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# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2008

<b>Prepared for</b>	CHILDREN'S MUSEUM OF MANHATTAN THE TISCH BUILDING, 212 WEST 83RD STREET NEW YORK, NY 10024
<b>Prepared by</b>	DDK & COMPANY LLP ONE PENN PLAZA, 54TH FLR NEW YORK, NY 10119
<b>Amount due or refund</b>	NOT APPLICABLE
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
<b>Return must be mailed on or before</b>	AS SOON AS POSSIBLE.
<b>Special Instructions</b>	THE RETURN SHOULD BE SIGNED AND DATED.

**Return of Organization Exempt From Income Tax**

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 2007 calendar year, or tax year beginning **JUL 1, 2007** and ending **JUN 30, 2008**

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

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

I Group Exemption Number **N/A**

**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.

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

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **5,232,992.**

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

Revenue	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	2,471,743.	
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d	205,200.	
	e	Total (add lines 1a through 1d) (cash \$ 2,621,380. noncash \$ 55,563. )	1e		2,676,943.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		908,478.
	3	Membership dues and assessments	3		833,714.
	4	Interest on savings and temporary cash investments	4		92,742.
	5	Dividends and interest from securities	5		
	6a	Gross rents	6a		
	6b	Less: rental expenses	6b		
6c	Net rental income or (loss). Subtract line 6b from line 6a	6c			
7	Other investment income (describe )	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities	8a		(B) Other
8b	Less: cost or other basis and sales expenses	8b			
8c	Gain or (loss) (attach schedule)	8c			
8d	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	348,771.		
b	Less: direct expenses other than fundraising expenses	9b	80,640.		
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c	SEE STATEMENT 1	268,131.	
10a	Gross sales of inventory, less returns and allowances	10a			
10b	Less: cost of goods sold	10b			
10c	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		372,344.	
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		5,152,352.	
Expenses	13	Program services (from line 44, column (B))	13		4,802,571.
	14	Management and general (from line 44, column (C))	14		971,540.
	15	Fundraising (from line 44, column (D))	15		477,716.
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses. Add lines 16 and 44, column (A)	17		6,251,827.
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18		<1,099,475.>
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		10,006,053.
	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		9,179,399.

**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
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	170,000.	42,500.	42,500.	85,000.
<b>25b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
<b>25c</b> 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)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	1,756,818.	1,317,948.	315,686.	123,184.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c				
<b>28</b> Employee benefits not included on lines 25a - 27	26,932.	4,169.	2,172.	20,591.
<b>29</b> Payroll taxes	296,832.	213,778.	66,266.	16,788.
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees	45,733.		45,733.	
<b>32</b> Legal fees	55,563.	50,007.	5,556.	
<b>33</b> Supplies	177,233.	165,316.	4,409.	7,508.
<b>34</b> Telephone	24,067.	20,457.	2,407.	1,203.
<b>35</b> Postage and shipping	31,229.	13,957.	1,891.	15,381.
<b>36</b> Occupancy	424,428.	360,764.	42,443.	21,221.
<b>37</b> Equipment rental and maintenance	29,449.	6,864.	15,361.	7,224.
<b>38</b> Printing and publications	110,878.	74,837.		36,041.
<b>39</b> Travel	30,667.	30,667.		
<b>40</b> Conferences, conventions, and meetings				
<b>41</b> Interest	57,288.	57,288.		
<b>42</b> Depreciation, depletion, etc. (attach schedule)	1,404,998.	1,037,143.	367,855.	
<b>43</b> Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g <b>SEE STATEMENT 3</b>	1,609,712.	1,406,876.	59,261.	143,575.
<b>44 Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	6,251,827.	4,802,571.	971,540.	477,716.

**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? <b>THE PROMOTION OF EDUCATION</b>	<b>Program Service Expenses</b> (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.)	
<b>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</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>4,675,071.</b>
<b>b</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>c</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>e Other program services (attach schedule)</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	<b>4,675,071.</b>

Form 990 (2007)

**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
<b>Assets</b>	45 Cash - non-interest-bearing .....	96,656.	206,055.
	46 Savings and temporary cash investments .....	965,231.	1,886,152.
	47 a Accounts receivable .....	96,181.	47c
	b Less: allowance for doubtful accounts .....		
	48 a Pledges receivable .....	417,205.	48c
	b Less: allowance for doubtful accounts .....	48b	
	49 Grants receivable .....	2,454,300.	49
	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 .....		51c
	b Less: allowance for doubtful accounts .....	51b	
	52 Inventories for sale or use .....	17,463.	52
	53 Prepaid expenses and deferred charges .....	16,974.	53
	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 .....	SEE STATEMENT 4	56
57 a Land, buildings, and equipment: basis .....	18,216,475.	57c	
b Less: accumulated depreciation STMT 5	57b 12,343,103.		
58 Other assets, including program-related investments (describe ► SECURITY DEPOSITS)	15,409.	58	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	11,534,127.	59	
<b>Liabilities</b>	60 Accounts payable and accrued expenses .....	296,498.	60
	61 Grants payable .....		61
	62 Deferred revenue .....	178,076.	62
	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	1,017,500.	64b
	65 Other liabilities (describe ► REFUNDABLE DEPOSITS)	36,000.	65
66 <b>Total liabilities.</b> Add lines 60 through 65	1,528,074.	66	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted .....	8,692,203.	67
	68 Temporarily restricted .....	345,498.	68
	69 Permanently restricted .....	968,352.	69
	<b>Organizations that do not follow SFAS 117, check here</b> <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 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	10,006,053.	73
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	11,534,127.	74







