

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

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <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 Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite THE TISCH BUILDING, 212 WEST 83RD S City or town, state or country, and ZIP + 4 NEW YORK, NY 10024 F Name and address of principal officer: ANDREW ACKERMAN 11 HEATHER HILL LANE, SUFFERN, NY 10901	D Employer identification number 13-2761376 E Telephone number (212) 721-1223 G Gross receipts \$ 5,217,901. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.CMOM.ORG	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1974 M State of legal domicile: NY	

Part I Summary			
	1 Briefly describe the organization's mission or most significant activities: <u>THE PROMOTION OF LITERACY, EARLY CHILDHOOD EDUCATION, HEALTHY LIFESTYLES, AND CREATIVITY IN THE ARTS</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	25
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	25
	5 Total number of employees (Part V, line 2a)	5	110
	6 Total number of volunteers (estimate if necessary)	6	35
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,178,836.	3,191,265.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	821,645.	605,422.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	64,915.	14,414.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	430,355.	1,184,233.
		4,495,751.	4,995,334.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,365,110.	2,365,472.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 431,678.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,058,249.	2,601,316.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,423,359.	4,966,788.
	19 Revenue less expenses. Subtract line 18 from line 12	<927,608.>	28,546.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	8,431,126.	8,343,994.
	22 Net assets or fund balances. Subtract line 21 from line 20	374,150.	405,243.
		8,056,976.	7,938,751.

Part II Signature Block				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
Sign Here	▶ Signature of officer		Date	
	▶ ANDREW ACKERMAN, EXEC.DIRECTOR			
	Type or print name and title			
Paid Preparer's Use Only	▶ Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	▶ 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	

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: THE MISSION OF THE CHILDREN'S MUSEUM OF MANHATTAN (CMOM) IS TO INSPIRE CHILDREN AND FAMILIES TO LEARN ABOUT THEMSELVES AND OUR CULTURALLY DIVERSE WORLD THROUGH A UNIQUE ENVIRONMENT OF INTERACTIVE EXHIBITIONS AND PROGRAMS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,556,041. including grants of \$) (Revenue \$ 4,995,334.) 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

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

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

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

4e Total program service expenses \$ 3,556,041.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

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

Note. All Form 990 filers are required to complete Schedule O.

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 55		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 110		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	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)?		X
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1a			25
b	Enter the number of voting members that are independent		
1b			25
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a			
b	Each committee with authority to act on behalf of the governing body?	X	
8b			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10b			
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12b			
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		
12c			
13	Does the organization have a written whistleblower policy?		X
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
15a			
b	Other officers or key employees of the organization	X	
15b			
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	NY
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization:	ANDREW ACKERMAN - 212-721-1223 212 WEST 83RD STREET, NEW YORK, NY 10024

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ANDREW ACKERMAN EXECUTIVE DIRECTOR	50.00	X		X			175,625.	0.	0.	
LAURIE TISCH HONORARY CHAIR	1.00	X					0.	0.	0.	
JUDITH HANNAN DIRECTOR	1.00	X					0.	0.	0.	
ELLEN UNTERBERG CELLI DIRECTOR	1.00	X					0.	0.	0.	
BRIAN P. MATHIS DIRECTOR	1.00	X					0.	0.	0.	
JOHN BRANDON RHEA DIRECTOR	1.00	X					0.	0.	0.	
MICHAEL COHEN DIRECTOR	1.00	X					0.	0.	0.	
ELIZABETH SARNOFF COHEN DIRECTOR	1.00	X					0.	0.	0.	
RENEE EDELMAN DIRECTOR	1.00	X					0.	0.	0.	
HALLEY K. HARRISBURG CHAIR	1.00	X					0.	0.	0.	
JENNIFER HELLER DIRECTOR	1.00	X					0.	0.	0.	
MYRON KAPLAN, ESQ. DIRECTOR	1.00	X					0.	0.	0.	
MIYOUNG LEE VICE CHAIR	1.00	X					0.	0.	0.	
KEVIN B. MCGRATH, ESQ DIRECTOR	1.00	X					0.	0.	0.	
RAFFIQ A. NATHOO DIRECTOR	1.00	X					0.	0.	0.	
NANCY COHEN ROBERTS DIRECTOR	1.00	X					0.	0.	0.	
RAJEEV NARANG TREASURER	1.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARCIA L. WARNER DIRECTOR	1.00	X						0.	0.	0.
STEVEN WARNER DIRECTOR	1.00	X						0.	0.	0.
MARK B PEARLMAN DIRECTOR	1.00	X						0.	0.	0.
MICHAEL J. BOUBLIK DIRECTOR	1.00	X						0.	0.	0.
LAMAE ALLEN DEJONGH DIRECTOR	1.00	X						0.	0.	0.
ROBIN A. VINCE DIRECTOR	1.00	X						0.	0.	0.
ZACHARY M. WILLIAMS SECRETARY	1.00	X						0.	0.	0.
MARK R.T. ADKINS DIRECTOR	1.00	X						0.	0.	0.
WAYNE FINGERMAN DIRECTOR	1.00	X						0.	0.	0.
TERI WEISS DIRECTOR	1.00	X						0.	0.	0.
1b Total								175,625.	0.	0.

