) (attach schedule) 8c											
d Net gain or (loss). Combine line 8c, columns (A) and (B) 8d											
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>											
a Gross revenue (not including \$ 0. of contributions reported on line 1b) 9a 394,968.											
b Less: direct expenses other than fundraising expenses 9b 111,237.											
c Net income or (loss) from special events. Subtract line 9b from line 9a SEE STATEMENT 1 9c 283,731.											
10 a Gross sales of inventory, less returns and allowances 10a											
b Less: cost of goods sold 10b											
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a 10c											
11 Other revenue (from Part VII, line 103) 11 395,058.											
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 12 6,433,744.											
13 Program services (from line 44, column (B)) 13 4,193,746.											
14 Management and general (from line 44, column (C)) 14 1,053,277.											
15 Fundraising (from line 44, column (D)) 15 432,269.											
16 Payments to affiliates (attach schedule) 16											
17 Total expenses. Add lines 16 and 44, column (A) 17 5,679,292.											
18 Excess or (deficit) for the year. Subtract line 17 from line 12 18 754,452.											
19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 9,417,211.											
20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2 20 <165,610.>											
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 21 10,006,053.											

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A STMT 4	170,000.	42,500.	42,500.	85,000.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	1,710,454.	1,201,712.	342,997.	165,745.
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27	36,573.	5,759.	1,960.	28,854.
29 Payroll taxes	282,821.	238,640.	44,181.	
30 Professional fundraising fees				
31 Accounting fees	53,300.		53,300.	
32 Legal fees	5,450.		5,450.	
33 Supplies	251,916.	234,076.	8,938.	8,902.
34 Telephone	26,483.	22,511.	2,648.	1,324.
35 Postage and shipping	43,559.	22,589.	3,227.	17,743.
36 Occupancy	150,000.	127,500.	15,000.	7,500.
37 Equipment rental and maintenance	36,205.	11,782.	21,064.	3,359.
38 Printing and publications	77,053.	52,411.		24,642.
39 Travel	38,441.	24,755.	11,069.	2,617.
40 Conferences, conventions, and meetings				
41 Interest	73,187.	73,187.		
42 Depreciation, depletion, etc. (attach schedule)	876,860.	499,957.	376,903.	
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 3	1,846,990.	1,636,367.	124,040.	86,583.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	5,679,292.	4,193,746.	1,053,277.	432,269.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? THE PROMOTION OF EDUCATION	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a THE MUSEUM PROVIDES CULTURAL AND EDUCATIONAL SERVICES AND WORKSHOP PROGRAMS TO THE NEW YORK STATE SCHOOL SYSTEM AND IS OPEN TO THE GENERAL PUBLIC IN FURTHERANCE OF ITS EXEMPT PURPOSE	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
b	4,193,746.
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
c	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	4,193,746.

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	48,975.	45 96,656.
	46 Savings and temporary cash investments	577,254.	46 965,231.
	47 a Accounts receivable	47a 96,181.	47c 96,181.
	b Less: allowance for doubtful accounts	47b	
	48 a Pledges receivable	48a 1,062,705.	48c 1,062,705.
	b Less: allowance for doubtful accounts	48b	
	49 Grants receivable	1,555,700.	49 2,454,300.
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b
	51 a Other notes and loans receivable	51a	51c
	b Less: allowance for doubtful accounts	51b	
	52 Inventories for sale or use	8,349.	52 17,463.
	53 Prepaid expenses and deferred charges	92,867.	53 16,974.
	54 a Investments - publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a
	b Investments - other securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b
	55 a Investments - land, buildings, and equipment: basis	55a	55c
	b Less: accumulated depreciation	55b	
	56 Investments - other		56
	57 a Land, buildings, and equipment: basis	57a 18,020,134.	57c 6,809,208.
b Less: accumulated depreciation STMT 5	57b 11,210,926.		
58 Other assets, including program-related investments (describe SECURITY DEPOSITS)	15,409.	58 15,409.	
59 Total assets (must equal line 74). Add lines 45 through 58	10,026,402.	59 11,534,127.	
Liabilities	60 Accounts payable and accrued expenses	363,861.	60 296,498.
	61 Grants payable		61
	62 Deferred revenue	209,330.	62 178,076.
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable STMT 6		64b 1,017,500.
	65 Other liabilities (describe REFUNDABLE DEPOSITS)	36,000.	65 36,000.
66 Total liabilities. Add lines 60 through 65	609,191.	66 1,528,074.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	6,938,134.	67 8,692,203.
	68 Temporarily restricted	1,510,725.	68 345,498.
	69 Permanently restricted	968,352.	69 968,352.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	9,417,211.	73 10,006,053.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	10,026,402.	74 11,534,127.	