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.)	82a	X	
82 b	55,563.			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
83 b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		
84 b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a		
85 b	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.	85b		
85 c	Dues, assessments, and similar amounts from members	85c		N/A
85 d	Section 162(e) lobbying and political expenditures	85d		N/A
85 e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		N/A
85 f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		N/A
85 g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
85 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 a	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a		N/A
86 b	Gross receipts, included on line 12, for public use of club facilities	86b		N/A
87 a	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a		N/A
87 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
88 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.			
89 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
89 c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
89 d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			0.
89 e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
89 f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
89 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
90 b	Number of employees employed in the pay period that includes March 12, 2007	90b		46
91 a	The books are in care of			CANDICE CARNAGE
	Located at			212 WEST 83RD STREET, NEW YORK, NY
	Telephone no.			212-721-1223
	ZIP + 4			10024
91 b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	91b		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			N/A

**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					558,387.
b MUSEUM PROGRAM FEES					266,273.
c TRAVELING EXHIBITS					83,818.
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					833,714.
95 Interest on savings and temporary cash investments			14	92,742.	
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	268,131.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MUSEUM STORE					246,126.
b OTHER					126,218.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		360,873.	2,114,536.
105 Total (add line 104, columns (B), (D), and (E))					2,475,409.

**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 9

**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.

<b>Yes</b>	<b>No</b>

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

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.

<b>Yes</b>	<b>No</b>

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

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?

<b>Yes</b>	<b>No</b>

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Please Sign Here</b>	Signature of officer _____ <b>CANDICE CARNAGE, CHIEF FINANCIAL OFFICER</b> Type or print name and title	Date _____
<b>Paid Preparer's Use Only</b>	Preparer's signature _____ Firm's name (or yours if self-employed), address, and ZIP + 4 <b>DDK &amp; COMPANY LLP</b> <b>ONE PENN PLAZA, 54TH FLR</b> <b>NEW YORK, NY 10119</b>	Date _____ Check if self-employed <input type="checkbox"/> Preparer's SSN or PTIN (See Gen. Inst. X) _____ EIN _____ Phone no. <b>212-997-0600</b>

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

**Organization Exempt Under Section 501(c)(3)**

OMB No. 1545-0047

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

**2007**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization <b>CHILDREN'S MUSEUM OF MANHATTAN</b>	Employer identification number <b>13 2761376</b>
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**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 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	103,723.		
<u>LESLIE MCMAHON</u> 212 WEST 83RD STREET, NEW YORK, NY 10	DEPUTY DIRECTOR 40.00	100,490.	8,235.	
<u>LINDA OBSER</u> 212 WEST 83RD STREET, NEW YORK, NY 10	MANAGER 40.00	73,204.	2,976.	
<u>CANDICE CARNAGE</u> 212 WEST 83RD STREET, NEW YORK, NY 10	DIRECTOR, FINANCE 40.00	94,830.		
<u>ELLEN BLACK</u> 212 WEST 83RD STREET, NEW YORK, NY 10	MANAGER 40.00	72,416.	4,706.	
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
<u>DDK &amp; COMPANY LLP</u> ONE PENN PLAZA, 54TH FLOOR, NEW YORK, NY 10119	ACCOUNTING	55,033.
Total number of others receiving over \$50,000 for professional services	2	

**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>MCLANE SECURITY</u> 315 W 36TH ST, NEW YORK, NY 10018	SECURITY	122,384.
<u>GROUP GORDON STRATEGIC COMMUNICATIONS</u> 12 EAST 44TH ST, NEW YORK, NY 10017	PUBLIC RELATIONS	119,136.
<u>ROTO GROUP FABRICATION</u> 4150 TULLER ROAD, SUITE 206, DUBLIN, OH 43017	EXHIBIT FABRICATION	81,138.
<u>RAMAPO LITHO CORP PRODUCTION</u> 3215 MONTEREY DR, MERRICK, NY 11566	GRAPHIC	68,949.
Total number of other contractors receiving over \$50,000 for other services	5	

**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.		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)? ..... <b>SEE STATEMENT 10</b>	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.	

Schedule A (Form 990 or 990-EZ) 2007

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 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 8 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	
<b>Total</b> .....					<b>▶</b>

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	3,959,077.	5,924,355.	2,274,757.	2,430,912.	14,589,101.
16 Membership fees received	766,265.	536,435.	428,329.	344,531.	2,075,560.
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	1,406,737.	1,183,402.	1,037,077.	1,290,614.	4,917,830.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	17,844.	28,768.	17,819.	15,879.	80,310.
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	395,058.	342,876.	SEE STATEMENT 11 332,899.	286,210.	1,357,043.
23 Total of lines 15 through 22	6,544,981.	8,015,836.	4,090,881.	4,368,146.	23,019,844.
24 Line 23 minus line 17	5,138,244.	6,832,434.	3,053,804.	3,077,532.	18,102,014.
25 Enter 1% of line 23	65,450.	80,158.	40,909.	43,681.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 362,040.
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 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 402,960.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 18,102,014.
d Add: Amounts from column (e) for lines: 18 80,310. 19 22 1,357,043. 26b 402,960.					26d 1,840,313.
e Public support (line 26c minus line 26d total)					26e 16,261,701.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 89.8337%
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					
(2006) (2005) (2004) (2003)					
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					
(2006) (2005) (2004) (2003)					
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 2003 through 2006, 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? .....	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? .....	32d	
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? .....	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	

Schedule A (Form 990 or 990-EZ) 2007



**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		<b>N/A</b>	
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37) .....	<b>38</b>		
<b>39</b> Other exempt purpose expenditures .....	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>		
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table -			
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>		
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 .....	<b>41</b>	
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 .....		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>		
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>		

**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) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount .....					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					0.
<b>47</b> Total lobbying expenditures .....					0.
<b>48</b> Grassroots nontaxable amount .....					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					0.
<b>50</b> 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 14 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
<b>a</b> Volunteers .....			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .) .....			
<b>c</b> Media advertisements .....			
<b>d</b> Mailings to members, legislators, or the public .....			
<b>e</b> Publications, or published or broadcast statements .....			
<b>f</b> Grants to other organizations for lobbying purposes .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
<b>i</b> Total lobbying expenditures (Add lines <b>c</b> through <b>h</b> .) .....			0.