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b	768,201.			
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	365,361.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	205,770.3.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		319,126.5.			
	Program Service Revenue	2 a EDUCATIONAL PROGRAM FE	Business Code 611710	358,812.	358,812.	
b MUSEUM PROGRAM FEES		611710	241,244.	241,244.		
c TRAVELING EXHIBITS		611710	5,366.	5,366.		
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			605,422.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		14,414.		14,414.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	1,130,460.			
		b Less: direct expenses	b	222,567.		
c Net income or (loss) from fundraising events			907,893.		907,893.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a MUSEUM STORE	453220	166,161.	166,161.			
b OTHER	900002	110,179.	110,179.			
c						
d All other revenue						
e Total. Add lines 11a-11d		276,340.				
12 Total revenue. See instructions.		499,533.4.	881,762.	0.	922,307.	

Part IX Statement of Functional Expenses

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	221,875.	55,469.	55,469.	110,937.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,758,972.	1,492,772.	252,689.	13,511.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	164,977.	116,097.	39,617.	9,263.
10 Payroll taxes	219,648.	178,094.	31,534.	10,020.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	48,577.		48,577.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	16,692.		16,692.	
12 Advertising and promotion	39,321.	39,321.		
13 Office expenses				
14 Information technology	73,100.		73,100.	
15 Royalties				
16 Occupancy	259,344.	220,443.	25,934.	12,967.
17 Travel	28,702.	28,702.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	9,126.	9,126.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	560,567.	180,966.	379,601.	
23 Insurance	51,111.	43,956.	4,770.	2,385.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a CONTRACTED SERVICES	469,601.	341,622.	826.	127,153.
b SUPPLIES AND MATERIALS	167,492.	156,109.	4,057.	7,326.
c UTILITIES	148,563.	126,279.	14,856.	7,428.
d SECURITY	132,082.	132,082.	0.	0.
e LONG RANGE PLANNING	119,759.	119,759.	0.	0.
f All other expenses	477,279.	315,244.	31,347.	130,688.
25 Total functional expenses. Add lines 1 through 24f	4,966,788.	3,556,041.	979,069.	431,678.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	424,143.	1	142,780.	
	2 Savings and temporary cash investments	1,744,326.	2	2,458,009.	
	3 Pledges and grants receivable, net	1,303,130.	3	1,307,942.	
	4 Accounts receivable, net		4		
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	17,016.	8	19,196.	
	9 Prepaid expenses and deferred charges	34,963.	9	91,599.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 18,400,654.			
	b Less: accumulated depreciation	10b 14,104,847.	4,872,313.	10c	4,295,807.
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	35,235.	15	28,661.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	8,431,126.	16	8,343,994.		
Liabilities	17 Accounts payable and accrued expenses	222,413.	17	291,633.	
	18 Grants payable		18		
	19 Deferred revenue	133,737.	19	91,610.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D	18,000.	25	22,000.	
	26 Total liabilities. Add lines 17 through 25	374,150.	26	405,243.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	7,040,476.	27	6,602,935.	
	28 Temporarily restricted net assets	16,500.	28	335,816.	
	29 Permanently restricted net assets	1,000,000.	29	1,000,000.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	8,056,976.	33	7,938,751.	
34 Total liabilities and net assets/fund balances	8,431,126.	34	8,343,994.		