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	X	
82b	73,269.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85 a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
85c	Dues, assessments, and similar amounts from members		
85d	Section 162(e) lobbying and political expenditures		
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
86 a	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
86b	Gross receipts, included on line 12, for public use of club facilities		
87 a	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
88b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
89b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
89d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
89e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90 a	List the states with which a copy of this return is filed NY		
90b	Number of employees employed in the pay period that includes March 12, 2006		37
91 a	The books are in care of CANDICE CARNAGE Telephone no. 212-721-1223 Located at 212 WEST 83RD STREET, NEW YORK, NY ZIP + 4 10024		
91b	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 N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a EDUCATIONAL PROGRAM FEES					627,769.
b MUSEUM PROGRAM FEES					254,095.
c TRAVELING EXHIBITS					129,905.
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					766,265.
95 Interest on savings and temporary cash investments			14	17,844.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	283,731.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MUSEUM STORE					282,892.
b OTHER					112,166.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		301,575.	2,173,092.
105 Total (add line 104, columns (B), (D), and (E))					2,474,667.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 8

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

Please Sign Here	Signature of officer _____ Date _____ ANDREW ACKERMAN, EXEC. DIRECTOR Type or print name and title												
Paid Preparer's Use Only	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Preparer's signature _____</td> <td style="width: 10%;">Date _____</td> <td style="width: 10%;">Check if self-employed <input type="checkbox"/></td> <td style="width: 40%;">Preparer's SSN or PTIN (See Gen. Inst. X) _____</td> </tr> <tr> <td colspan="2">Firm's name (or yours if self-employed), address, and ZIP + 4</td> <td>EIN</td> <td>Phone no.</td> </tr> <tr> <td colspan="2">DDK & COMPANY LLP ONE PENN PLAZA, 54TH FLR NEW YORK, NY 10119</td> <td></td> <td>212-997-0600</td> </tr> </table>	Preparer's signature _____	Date _____	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) _____	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN	Phone no.	DDK & COMPANY LLP ONE PENN PLAZA, 54TH FLR NEW YORK, NY 10119			212-997-0600
Preparer's signature _____	Date _____	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) _____										
Firm's name (or yours if self-employed), address, and ZIP + 4		EIN	Phone no.										
DDK & COMPANY LLP ONE PENN PLAZA, 54TH FLR NEW YORK, NY 10119			212-997-0600										

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2006

Name of the organization CHILDREN'S MUSEUM OF MANHATTAN	Employer identification number 13 2761376
---	---

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>KAREN SNIDER</u> 212 WEST 83RD STREET, NEW YORK, NY 10	DEPUTY DIRECTOR 40.00	101,626.	0.	0.
<u>LESLIE MCMAHON</u> 212 WEST 83RD STREET, NEW YORK, NY 10	DEPUTY DIRECTOR 40.00	96,002.	9,334.	0.
<u>LINDA OBSER</u> 212 WEST 83RD STREET, NEW YORK, NY 10	MANAGER 40.00	69,825.	2,868.	0.
<u>CANDICE CARNAGE</u> 212 WEST 83RD STREET, NEW YORK, NY 10	DIRECTOR, FINANCE 40.00	91,478.	0.	0.
<u>ELLEN BLACK</u> 212 WEST 83RD STREET, NEW YORK, NY 10	MANAGER 40.00	73,019.	0.	0.
Total number of other employees paid over \$50,000 ▶	12			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>ROTO STUDIOS</u> 4150 TULLER ROAD, SUITE 206, DUBLIN, OH 43017	EXHIBIT FABRICATION	831,970.
<u>RC DOLNER</u> 15-17 EAST 16TH ST, M 2ND F, NEW YORK, NY 10003	EXHIBIT FABRICATION	721,048.
<u>HEARTLAND SCENIC STUDIOS</u> 5329 LINDERBERGH DRIVE, OMAHA, NE 68110	EXHIBIT FABRICATION	195,374.
<u>BRATSKEIR & CO</u> 400 LAFAYETTE ST, NEW YORK, NY 10003	PUBLIC RELATIONS	78,089.
<u>GENSLER</u> 12478 COLLECTION CENTER DR, CHICAGO, IL 60693	EXHIBIT FABRICATION	71,825.
Total number of other contractors receiving over \$50,000 for other services ▶	12	

Part III Statements About Activities (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e	Transfer of any part of its income or assets?	2e	X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b	Did the organization make any taxable distributions under section 4966?	4b	N/A
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A
d	Enter the total number of donor advised funds owned at the end of the tax year	N/A	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	N/A	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	0.	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	0.	