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



Schedule A Identification of Excess Contributions Included on Part IV-A, Line 26b 2007

\*\* Do Not File \*\*
\*\*\* Not Open to Public Inspection \*\*\*

Table with 3 columns: Contributor's Name, Total Contributions, Excess Contributions. Row 1: HANNAN, JOHN & JUDITH, 765,000., 402,960.

Total Excess Contributions to Schedule A, Line 26b ..... 402,960.

**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

**2007**

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) (2007)

Name of organization <b>CHILDREN'S MUSEUM OF MANHATTAN</b>	Employer identification number <b>13-2761376</b>
---	---

**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	FISHER TRAVEL  200 EAST 42ND ST  NEW YORK, NY 10017	\$ 6,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	NICKELODEON  1515 BROADWAY  NEW YORK, NY 10036	\$ 8,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	VARIOUS  SEE SCHEDULE ATTACHED	\$ 1,297,736.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of 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 <b>CHILDREN'S MUSEUM OF MANHATTAN</b>	Employer identification number <b>13-2761376</b>
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**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
1	A FOUR-NIGHT STAY FOR TWO AT THE FOUR SEASONS, NEVIS	\$ 6,000.	11/15/07
2	NICKELODEON CARIBBEAN CRUISE - PACKAGE FOR 4	\$ 8,000.	06/30/07
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

2007 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
	BUILDINGS														
62	LEASEHOLD IMPROVEMENTS	06/30/86	SL	20.00		HY16	3,998,330.				3,998,330.	3,409,775.		0.	3,409,775.
63	LEASEHOLD IMPROVEMENTS	06/30/86	SL	20.00		HY16	19,000.				19,000.	14,250.		0.	14,250.
64	LEASEHOLD IMPROVEMENTS	06/30/86	SL	20.00		HY16	691.				691.	525.		0.	525.
65	LEASEHOLD IMPROVEMENTS	06/30/91	SL	20.00		HY16	28,014.				28,014.	22,404.		1,401.	23,805.
66	LEASEHOLD IMPROVEMENTS	06/30/91	SL	20.00		HY16	3,165.				3,165.	2,528.		158.	2,686.
67	LEASEHOLD IMPROVEMENTS	06/30/97	SL	20.00		HY16	78,191.				78,191.	39,100.		3,910.	43,010.
68	LEASEHOLD IMPROVEMENTS	06/30/97	SL	20.00		HY16	82,178.				82,178.	41,090.		4,109.	45,199.
69	LEASEHOLD IMPROVEMENTS	06/30/97	SL	5.00		HY16	2,000.				2,000.	2,000.		0.	2,000.
70	LEASEHOLD IMPROVEMENTS	06/30/97	SL	20.00		HY16	1,500.				1,500.	750.		75.	825.
71	LEASEHOLD IMPROVEMENTS	06/30/97	SL	20.00		HY16	20,000.				20,000.	10,000.		1,000.	11,000.
72	LEASEHOLD IMPROVEMENTS	06/30/98	SL	20.00		HY16	3,913,229.				3,913,229.	1,761,134.		195,661.	1,956,795.
73	LEASEHOLD IMPROVEMENTS	06/30/98	SL	20.00		HY16	156,446.				156,446.	60,274.		7,822.	68,096.
74	LEASEHOLD IMPROVEMENTS	06/30/98	SL	20.00		HY16	20,000.				20,000.	9,000.		1,000.	10,000.
75	LEASEHOLD IMPROVEMENTS	06/30/01	SL	10.00		HY16	22,301.				22,301.	15,610.		2,230.	17,840.
76	LEASEHOLD IMPROVEMENTS	06/30/02	SL	10.00		HY16	17,033.				17,033.	8,515.		1,703.	10,218.
77	LEASEHOLD IMPROVEMENTS	06/30/03	SL	10.00		HY16	28,342.				28,342.	14,170.		2,834.	17,004.
78	LEASEHOLD IMPROVEMENTS	06/30/04	SL	10.00		HY16	10,739.				10,739.	3,759.		1,074.	4,833.