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2009)

COPY

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

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

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 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 exempt 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).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11g(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
11g(ii) A family member of a person described in (i) above?		
11g(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,460,790.	4,725,342.	3,510,657.	3,178,836.	3,191,265.	21,066,890.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	6,460,790.	4,725,342.	3,510,657.	3,178,836.	3,191,265.	21,066,890.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						322,973.
6 Public support. Subtract line 5 from line 4.						20,743,917.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	6,460,790.	4,725,342.	3,510,657.	3,178,836.	3,191,265.	21,066,890.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	28,768.	17,844.	92,742.	66,881.	14,414.	220,649.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	342,876.	395,058.	372,344.	265,050.	438,501.	1,813,829.
11 Total support. Add lines 7 through 10						23,101,368.
12 Gross receipts from related activities, etc. (see instructions)					12	6,747,453.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	89.80	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	90.20	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A Identification of Excess Contributions Included on Part II, Line 5 2009

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

Table with 3 columns: Contributor's Name, Total Contributions, Excess Contributions. Row 1: HANNAN, JOHN & JUDITH, 785,000., 322,973.

Total Excess Contributions to Schedule A, Part II, Line 5 322,973.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the 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 an organization 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 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions 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 990-EZ that received from any one contributor, during the year, 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. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization CHILDREN'S MUSEUM OF MANHATTAN	Employer identification number 13-2761376
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	TISCH FOUNDATION 655 MADISON AVENUE, 19TH FLOOR NEW YORK, NY 10065	\$ 110,000.	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.)
		\$ _____	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.)
		\$ _____	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
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Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization CHILDREN'S MUSEUM OF MANHATTAN	Employer identification number 13-2761376
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

CHILDREN'S MUSEUM OF MANHATTAN

Employer identification number

13-2761376

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements, including questions 1-9 and a table for 'Held at the End of the Tax Year'.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a-2.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1000000.	1000000.			
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1000000.	1000000.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment %
- b Permanent endowment 100.00 %
- c Term endowment %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		10,034,744.	7,341,162.	2,693,582.
c Leasehold improvements				
d Equipment		8,076,696.	6,491,642.	1,585,054.
e Other		289,214.	272,043.	17,171.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				4,295,807.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,995,334.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,966,788.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	28,546.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	<146,771.>
9	Total adjustments (net). Add lines 4 through 8	9	<146,771.>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<118,225.>

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	4,963,389.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	57,200.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	57,200.
3	Subtract line 2e from line 1	3	4,906,189.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	89,145.
c	Add lines 4a and 4b	4c	89,145.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,995,334.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	5,081,614.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	57,200.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	57,200.
3	Subtract line 2e from line 1	3	5,024,414.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	<57,626.>
c	Add lines 4a and 4b	4c	<57,626.>
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,966,788.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

DEPRECIATION ADJUSTMENT: -146771.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

MUSEUM STORE EXPENSES: 89145.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

Part XIV Supplemental Information (continued)

MUSEUM STORE EXPENSES: 89145.

DEPRECIATION EXPENSE: -146771.

COPY

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		SPRING ANNUAL BENEF		NONE	
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	1,224,002.		1,224,002.
	2	Less: Charitable contributions			
	3	Gross income (line 1 minus line 2)	1,224,002.		1,224,002.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	93,542.		93,542.
	6	Rent/facility costs	79,497.		79,497.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	143,070.		143,070.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			(316,109)
	11	Net income summary. Combine line 3, column (d), and line 10			907,893.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				()
8	Net gaming income summary. Combine line 1, column (d), and line 7				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in:

- a** The organization's facility

13a		%
13b		%
- b** An outside facility

13b		%
------------	--	---

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____ .
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