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	5,924,355.	2,274,757.	2,430,912.	2,651,003.	13,281,027.
16 Membership fees received	536,435.	428,329.	344,531.	304,957.	1,614,252.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	1,183,402.	1,037,077.	1,290,614.	958,169.	4,469,262.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	28,768.	17,819.	15,879.	21,492.	83,958.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	342,876.	332,899.	SEE STATEMENT 9 286,210.	434,172.	1,396,157.
23 Total of lines 15 through 22	8,015,836.	4,090,881.	4,368,146.	4,369,793.	20,844,656.
24 Line 23 minus line 17	6,832,434.	3,053,804.	3,077,532.	3,411,624.	16,375,394.
25 Enter 1% of line 23	80,158.	40,909.	43,681.	43,698.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 327,508.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 161,197.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 16,375,394.
d Add: Amounts from column (e) for lines: 18 83,958. 19 22 1,396,157. 26b 161,197.					26d 1,641,312.
e Public support (line 26c minus line 26d total)					26e 14,734,082.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 89.9770%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2005) (2004) (2003) (2002)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2005) (2004) (2003) (2002)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) _____ _____ _____		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____	32d	
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended?	34b	
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h .)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h .)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2006

Name of organization

Employer identification number

CHILDREN'S MUSEUM OF MANHATTAN

13-2761376

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

General Rule-

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ► \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2006)

Name of organization CHILDREN'S MUSEUM OF MANHATTAN	Employer identification number 13-2761376
---	---

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	VARIOUS CONTRIBUTIONS OVER \$5,000 SCHEDULE ATTACHED 	\$ 809,017.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	CHRIS VATIS 212 WEST 83RD STREET NEW YORK, NY 10024	\$ 6,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	VARIOUS GRANTS SCHEDULE ATTACHED 	\$ 975,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization CHILDREN'S MUSEUM OF MANHATTAN	Employer identification number 13-2761376
---	---

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	LUXURY GREEK VACATION _____ _____ _____	\$ 6,000.	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	1
----------	-------------------------------	-----------	---

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
ANNUAL AND FALL BENEFITS	394,968.		394,968.	111,237.	283,731.
TO FM 990, PART I, LINE 9	394,968.		394,968.	111,237.	283,731.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
----------	--	-----------	---

DESCRIPTION	AMOUNT
DEPRECIATION ADJUSTMENT	<165,610.>
TOTAL TO FORM 990, PART I, LINE 20	<165,610.>

FORM 990	OTHER EXPENSES	STATEMENT	3
----------	----------------	-----------	---

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING	21,363.	20,591.		772.
CHINA EXHIBIT	58,832.	58,832.		
COMPUTER EXPENSES	20,818.		20,818.	
CONTRACTED SERVICES	789,422.	734,872.	6,491.	48,059.
CREDIT CARD FEES	52,124.	33,635.		18,489.
EXHIBIT RENTAL	140,886.	140,886.		
FRIENDS COMMITTEE EXPENSE	2,477.			2,477.
INSURANCE	68,378.	58,640.	6,492.	3,246.
LONG RANGE PLANNING	61,352.	61,352.		
MAINTENANCE AND REPAIRS	76,026.	64,622.	7,603.	3,801.
MEMBERSHIP, DUES, AND SUBSCRIPTIONS	4,073.	649.	2,617.	807.
MISCELLANEOUS	1,142.		1,122.	20.
PROFESSIONAL SERVICES	92,251.	25,963.	64,550.	1,738.
SECURITY	133,034.	133,034.		
STIPENDS	16,733.	16,733.		
STORAGE	18,821.	18,821.		
UTILITIES	143,476.	121,955.	14,347.	7,174.
MUSEUM STORE COST OF SALES	145,782.	145,782.		
TOTAL TO FM 990, LN 43	1,846,990.	1,636,367.	124,040.	86,583.