2007 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.	471.		157.	628.
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.	1,355.		1,084.	2,439.
88	LEASEHOLD IMPROVEMENTS	04/01/06	SL	11.42		HY16	243,730.				243,730.	26,678.		21,342.	48,020.
89	LEASEHOLD IMPROVEMENTS	04/01/06	SL	11.42		HY16	6,436.				6,436.	705.		564.	1,269.
90	LEASEHOLD IMPROVEMENTS	09/01/06	SL	11.42		HY16	315,782.				315,782.	23,043.		27,652.	50,695.
91	LEASEHOLD IMPROVEMENTS	09/01/06	SL	11.42		HY16	17,867.				17,867.	1,304.		1,565.	2,869.
92	LEASEHOLD IMPROVEMENTS	09/01/06	SL	11.42		HY16	175,867.				175,867.	12,833.		15,400.	28,233.
93	LEASEHOLD IMPROVEMENTS	09/01/06	SL	11.42		HY16	29,164.				29,164.	2,128.		2,554.	4,682.
94	LEASEHOLD IMPROVEMENTS	09/01/06	SL	11.42		HY16	32,970.				32,970.	2,406.		2,887.	5,293.
108	LEASEHOLD IMPROVEMENTS	09/06/06	SL	11.42		HY16	2,748.				2,748.	201.		241.	442.
109	LEASEHOLD IMPROVEMENTS	09/19/06	SL	11.42		HY16	516,017.				516,017.	33,889.		45,185.	79,074.



2007 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.		1,838.	3,216.
111	LEASEHOLD IMPROVEMENTS	09/19/06	SL	11.42		HY16	6,404.				6,404.	421.		561.	982.
112	LEASEHOLD IMPROVEMENTS	09/19/06	SL	11.42		HY16	23,554.				23,554.	1,547.		2,063.	3,610.
113	LEASEHOLD IMPROVEMENTS	09/19/06	SL	11.42		HY16	4,732.				4,732.	311.		414.	725.
114	LEASEHOLD IMPROVEMENTS	10/18/06	SL	11.42		HY16	1,205.				1,205.	70.		106.	176.
115	LEASEHOLD IMPROVEMENTS	12/12/06	SL	11.42		HY16	11,135.				11,135.	569.		975.	1,544.
116	LEASEHOLD IMPROVEMENTS	03/29/07	SL	11.42		HY16	7,700.				7,700.	169.		674.	843.
117	LEASEHOLD IMPROVEMENTS	06/01/07	SL	11.42		HY16	26,850.				26,850.	196.		2,351.	2,547.
	* 990 PAGE 2 TOTAL BUILDINGS						10015194.				10015194.	5,679,929.		350,590.	6,030,519.
	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.	250,000.		0.	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.	1,316.		0.	1,316.
5	FURNITURE & FIXTURE	06/30/02	SL	5.00		HY16	973.				973.	973.		0.	973.
6	FURNITURE & FIXTURE	12/31/03	SL	5.00		HY16	926.				926.	648.		185.	833.
7	FURNITURE & FIXTURE	06/30/04	SL	5.00		HY16	825.				825.	495.		165.	660.
8	FURNITURE & FIXTURE	06/30/04	SL	5.00		HY16	4,200.				4,200.	2,520.		840.	3,360.

2007 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.	540.		180.	720.
10	FURNITURE & FIXTURE	06/30/04	SL	5.00		HY16	858.				858.	516.		172.	688.
118	FURNITURE & FIXTURE	07/17/08	SL	7.00		HY16	2,050.				2,050.			0.	
	* 990 PAGE 2 TOTAL FURNITURE & FIXTURES						268,214.				268,214.	263,174.		1,542.	264,716.
	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.	5,677.		0.	5,677.
14	OFFICE EQUIPMENT	06/30/03	SL	5.00		HY16	50,920.				50,920.	50,736.		184.	50,920.
15	OFFICE EQUIPMENT	06/30/04	SL	5.00		HY16	10,977.				10,977.	6,586.		2,195.	8,781.
16	OFFICE EQUIPMENT	06/30/04	SL	10.00		HY16	7,050.				7,050.	2,468.		705.	3,173.
17	OFFICE EQUIPMENT	06/30/05	SL	5.00		HY16	10,467.				10,467.	6,280.		2,093.	8,373.
18	OFFICE EQUIPMENT	06/30/05	SL	5.00		HY16	1,625.				1,625.	650.		325.	975.
19	OFFICE EQUIPMENT	09/22/05	SL	5.00		HY16	1,586.				1,586.	555.		317.	872.
20	OFFICE EQUIPMENT	10/19/05	SL	5.00		HY16	1,500.				1,500.	500.		300.	800.
21	OFFICE EQUIPMENT	11/25/05	SL	5.00		HY16	1,827.				1,827.	578.		365.	943.
22	OFFICE EQUIPMENT	12/14/05	SL	5.00		HY16	3,072.				3,072.	972.		614.	1,586.
23	OFFICE EQUIPMENT	11/18/05	SL	5.00		HY16	1,320.				1,320.	418.		264.	682.

2007 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
24	OFFICE EQUIPMENT	12/07/05	SL	5.00		HY16	6,484.				6,484.	2,053.		1,297.	3,350.
25	OFFICE EQUIPMENT	03/16/06	SL	5.00		HY16	4,970.				4,970.	1,243.		994.	2,237.
26	OFFICE EQUIPMENT	03/16/06	SL	5.00		HY16	2,401.				2,401.	600.		480.	1,080.
27	OFFICE EQUIPMENT	06/30/06	SL	5.00		HY16	2,674.				2,674.	535.		535.	1,070.
95	OFFICE EQUIPMENT	07/19/06	SL	5.00		HY16	958.				958.	176.		192.	368.
96	OFFICE EQUIPMENT	07/14/06	SL	5.00		HY16	660.				660.	132.		132.	264.
97	OFFICE EQUIPMENT	11/22/06	SL	5.00		HY16	8,570.				8,570.	1,000.		1,714.	2,714.
98	OFFICE EQUIPMENT	03/28/07	SL	5.00		HY16	1,020.				1,020.	51.		204.	255.
99	OFFICE EQUIPMENT	03/20/07	SL	5.00		HY16	1,213.				1,213.	61.		243.	304.
100	OFFICE EQUIPMENT	03/15/07	SL	5.00		HY16	671.				671.	45.		134.	179.
101	OFFICE EQUIPMENT	04/17/07	SL	5.00		HY16	1,349.				1,349.	45.		270.	315.
102	OFFICE EQUIPMENT	06/19/07	SL	5.00		HY16	1,585.				1,585.			317.	317.
119	COMPUTERS	07/12/08	SL	5.00		HY16	150.				150.			0.	
120	COMPUTERS	08/16/07	SL	5.00		HY16	2,632.				2,632.			439.	439.
121	COMPUTERS	03/18/07	SL	5.00		HY16	1,677.				1,677.			335.	335.
122	COMPUTERS	10/17/07	SL	5.00		HY16	1,279.				1,279.			171.	171.
123	COMPUTERS	03/27/08	SL	5.00		HY16	5,854.				5,854.			293.	293.
124	COMPUTERS	04/28/08	SL	5.00		HY16	3,725.				3,725.			124.	124.