CHILDREN'S MUSEUM OF MANHATTAN

Employer identification number

13-2761376

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

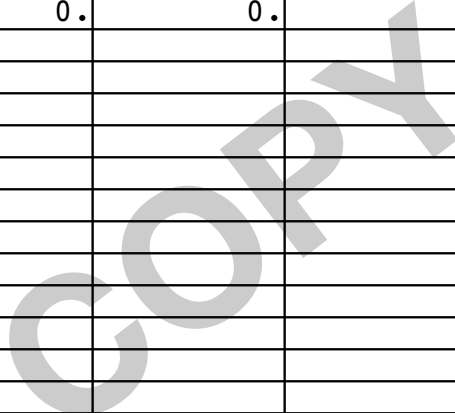
Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ANDREW ACKERMAN	(i)	175,625.	0.	0.	0.	0.	175,625.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open To Public
Inspection

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

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
STEVEN WARNER	SON OF M WARNER	0.	SEE ATTACHE		X
MARCIA WARNER	MOTHER OF S WARNER	0.	SEE ATTACHE		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>MISCELLANEOUS</u>)	X	1	71,542.	MARKET VALUE
26 Other ▶ (<u>SPORTS PACKAG</u>)	X	2	20,000.	MARKET VALUE
27 Other ▶ (<u>DWELL STUDIO</u>)	X	1	2,000.	MARKET VALUE
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

CHILDREN'S MUSEUM OF MANHATTAN

Employer identification number

13-2761376

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND SCIENCES.

FORM 990, PART VI, SECTION A, LINE 7A: THE ORGANIZATION HAS QUARTERLY

BOARD MEETINGS WHERE THE BOARD MEMEBERS VOTE AND ELECT NEW BOARD MEMEBERS.

FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION REVIEWS THE

AUDITED FINANCIAL STATEMENTS, THEN COMPARES FINANCIAL INFORMATION ON

AUDITED FINANCIAL STATEMENTS TO TAX RETURN. THE ORGANIZATION DISCUSSES THE

TAX RETURN AND THE FINANCIAL STATMENTS WITH THE OFFICERS.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS DETERMINES

THE COMPENSATION BY LOOKING AT THE INDUSTRY STANDARDS

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION DISPAYS IT'S

FINANCIAL STATEMENTS ON THE GUIDESTAR.COM. ALL OTHER FINANCIAL DOCUMENTS

AND FORMS 990 ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 2C

THE PROCESS HAS NOT CHANGED.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: STEVEN WARNER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SON OF M WARNER

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization CHILDREN'S MUSEUM OF MANHATTAN	Employer identification number 13-2761376
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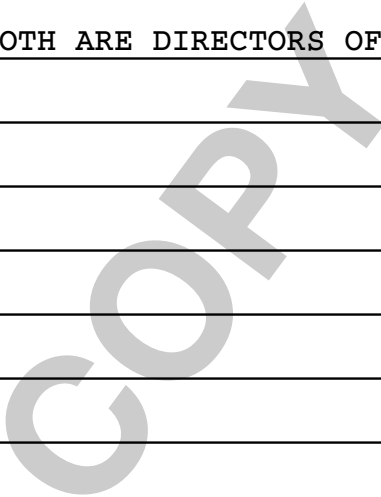
(C) AMOUNT OF TRANSACTION \$ 0.

(D) DESCRIPTION OF TRANSACTION: SEE ATTACHED - MARCIA WARNER IS THE
MOTHER OF STEVEN WARNER AND BOTH ARE DIRECTORS OF THE ORGANIZATION.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: MARCIA WARNER

(D) DESCRIPTION OF TRANSACTION: SEE ATTACHED - MARCIA WARNER IS THE
MOTHER OF STEVEN WARNER AND BOTH ARE DIRECTORS OF THE ORGANIZATION.