OFFICE EQUIPMENT	1,586.	555.	1,031.
OFFICE EQUIPMENT	1,500.	500.	1,000.
OFFICE EQUIPMENT	1,827.	578.	1,249.
OFFICE EQUIPMENT	3,072.	972.	2,100.
OFFICE EQUIPMENT	1,320.	418.	902.
OFFICE EQUIPMENT	6,484.	2,053.	4,431.
OFFICE EQUIPMENT	4,970.	1,243.	3,727.
OFFICE EQUIPMENT	2,401.	600.	1,801.
OFFICE EQUIPMENT	2,674.	535.	2,139.
PERMANENT EXHIBITS	109,795.	109,795.	0.
PERMANENT EXHIBITS	7,175.	4,305.	2,870.
PERMANENT EXHIBITS	52,805.	52,805.	0.
PERMANENT EXHIBITS	21,687.	21,687.	0.
PERMANENT EXHIBITS	29,377.	29,377.	0.
PERMANENT EXHIBITS	82,200.	73,995.	8,205.
PERMANENT EXHIBITS	194,467.	194,497.	<30.>
PERMANENT EXHIBITS	24,921.	20,000.	4,921.
PERMANENT EXHIBITS	629,700.	629,700.	0.
PERMANENT EXHIBITS	101,372.	101,372.	0.
PERMANENT EXHIBITS	752,330.	752,330.	0.
PERMANENT EXHIBITS	391,751.	391,751.	0.
PERMANENT EXHIBITS	396,979.	238,188.	158,791.
PERMANENT EXHIBITS	454,549.	454,549.	0.
PERMANENT EXHIBITS	200,703.	200,703.	0.
PERMANENT EXHIBITS	279,463.	279,463.	0.
PERMANENT EXHIBITS	92,358.	92,358.	0.
PERMANENT EXHIBITS	86,127.	86,127.	0.
PERMANENT EXHIBITS	17,387.	17,387.	0.
PERMANENT EXHIBITS	17,144.	17,144.	0.
PERMANENT EXHIBITS	751,925.	501,283.	250,642.
PERMANENT EXHIBITS	3,250.	3,250.	0.
PERMANENT EXHIBITS	56,462.	56,462.	0.
PERMANENT EXHIBITS	6,947.	6,947.	0.
PERMANENT EXHIBITS	116,545.	116,545.	0.
PERMANENT EXHIBITS	27,903.	11,162.	16,741.
PERMANENT EXHIBITS	63,515.	38,109.	25,406.
PERMANENT EXHIBITS	6,214.	6,214.	0.
PERMANENT EXHIBITS	68,709.	25,766.	42,943.
PERMANENT EXHIBITS	277.	277.	0.
PERMANENT EXHIBITS	2,349.	2,349.	0.
PERMANENT EXHIBITS	669,552.	66,955.	602,597.
PERMANENT EXHIBITS	206,361.	20,636.	185,725.
PERMANENT EXHIBITS	<15,145.>	15,145.	<30,290.>
LEASEHOLD IMPROVEMENTS	3,998,330.	3,409,775.	588,555.
LEASEHOLD IMPROVEMENTS	19,000.	14,250.	4,750.
LEASEHOLD IMPROVEMENTS	691.	525.	166.
LEASEHOLD IMPROVEMENTS	28,014.	22,404.	5,610.
LEASEHOLD IMPROVEMENTS	3,165.	2,528.	637.
LEASEHOLD IMPROVEMENTS	78,191.	39,100.	39,091.
LEASEHOLD IMPROVEMENTS	82,178.	41,090.	41,088.
LEASEHOLD IMPROVEMENTS	2,000.	2,000.	0.
LEASEHOLD IMPROVEMENTS	1,500.	750.	750.
LEASEHOLD IMPROVEMENTS	20,000.	10,000.	10,000.