2007 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
125	COMPUTERS	05/20/08	SL	5.00		HY16	5,601.				5,601.			93.	93.
126	COMPUTERS	05/22/08	SL	5.00		HY16	23,626.				23,626.			394.	394.
127	COMPUTERS	06/17/08	SL	5.00		HY16	1,772.				1,772.			0.	
	* 990 PAGE 2 TOTAL MACHINERY & EQUIPMENT						479,897.				479,897.	386,366.		15,723.	402,089.
	* 990 PAGE 2 TOTAL - MACHINERY & EQUIPMENT						10763305.				10763305.	5,329,469.		367,855.	6,697,324.
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.	4,305.		1,435.	5,740.
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.
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.	73,995.		4,110.	78,105.
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.

2007 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
40	PERMANENT EXHIBITS	06/30/04	SL	5.00		HY16	396,979.				396,979.	238,188.		79,396.	317,584.
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.	17,144.		0.	17,144.
48	PERMANENT EXHIBITS	06/30/03	SL	6.00		HY16	751,925.				751,925.	501,283.		125,321.	626,604.
49	PERMANENT EXHIBITS	06/30/00	SL	3.00		HY16	3,250.				3,250.	3,250.		0.	3,250.
50	PERMANENT EXHIBITS	06/30/04	SL	3.00		HY16	56,462.				56,462.	56,462.		0.	56,462.
51	PERMANENT EXHIBITS	12/31/04	SL	3.00		HY16	6,947.				6,947.	6,947.		0.	6,947.
52	PERMANENT EXHIBITS	06/30/04	SL	3.00		HY16	116,545.				116,545.	116,545.		0.	116,545.
53	PERMANENT EXHIBITS	06/30/04	SL	5.00		HY16	27,903.				27,903.	11,162.		5,581.	16,743.
54	PERMANENT EXHIBITS	06/30/04	SL	5.00		HY16	63,515.				63,515.	38,109.		12,703.	50,812.
55	PERMANENT EXHIBITS	01/01/06	SL	1.00		HY16	6,214.				6,214.	6,214.		0.	6,214.
56	PERMANENT EXHIBITS	12/31/05	SL	4.00		HY16	68,709.				68,709.	25,766.		17,177.	42,943.
57	PERMANENT EXHIBITS	07/01/05	SL	1.00		HY16	277.				277.	277.		0.	277.

2007 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
58	PERMANENT EXHIBITS	06/30/05	SL	2.00		HY16	2,349.				2,349.	2,349.		0.	2,349.
59	PERMANENT EXHIBITS	06/30/06	SL	10.00		HY16	669,552.				669,552.	66,955.		66,955.	133,910.
60	PERMANENT EXHIBITS	06/30/06	SL	10.00		HY16	206,361.				206,361.	20,636.		20,636.	41,272.
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.		43,129.	79,070.
104	PERMANENT EXHIBITS	05/25/07	SL	1.50		HY16	867,719.				867,719.	48,207.		578,479.	626,686.
105	PERMANENT EXHIBITS	07/01/06	SL	4.00		HY16	36,078.				36,078.	9,020.		9,020.	18,040.
106	PERMANENT EXHIBITS	05/25/07	SL	1.50		HY16	48,843.				48,843.	2,714.		32,562.	35,276.
107	PERMANENT EXHIBITS	05/25/07	SL	1.50		HY16	14,080.				14,080.	782.		9,387.	10,169.
128	PERMANENT EXHIBITS	06/01/08	SL	3.92		HY16	61,276.				61,276.			1,303.	1,303.
129	PERMANENT EXHIBITS		NC	.000		HY	3,900.				3,900.			0.	
130	PERMANENT EXHIBITS	11/15/07	SL	1.50		HY16	41,751.				41,751.			18,556.	18,556.
131	PERMANENT EXHIBITS	01/01/08	SL	8.75		HY16	5,619.				5,619.			321.	321.
132	PERMANENT EXHIBITS	05/25/07	SL	3.20		HY16	35,431.				35,431.			11,072.	11,072.
	* 990 PAGE 2 TOTAL MACHINERY & EQUIPMENT						7,453,140.				7,453,140.	4,735,297.		1,037,143.	5,772,440.
	* 990 PAGE 2 TOTAL -						7,453,140.				7,453,140.	4,735,297.		1,037,143.	5,772,440.
	* GRAND TOTAL 990 PAGE 2 DEPR						18216445.				18216445.	11064766.		1,404,998.	12469764.