2009 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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.	25,206.		1,401.	26,607.
66	LEASEHOLD IMPROVEMENTS	06/30/91	SL	20.00		HY16	3,165.				3,165.	2,844.		158.	3,002.
67	LEASEHOLD IMPROVEMENTS	06/30/97	SL	20.00		HY16	78,191.				78,191.	46,920.		3,910.	50,830.
68	LEASEHOLD IMPROVEMENTS	06/30/97	SL	20.00		HY16	82,178.				82,178.	49,308.		4,109.	53,417.
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.	900.		75.	975.
71	LEASEHOLD IMPROVEMENTS	06/30/97	SL	20.00		HY16	20,000.				20,000.	12,000.		1,000.	13,000.
72	LEASEHOLD IMPROVEMENTS	06/30/98	SL	20.00		HY16	3,913,229.				3,913,229.	2,152,456.		195,661.	2,348,117.
73	LEASEHOLD IMPROVEMENTS	06/30/98	SL	20.00		HY16	156,446.				156,446.	75,918.		7,822.	83,740.
74	LEASEHOLD IMPROVEMENTS	06/30/98	SL	20.00		HY16	20,000.				20,000.	11,000.		1,000.	12,000.
75	LEASEHOLD IMPROVEMENTS	06/30/01	SL	10.00		HY16	22,301.				22,301.	20,070.		2,231.	22,301.
76	LEASEHOLD IMPROVEMENTS	06/30/02	SL	10.00		HY16	17,033.				17,033.	11,921.		1,703.	13,624.
77	LEASEHOLD IMPROVEMENTS	06/30/03	SL	10.00		HY16	28,342.				28,342.	19,838.		2,834.	22,672.
78	LEASEHOLD IMPROVEMENTS	06/30/04	SL	10.00		HY16	10,739.				10,739.	5,907.		1,074.	6,981.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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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.	785.		157.	942.
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.	3,523.		1,084.	4,607.
88	LEASEHOLD IMPROVEMENTS	04/01/06	SL	11.42		HY16	243,730.				243,730.	69,362.		21,342.	90,704.
89	LEASEHOLD IMPROVEMENTS	04/01/06	SL	11.42		HY16	6,436.				6,436.	1,833.		564.	2,397.
90	LEASEHOLD IMPROVEMENTS	09/01/06	SL	11.42		HY16	315,782.				315,782.	78,347.		27,652.	105,999.
91	LEASEHOLD IMPROVEMENTS	09/01/06	SL	11.42		HY16	17,867.				17,867.	4,434.		1,565.	5,999.
92	LEASEHOLD IMPROVEMENTS	09/01/06	SL	11.42		HY16	175,867.				175,867.	43,633.		15,400.	59,033.
93	LEASEHOLD IMPROVEMENTS	09/01/06	SL	11.42		HY16	29,164.				29,164.	7,236.		2,554.	9,790.
94	LEASEHOLD IMPROVEMENTS	09/01/06	SL	11.42		HY16	32,970.				32,970.	8,180.		2,887.	11,067.
108	LEASEHOLD IMPROVEMENTS	09/06/06	SL	11.42		HY16	2,748.				2,748.	683.		241.	924.
109	LEASEHOLD IMPROVEMENTS	09/19/06	SL	11.42		HY16	516,017.				516,017.	124,259.		45,185.	169,444.

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110	LEASEHOLD IMPROVEMENTS	09/19/06	SL	11.42		HY16	20,987.				20,987.	5,054.		1,838.	6,892.
111	LEASEHOLD IMPROVEMENTS	09/19/06	SL	11.42		HY16	6,404.				6,404.	1,543.		561.	2,104.
112	LEASEHOLD IMPROVEMENTS	09/19/06	SL	11.42		HY16	23,554.				23,554.	5,673.		2,063.	7,736.
113	LEASEHOLD IMPROVEMENTS	09/19/06	SL	11.42		HY16	4,732.				4,732.	1,139.		414.	1,553.
114	LEASEHOLD IMPROVEMENTS	10/18/06	SL	11.42		HY16	1,205.				1,205.	282.		106.	388.
115	LEASEHOLD IMPROVEMENTS	12/12/06	SL	11.42		HY16	11,135.				11,135.	2,519.		975.	3,494.
116	LEASEHOLD IMPROVEMENTS	03/29/07	SL	11.42		HY16	7,700.				7,700.	1,517.		674.	2,191.
117	LEASEHOLD IMPROVEMENTS	06/01/07	SL	11.42		HY16	26,850.				26,850.	4,898.		2,351.	7,249.
142	LEASEHOLD IMPROVEMENTS	12/10/08	SL	5.00		HY16	1,350.				1,350.	158.		270.	428.
151	LEASEHOLD IMPROVEMENTS	12/02/09	SL	10.00		HY16	6,810.				6,810.			397.	397.
152	LEASEHOLD IMPROVEMENTS	06/09/10	SL	10.00		HY16	11,390.				11,390.			95.	95.
	* 990 PAGE 10 TOTAL BUILDINGS						10034744.				10034744.	5,381,267.		351,353.	6,732,620.
	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.