LEASEHOLD IMPROVEMENTS	3,913,229.	1,761,134.	2,152,095.
LEASEHOLD IMPROVEMENTS	156,446.	60,274.	96,172.
LEASEHOLD IMPROVEMENTS	20,000.	9,000.	11,000.
LEASEHOLD IMPROVEMENTS	22,301.	15,610.	6,691.
LEASEHOLD IMPROVEMENTS	17,033.	8,515.	8,518.
LEASEHOLD IMPROVEMENTS	28,342.	14,170.	14,172.
LEASEHOLD IMPROVEMENTS	10,739.	3,759.	6,980.
LEASEHOLD IMPROVEMENTS	3,132.	471.	2,661.
LEASEHOLD IMPROVEMENTS	134,378.	134,378.	0.
LEASEHOLD IMPROVEMENTS	970.	970.	0.
LEASEHOLD IMPROVEMENTS	13,469.	13,469.	0.
LEASEHOLD IMPROVEMENTS	1,122.	1,122.	0.
LEASEHOLD IMPROVEMENTS	1,015.	1,015.	0.
LEASEHOLD IMPROVEMENTS	1,350.	1,350.	0.
LEASEHOLD IMPROVEMENTS	3,067.	3,067.	0.
LEASEHOLD IMPROVEMENTS	12,384.	1,355.	11,029.
LEASEHOLD IMPROVEMENTS	243,730.	26,678.	217,052.
LEASEHOLD IMPROVEMENTS	6,436.	705.	5,731.
LEASEHOLD IMPROVEMENTS	315,782.	23,043.	292,739.
LEASEHOLD IMPROVEMENTS	17,867.	1,304.	16,563.
LEASEHOLD IMPROVEMENTS	175,867.	12,833.	163,034.
LEASEHOLD IMPROVEMENTS	29,164.	2,128.	27,036.
LEASEHOLD IMPROVEMENTS	32,970.	2,406.	30,564.
OFFICE EQUIPMENT	958.	176.	782.
OFFICE EQUIPMENT	660.	132.	528.
OFFICE EQUIPMENT	8,570.	1,000.	7,570.
OFFICE EQUIPMENT	1,020.	51.	969.
OFFICE EQUIPMENT	1,213.	61.	1,152.
OFFICE EQUIPMENT	671.	45.	626.
OFFICE EQUIPMENT	1,349.	45.	1,304.
OFFICE EQUIPMENT	1,585.	0.	1,585.
PERMANENT EXHIBITS	431,289.	35,941.	395,348.
PERMANENT EXHIBITS	867,719.	48,207.	819,512.
PERMANENT EXHIBITS	36,078.	9,020.	27,058.
PERMANENT EXHIBITS	48,843.	2,714.	46,129.
PERMANENT EXHIBITS	14,080.	782.	13,298.
LEASEHOLD IMPROVEMENTS	2,748.	201.	2,547.
LEASEHOLD IMPROVEMENTS	516,017.	33,889.	482,128.
LEASEHOLD IMPROVEMENTS	20,987.	1,378.	19,609.
LEASEHOLD IMPROVEMENTS	6,404.	421.	5,983.
LEASEHOLD IMPROVEMENTS	23,554.	1,547.	22,007.
LEASEHOLD IMPROVEMENTS	4,732.	311.	4,421.
LEASEHOLD IMPROVEMENTS	1,205.	70.	1,135.
LEASEHOLD IMPROVEMENTS	11,135.	569.	10,566.
LEASEHOLD IMPROVEMENTS	7,700.	169.	7,531.
LEASEHOLD IMPROVEMENTS	26,850.	196.	26,654.
TOTAL TO FORM 990, PART IV, LN 57	<u>18,020,102.</u>	<u>11,064,766.</u>	<u>6,955,336.</u>

FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 6

LENDER'S NAMETERMS OF REPAYMENT

JPMORGAN CHASE BANK

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
08/01/06	08/28/09	1,730,000.	9.25%

SECURITY PROVIDED BY BORROWERPURPOSE OF LOAN

NYCDCA PROMISED DONATION OF \$1.25M. J & J HANNAN PROMISED DONATION OF \$1M.

FUNDS FOR THE RENOVATION OF THE THIRD FLOOR OF THE MUSEUM

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATIONFMV OF CONSIDERATIONBALANCE DUE

NONE

0.

1,017,500.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B

1,017,500.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 7
TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ANDREW ACKERMAN 11 HEATHER HILL LANE SUFFERN, NY 10901	EXECUTIVE DIRECTOR 50.00	170,000.	0.	0.
LAURIE TISCH 88 CENTRAL PARK WEST NEW YORK, NY 10023	HONORARY CHAIR 1.00	0.	0.	0.
JUDITH HANNAN 1133 FIFTH AVENUE NEW YORK, NY 10028	PAST CHAIR 1.00	0.	0.	0.
ELLEN UNTERBERG CELLI 993 PARK AVENUE, 5 SOUTH NEW YORK, NY 10028	SECRETARY 1.00	0.	0.	0.
BRIAN P. MATHIS 210 RIVERSIDE DRIVE, APT 2A NEW YORK, NY 10025	VICE CHAIR 1.00	0.	0.	0.
JOHN BRANDON RHEA 272 WEST 107TH STREET, APT 12A NEW YORK, NY 10025	TREASURER 1.00	0.	0.	0.
MICHAEL COHEN 59 LIVINGSTON STREET, #3D BRROKLYN HEIGHTS, NY 11201	DIRECTOR 1.00	0.	0.	0.
ELIZABETH SARNOFF COHEN 901 LEXINGTON AVENUE NEW YORK, NY 10021	DIRECTOR 1.00	0.	0.	0.
RENEE EDELMAN 2 WEST 67TH STREET NEW YORK, NY 10036	DIRECTOR 1.00	0.	0.	0.
HALLEY K. HARRISBURG 211 CENTRAL PARK WEST NEW YORK, NY 10024	DIRECTOR 1.00	0.	0.	0.
JENNIFER HELLER-HEFTLER 8 EAST 83RD STREET, #5D/6D NEW YORK, NY 10028	DIRECTOR 1.00	0.	0.	0.