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FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	1
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
ANNUAL AND FALL BENEFITS	348,771.		348,771.	80,640.	268,131.
TO FM 990, PART I, LINE 9	348,771.		348,771.	80,640.	268,131.

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FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
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DESCRIPTION	AMOUNT
DEPRECIATION ADJUSTMENT	272,821.
TOTAL TO FORM 990, PART I, LINE 20	272,821.

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FORM 990	OTHER EXPENSES	STATEMENT	3
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING	25,635.	25,635.		
CHINA EXHIBIT	28,133.	28,133.		
COMPUTER EXPENSES	18,096.		18,096.	
CONTRACTED SERVICES	767,603.	667,571.	1,847.	98,185.
CREDIT CARD FEES	67,830.	41,402.		26,428.
INSURANCE	55,702.	47,881.	5,214.	2,607.
LONG RANGE PLANNING	128,999.	128,999.		
MAINTENANCE AND REPAIRS	91,336.	77,636.	9,133.	4,567.
MEMBERSHIP, DUES, AND SUBSCRIPTIONS	8,686.	3,972.	312.	4,402.
MISCELLANEOUS	3,685.		3,685.	
PROFESSIONAL SERVICES	6,263.	60.	6,203.	
SECURITY	123,410.	123,410.		
STIPENDS	8,014.	8,014.		
UTILITIES	147,715.	125,558.	14,771.	7,386.
MUSEUM STORE COST OF SALES	128,605.	128,605.		
TOTAL TO FM 990, LN 43	1,609,712.	1,406,876.	59,261.	143,575.

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FORM 990	OTHER INVESTMENTS	STATEMENT	4
DESCRIPTION	VALUATION METHOD	AMOUNT	
SECURITIES	COST	5,403.	
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		5,403.	

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	5
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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.	833.	93.
FURNITURE & FIXTURE	825.	660.	165.
FURNITURE & FIXTURE	4,200.	3,360.	840.
FURNITURE & FIXTURE	900.	720.	180.
FURNITURE & FIXTURE	858.	688.	170.
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.	50,920.	0.
OFFICE EQUIPMENT	10,977.	8,781.	2,196.
OFFICE EQUIPMENT	7,050.	3,173.	3,877.
OFFICE EQUIPMENT	10,467.	8,373.	2,094.
OFFICE EQUIPMENT	1,625.	975.	650.
OFFICE EQUIPMENT	1,586.	872.	714.
OFFICE EQUIPMENT	1,500.	800.	700.
OFFICE EQUIPMENT	1,827.	943.	884.
OFFICE EQUIPMENT	3,072.	1,586.	1,486.
OFFICE EQUIPMENT	1,320.	682.	638.
OFFICE EQUIPMENT	6,484.	3,350.	3,134.
OFFICE EQUIPMENT	4,970.	2,237.	2,733.
OFFICE EQUIPMENT	2,401.	1,080.	1,321.
OFFICE EQUIPMENT	2,674.	1,070.	1,604.
PERMANENT EXHIBITS	109,795.	109,795.	0.
PERMANENT EXHIBITS	7,175.	5,740.	1,435.
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.	78,105.	4,095.
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.	317,584.	79,395.
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.	626,604.	125,321.
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.	16,743.	11,160.
PERMANENT EXHIBITS	63,515.	50,812.	12,703.
PERMANENT EXHIBITS	6,214.	6,214.	0.
PERMANENT EXHIBITS	68,709.	42,943.	25,766.
PERMANENT EXHIBITS	277.	277.	0.
PERMANENT EXHIBITS	2,349.	2,349.	0.
PERMANENT EXHIBITS	669,552.	133,910.	535,642.
PERMANENT EXHIBITS	206,361.	41,272.	165,089.
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.	23,805.	4,209.
LEASEHOLD IMPROVEMENTS	3,165.	2,686.	479.
LEASEHOLD IMPROVEMENTS	78,191.	43,010.	35,181.
LEASEHOLD IMPROVEMENTS	82,178.	45,199.	36,979.
LEASEHOLD IMPROVEMENTS	2,000.	2,000.	0.
LEASEHOLD IMPROVEMENTS	1,500.	825.	675.
LEASEHOLD IMPROVEMENTS	20,000.	11,000.	9,000.
LEASEHOLD IMPROVEMENTS	3,913,229.	1,956,795.	1,956,434.
LEASEHOLD IMPROVEMENTS	156,446.	68,096.	88,350.
LEASEHOLD IMPROVEMENTS	20,000.	10,000.	10,000.
LEASEHOLD IMPROVEMENTS	22,301.	17,840.	4,461.
LEASEHOLD IMPROVEMENTS	17,033.	10,218.	6,815.
LEASEHOLD IMPROVEMENTS	28,342.	17,004.	11,338.
LEASEHOLD IMPROVEMENTS	10,739.	4,833.	5,906.
LEASEHOLD IMPROVEMENTS	3,132.	628.	2,504.
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.	2,439.	9,945.