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6	FURNITURE & FIXTURE	12/31/03	SL	5.00			926.				926.	926.		0.	926.
7	FURNITURE & FIXTURE	06/30/04	SL	5.00			825.				825.	825.		0.	825.
8	FURNITURE & FIXTURE	06/30/04	SL	5.00			4,200.				4,200.	4,200.		0.	4,200.
9	FURNITURE & FIXTURE	06/30/04	SL	5.00			900.				900.	900.		0.	900.
10	FURNITURE & FIXTURE	06/30/04	SL	5.00			858.				858.	858.		0.	858.
118	FURNITURE & FIXTURE	07/17/08	SL	7.00			2,050.				2,050.	268.		293.	561.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						268,214.				268,214.	266,432.		293.	266,725.
	TRANSPORTATION EQUIPMENT														
149	2006 AUDI AUTOMOBILE	10/14/09	SL	5.00			19,335.				19,335.			2,900.	2,900.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						19,335.				19,335.	0.		2,900.	2,900.
	PROGRAM SERVICES														
148	WEBSITE REDESIGN	03/01/10	SL	3.00			21,000.				21,000.			2,333.	2,333.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES						21,000.				21,000.	0.		2,333.	2,333.
	MACHINERY & EQUIPMENT														
11	OFFICE EQUIPMENT	06/30/00	SL	5.00			205,005.				205,005.	205,005.		0.	205,005.
12	OFFICE EQUIPMENT	06/30/00	SL	10.00			100,000.				100,000.	100,000.		0.	100,000.
13	OFFICE EQUIPMENT	06/30/02	SL	5.00			5,677.				5,677.	5,677.		0.	5,677.
14	OFFICE EQUIPMENT	06/30/03	SL	5.00			50,920.				50,920.	50,920.		0.	50,920.

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(D) - Asset disposed

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15	OFFICE EQUIPMENT	06/30/04	SL	5.00		HY16	10,977.				10,977.	10,977.		0.	10,977.
16	OFFICE EQUIPMENT	06/30/04	SL	10.00		HY16	7,050.				7,050.	3,878.		705.	4,583.
17	OFFICE EQUIPMENT	06/30/05	SL	5.00		HY16	10,467.				10,467.	10,467.		0.	10,467.
18	OFFICE EQUIPMENT	06/30/05	SL	5.00		HY16	1,625.				1,625.	1,300.		325.	1,625.
19	OFFICE EQUIPMENT	09/22/05	SL	5.00		HY16	1,586.				1,586.	1,189.		317.	1,506.
20	OFFICE EQUIPMENT	10/19/05	SL	5.00		HY16	1,500.				1,500.	1,100.		300.	1,400.
21	OFFICE EQUIPMENT	11/25/05	SL	5.00		HY16	1,827.				1,827.	1,308.		365.	1,673.
22	OFFICE EQUIPMENT	12/14/05	SL	5.00		HY16	3,072.				3,072.	2,200.		614.	2,814.
23	OFFICE EQUIPMENT	11/18/05	SL	5.00		HY16	1,320.				1,320.	946.		264.	1,210.
24	OFFICE EQUIPMENT	12/07/05	SL	5.00		HY16	6,484.				6,484.	4,647.		1,297.	5,944.
25	OFFICE EQUIPMENT	03/16/06	SL	5.00		HY16	4,970.				4,970.	3,231.		994.	4,225.
26	OFFICE EQUIPMENT	03/16/06	SL	5.00		HY16	2,401.				2,401.	1,560.		480.	2,040.
27	OFFICE EQUIPMENT	06/30/06	SL	5.00		HY16	2,674.				2,674.	1,605.		535.	2,140.
95	OFFICE EQUIPMENT	07/19/06	SL	5.00		HY16	958.				958.	560.		192.	752.
96	OFFICE EQUIPMENT	07/14/06	SL	5.00		HY16	660.				660.	396.		132.	528.
97	OFFICE EQUIPMENT	11/22/06	SL	5.00		HY16	8,570.				8,570.	4,428.		1,714.	6,142.
98	OFFICE EQUIPMENT	03/28/07	SL	5.00		HY16	1,020.				1,020.	459.		204.	663.
99	OFFICE EQUIPMENT	03/20/07	SL	5.00		HY16	1,213.				1,213.	547.		243.	790.