MYRON KAPLAN, ESQ. 551 FIFTH AVENUE, 18TH FLOOR NEW YORK, NY 10176	DIRECTOR 1.00	0.	0.	0.
MIYOUNG LEE 155 W 15TH ST, APT 6A NEW YORK, NY 10011	DIRECTOR 1.00	0.	0.	0.
MATT MAZER 171 WEST 57TH STREET, 8A NEW YORK, NY 10016	DIRECTOR 1.00	0.	0.	0.
KEVIN B. MCGRATH, ESQ 151 EAST 80TH STREET NEW YORK, NY 10021	DIRECTOR 1.00	0.	0.	0.
RAFFIQ A. NATHOO 176 EAST 71ST STREET NEW YORK, NY 10021	DIRECTOR 1.00	0.	0.	0.
NANCY COHEN ROBERTS 25 CENTRAL PARK WEST, APT 15M NEW YORK, NY 10023	DIRECTOR 1.00	0.	0.	0.
STEVEN SWARTZ 201 WEST 89TH. ST, #7A NEW YORK, NY 10024	DIRECTOR 1.00	0.	0.	0.
MARCIA L. WARNER 1015 NAUTILUS LANE MAMARONECK, NY 10543	DIRECTOR 1.00	0.	0.	0.
STEVEN WARNER 1015 SEAHAVEN DRIVE MAMARONECK, NY 10543	DIRECTOR 1.00	0.	0.	0.
CYMA ZARGHAMI 180 RIVERSIDE DRIVE, APT 11B NEW YORK, NY 10024	DIRECTOR 1.00	0.	0.	0.
MARK B PEARLMAN 525 EAST 72ND STREET 347-I NEW YORK, NY 10021	CHAIR 1.00	0.	0.	0.
MICHAEL J. BOUBLIK 139 EST 79TH STREET, APT 10 NEW YORK, NY 10021	TRUSTEE 1.00	0.	0.	0.
LAMAE ALLEN DEJONGH 885 WEST END AVENUE, UNIT 7C NEW YORK, NY 10025	TRUSTEE 1.00	0.	0.	0.

ROBIN A. VINCE 31 WEST 21ST STREET, 6TH FLOOR NEW YORK, NY 10010	TRUSTEE 1.00	0.	0.	0.
ZACHARY M. WILLIAMS 219 WEST BROADWAY, 4TH FLOOR NEW YORK, NY 10013	TRUSTEE 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>170,000.</u>	<u>0.</u>	<u>0.</u>

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 8
 ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A B,C	THESE ACTIVITIES ARE CULTURAL AND EDUCATIONAL SERVICES PROVIDED TO NEW YORK SCHOOL CHILDREN AND THE GENERAL PUBLIC WHEN THEY VISIT THE MUSEUM
94	THESE DUES HELP THE MUSEUM TO USE THE ARTS TO INCREASE COMMUNICATION SKILLS, TO PROMOTE INTER-GENERATIONAL INTERACTION, AND TO FOSTER CREATIVE EXPLORATION OF THE NATURAL AND MAN-MADE ENVIRONMENT WHICH IS THE EXEMPT FUNCTION OF THIS ORGANIZATION
103A B	THESE ACTIVITIES HELP TO PRESENT PARTICIPATORY EXHIBITS AND EDUCATIONAL PROGRAMS FOR CHILDREN AND ADULTS THAT ENCOURAGE CREATIVITY IN THE ARTS AND SCIENCES.

SCHEDULE A	OTHER INCOME			STATEMENT	9
DESCRIPTION	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	
VARIOUS	342,876.	332,899.	286,210.	434,172.	
TOTAL TO SCHEDULE A, LINE 22	<u>342,876.</u>	<u>332,899.</u>	<u>286,210.</u>	<u>434,172.</u>	