LEASEHOLD IMPROVEMENTS	243,730.	48,020.	195,710.
LEASEHOLD IMPROVEMENTS	6,436.	1,269.	5,167.
LEASEHOLD IMPROVEMENTS	315,782.	50,695.	265,087.
LEASEHOLD IMPROVEMENTS	17,867.	2,869.	14,998.
LEASEHOLD IMPROVEMENTS	175,867.	28,233.	147,634.
LEASEHOLD IMPROVEMENTS	29,164.	4,682.	24,482.
LEASEHOLD IMPROVEMENTS	32,970.	5,293.	27,677.
OFFICE EQUIPMENT	958.	368.	590.
OFFICE EQUIPMENT	660.	264.	396.
OFFICE EQUIPMENT	8,570.	2,714.	5,856.
OFFICE EQUIPMENT	1,020.	255.	765.
OFFICE EQUIPMENT	1,213.	304.	909.
OFFICE EQUIPMENT	671.	179.	492.
OFFICE EQUIPMENT	1,349.	315.	1,034.
OFFICE EQUIPMENT	1,585.	317.	1,268.
PERMANENT EXHIBITS	431,289.	79,070.	352,219.
PERMANENT EXHIBITS	867,719.	626,686.	241,033.
PERMANENT EXHIBITS	36,078.	18,040.	18,038.
PERMANENT EXHIBITS	48,843.	35,276.	13,567.
PERMANENT EXHIBITS	14,080.	10,169.	3,911.
LEASEHOLD IMPROVEMENTS	2,748.	442.	2,306.
LEASEHOLD IMPROVEMENTS	516,017.	79,074.	436,943.
LEASEHOLD IMPROVEMENTS	20,987.	3,216.	17,771.
LEASEHOLD IMPROVEMENTS	6,404.	982.	5,422.
LEASEHOLD IMPROVEMENTS	23,554.	3,610.	19,944.
LEASEHOLD IMPROVEMENTS	4,732.	725.	4,007.
LEASEHOLD IMPROVEMENTS	1,205.	176.	1,029.
LEASEHOLD IMPROVEMENTS	11,135.	1,544.	9,591.
LEASEHOLD IMPROVEMENTS	7,700.	843.	6,857.
LEASEHOLD IMPROVEMENTS	26,850.	2,547.	24,303.
FURNITURE & FIXTURE	2,050.	0.	2,050.
COMPUTERS	150.	0.	150.
COMPUTERS	2,632.	439.	2,193.
COMPUTERS	1,677.	335.	1,342.
COMPUTERS	1,279.	171.	1,108.
COMPUTERS	5,854.	293.	5,561.
COMPUTERS	3,725.	124.	3,601.
COMPUTERS	5,601.	93.	5,508.
COMPUTERS	23,626.	394.	23,232.
COMPUTERS	1,772.	0.	1,772.
PERMANENT EXHIBITS	61,276.	1,303.	59,973.
PERMANENT EXHIBITS	3,900.	0.	3,900.
PERMANENT EXHIBITS	41,751.	18,556.	23,195.
PERMANENT EXHIBITS	5,619.	321.	5,298.
PERMANENT EXHIBITS	35,431.	11,072.	24,359.
TOTAL TO FORM 990, PART IV, LN 57	18,216,445.	12,469,764.	5,746,681.

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.

0.

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

FORM 990

OTHER EXPENSES INCLUDED ON FORM 990

STATEMENT 7

DESCRIPTIONAMOUNT

MUSEUM STORE EXPENSES  
DEPRECIATION EXPENSE

128,605.

272,821.

TOTAL TO FORM 990, PART IV-B

401,426.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 8

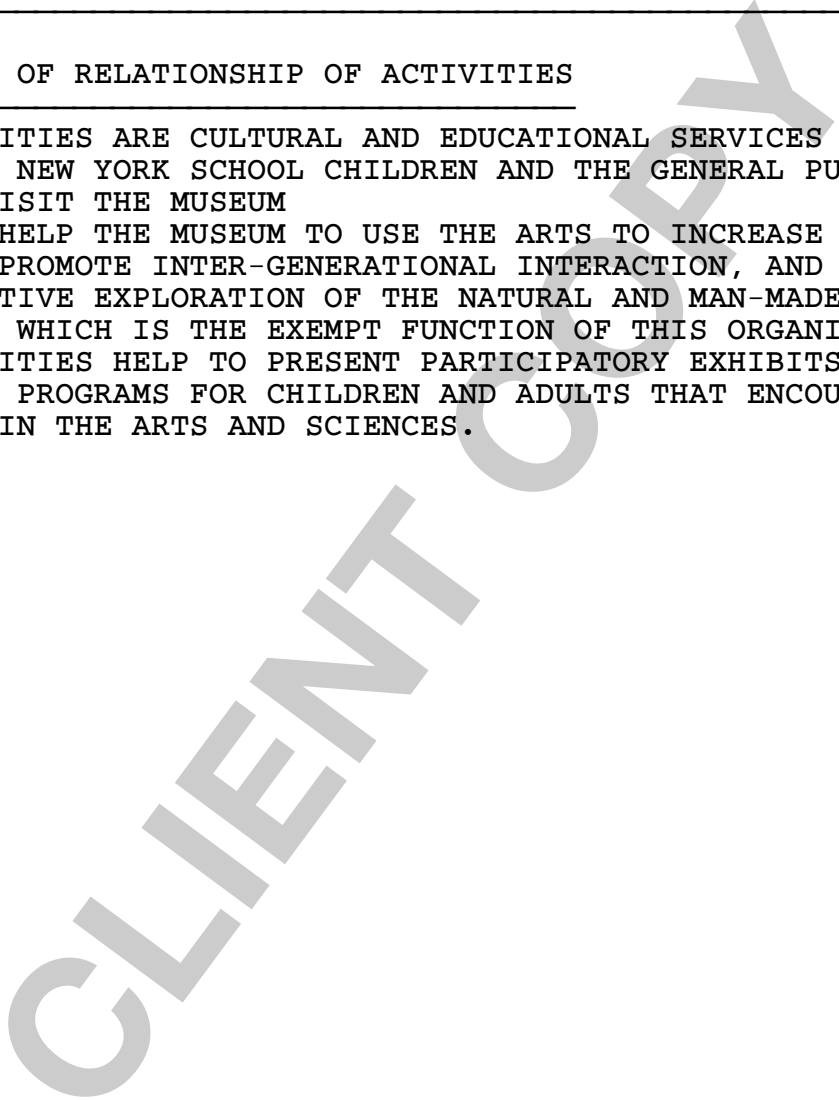
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ANDREW ACKERMAN 11 HEATHER HILL LANE SUFFERN, NY 10901	EXECUTIVE DIRECTOR 50.00	170,000.	0.	0.
LAURIE TISCH 88 CENTRAL PARK WEST NEW YORK, NY 10023	HONORARY CHAIR 1.00	0.	0.	0.
JUDITH HANNAN 1133 FIFTH AVENUE 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 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.
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.
BROWN JOHNSON 212 WEST 83RD STREET 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                      9  
 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