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100	OFFICE EQUIPMENT	03/15/07	SL	5.00		HY16	671.				671.	313.		134.	447.
101	OFFICE EQUIPMENT	04/17/07	SL	5.00		HY16	1,349.				1,349.	585.		270.	855.
102	OFFICE EQUIPMENT	06/19/07	SL	5.00		HY16	1,585.				1,585.	634.		317.	951.
119	COMPUTERS	07/12/08	SL	5.00		HY16	150.				150.	30.		30.	60.
120	COMPUTERS	08/16/07	SL	5.00		HY16	2,632.				2,632.	965.		526.	1,491.
121	COMPUTERS	03/18/07	SL	5.00		HY16	1,677.				1,677.	670.		335.	1,005.
122	COMPUTERS	10/17/07	SL	5.00		HY16	1,279.				1,279.	427.		256.	683.
123	COMPUTERS	03/27/08	SL	5.00		HY16	5,854.				5,854.	1,464.		1,171.	2,635.
124	COMPUTERS	04/28/08	SL	5.00		HY16	3,725.				3,725.	869.		745.	1,614.
125	COMPUTERS	05/20/08	SL	5.00		HY16	5,601.				5,601.	1,213.		1,120.	2,333.
126	COMPUTERS	05/22/08	SL	5.00		HY16	23,626.				23,626.	5,119.		4,725.	9,844.
127	COMPUTERS	06/17/08	SL	5.00		HY16	1,772.				1,772.	354.		354.	708.
133	SERVER	07/01/08	SL	5.00		HY16	1,291.				1,291.	258.		258.	516.
134	COMPUTERS	08/14/08	SL	5.00		HY16	2,966.				2,966.	544.		593.	1,137.
135	COMPUTERS	08/21/08	SL	5.00		HY16	3,335.				3,335.	556.		667.	1,223.
136	COMPUTERS	09/24/08	SL	5.00		HY16	1,143.				1,143.	171.		229.	400.
137	COMPUTERS	11/13/08	SL	5.00		HY16	7,244.				7,244.	966.		1,449.	2,415.
138	COMPUTERS	07/22/08	SL	5.00		HY16	1,595.				1,595.	292.		319.	611.

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139	COMPUTERS	12/10/08	SL	5.00		HY16	1,140.				1,140.	133.		228.	361.
140	SERVER	05/28/09	SL	5.00		HY16	4,000.				4,000.	67.		800.	867.
141	SERVER	06/30/09	SL	5.00		HY16	7,234.				7,234.			1,447.	1,447.
150	OFFICE EQUIPMENT	10/21/09	SL	5.00		HY16	3,010.				3,010.			401.	401.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						512,855.				512,855.	428,030.		25,055.	453,085.
	* 990 PAGE 10 TOTAL - MACHINERY & EQUIPMENT						10856148.				10856148.	7,075,729.		381,934.	7,457,663.
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.	7,175.		0.	7,175.
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.	82,200.		0.	82,200.
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.

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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.	396,979.		0.	396,979.
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.	751,925.		0.	751,925.
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.	22,324.		0.	22,324.
54	PERMANENT EXHIBITS	06/30/04	SL	5.00		HY16	63,515.				63,515.	63,515.		0.	63,515.
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.	60,120.		8,589.	68,709.