EXPLANATION OF TRANSACTIONS  
PART III, LINE 2D

STATEMENT 10

ANDREW ACKERMAN - EXECUTIVE DIRECTOR - \$170,000 (SALARY)

CLIENT COPY

SCHEDULE A	OTHER INCOME			STATEMENT 11
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
VARIOUS	395,058.	342,876.	332,899.	286,210.
TOTAL TO SCHEDULE A, LINE 22	395,058.	342,876.	332,899.	286,210.

CLIENT COPY



# 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

• 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).

A corporation 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 a corporation 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](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

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

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

- Form 990
- Form 990-BL
- Form 990-EZ
- Form 990-PF
- Form 990-T (corporation)
- Form 990-T (sec. 401(a) or 408(a) trust)
- Form 990-T (trust other than above)
- Form 1041-A
- Form 4720
- Form 5227
- Form 6069
- 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 corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2009**, 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, 2007**, and ending **JUN 30, 2008**.

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

<b>3a</b> 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.	<b>3a</b>	\$	
<b>b</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.	<b>3b</b>	\$	
<b>c Balance Due.</b> 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.	<b>3c</b>	\$	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.

# TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500, ANNUAL FILING REPORT

FOR THE YEAR ENDING

JUNE 30, 2008

<b>Prepared for</b>	CHILDREN'S MUSEUM OF MANHATTAN THE TISCH BUILDING, 212 WEST 83RD STREET NEW YORK, NY 10024
<b>Prepared by</b>	DDK & COMPANY LLP ONE PENN PLAZA, 54TH FLR NEW YORK, NY 10119
<b>Mail tax return to</b>	NEW YORK STATE DEPARTMENT OF LAW CHARITIES BUREAU - REGISTRATION SECTION 120 BROADWAY NEW YORK, NY 10271
<b>Return must be mailed on or before</b>	PLEASE MAIL AS SOON AS POSSIBLE.
<b>Special Instructions</b>	THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).  ENCLOSE A CHECK FOR \$275 MADE PAYABLE TO NYS DEPARTMENT OF LAW. INCLUDE THE ORGANIZATION'S STATE REGISTRATION NUMBER(S) ON THE REMITTANCE.

Form <b>CHAR500</b>	<b>Annual Filing for Charitable Organizations</b> 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	<b>2007</b>
This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)		<b>Open to Public Inspection</b>

<b>1. General Information</b>		
a. For the fiscal year beginning (mm/dd/yyyy) <b>07/01/2007</b> and ending (mm/dd/yyyy) <b>06/30/2008</b>		
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 <b>CHILDREN'S MUSEUM OF MANHATTAN</b>  Number and street (or P.O. box if mail not delivered to street address) Room/suite <b>THE TISCH BUILDING, 212 WEST 83R</b>  City or town, state or country and ZIP + 4 <b>NEW YORK, NY 10024</b>	d. Fed. employer ID no. (EIN) <b>13-2761376</b> e. NY State registration no. <b>03-86-91</b> f. Telephone number <b>212 721-1223</b> g. Email

<b>2. Certification - Two Signatures Required</b>			
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	CANDICE CARNAGE Printed Name	CHIEF Date
b. Chief Financial Officer or Treasurer	Signature	CANDICE CARNAGE Printed Name	CHIEF Date

<b>3. Annual Report Exemption Information</b>	
a.	<b>Article 7-A</b> 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 <b>and</b> 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.  <b>NOTE:</b> An organization may also check the box to claim this exemption if no PFR or FRC was used <b>and</b> either: 1) the organization received an allocation from a federated fund, United Way or incorporated community appeal <b>and</b> contributions from all other sources did not exceed \$25,000 <b>or</b> 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.	<b>EPTL</b> 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 <b>and</b> 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. <b>Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.</b>	

<b>4. Article 7-A Schedules</b>	
If you did <b>not</b> 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? ... <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No * If "Yes", complete Schedule 4a.	
b. Did the organization receive government contributions (grants)? ..... <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> No * If "Yes", complete Schedule 4b.	

<b>5. Fee Submitted:</b> See last page for <b>summary of fee requirements.</b>	
Indicate the filing fee(s) you are submitting along with this form:	Submit only one check or money order for the total fee, payable to "NYS Department of Law"
a. Article 7-A filing fee .....	\$ <u>25.</u>
b. EPTL filing fee .....	\$ <u>250.</u>
c. <b>Total fee</b> .....	\$ <u>275.</u>

<b>6. Attachments:</b> For organizations that are not claiming annual report exemptions under both laws, see last page for <b>required attachments.</b>
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- Mail completed form with **required schedules, fee and attachments** to the address at the top of this page -