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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.	2,349.		0.	2,349.
59	PERMANENT EXHIBITS	06/30/06	SL	10.00		HY16	669,552.				669,552.	200,865.		66,955.	267,820.
60	PERMANENT EXHIBITS	06/30/06	SL	10.00		HY16	206,361.				206,361.	61,908.		20,636.	82,544.
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.	122,199.		43,129.	165,328.
104	PERMANENT EXHIBITS	05/25/07	SL	1.50		HY16	867,719.				867,719.	626,686.		0.	626,686.
105	PERMANENT EXHIBITS	07/01/06	SL	4.00		HY16	36,078.				36,078.	27,060.		9,018.	36,078.
106	PERMANENT EXHIBITS	05/25/07	SL	1.50		HY16	48,843.				48,843.	35,276.		0.	35,276.
107	PERMANENT EXHIBITS	05/25/07	SL	1.50		HY16	14,080.				14,080.	10,169.		0.	10,169.
128	PERMANENT EXHIBITS	06/01/08	SL	3.92		HY16	61,276.				61,276.	16,935.		15,632.	32,567.
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.	41,751.		0.	41,751.
131	PERMANENT EXHIBITS	01/01/08	SL	8.75		HY16	5,619.				5,619.	963.		642.	1,605.
132	PERMANENT EXHIBITS	05/25/07	SL	3.20		HY16	35,431.				35,431.	22,144.		11,072.	33,216.
143	PERMANENT EXHIBITS	11/19/08	SL	5.00		HY16	1,303.				1,303.	152.		261.	413.
144	PERMANENT EXHIBITS	02/05/09	SL	5.00		HY16	1,045.				1,045.	87.		209.	296.
145	PERMANENT EXHIBITS	06/01/08	SL	4.50		HY16	1,905.			1,905.				0.	

2009 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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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
146	PERMANENT EXHIBITS	09/06/08	SL	8.25		HY16	5,537.				5,537.	559.		671.	1,230.
147	PERMANENT EXHIBITS	05/25/07	SL	5.92		HY16	12,289.			12,289.				0.	
153	PERMANENT EXHIBITS	01/01/11		.000		HY16	58,000.				58,000.			0.	
154	PERMANENT EXHIBITS	06/01/08	SL	5.50		HY16	1,624.				1,624.			295.	295.
155	PERMANENT EXHIBITS	07/01/09	SL	7.25		HY16	6,747.				6,747.			931.	931.
156	PERMANENT EXHIBITS	07/01/09	SL	4.92		HY16	2,916.				2,916.			593.	593.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						7,544,506.			14,194.	7,530,312.	5,209,226.		178,633.	6,387,859.
	* 990 PAGE 10 TOTAL -						7,544,506.			14,194.	7,530,312.	5,209,226.		178,633.	6,387,859.
	* GRAND TOTAL 990 PAGE 10 DEPR						18400654.			14,194.	18386460.	13284955.		560,567.	13845522.

• 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. Only file the original (no copies needed).	
Type or print <small>File by the extended due date for filing your return. See instructions.</small>	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	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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 **212 WEST 83RD STREET - NEW YORK, NY 10024**
 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, 2011**.

5 For calendar year _____, or other tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**.

6 If the tax year entered in line 5 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
THE ORGANIZATION REQUIRES ADDITIONAL TIME TO OBTAIN INFORMATION FROM THIRD PARTIES NEEDED TO FILE A COMPLETE AND ACCURATE RETURN.

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	\$	0.
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	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

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

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 http://www.charitiesnys.com	2009
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) 07/01/2009 and ending (mm/dd/yyyy) 06/30/2010		
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	
	d. Fed. employer ID no. (EIN) 13-2761376	
	e. NY State registration no. 03-86-91	
	f. Telephone number 212 721-1223	
	Number and street (or P.O. box if mail not delivered to street address)	Room/suite
	THE TISCH BUILDING, 212 WEST 83R	
	g. Email	
	City or town, state or country and ZIP + 4 NEW YORK, NY 10024	

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 Treas.	Signature	RAJEEV NARANG Printed Name	TREASURER Title
			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 engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year. NOTE: An organization may claim this exemption if no PFR or FRC was used and either: 1) it received an allocation from a federated fund, United Way or incorporated community appeal and contributions from other sources did not exceed \$25,000 or 2) it received all or substantially all of its contributions from one government agency to which it submitted an annual report similar to that required by Article 7-A.	
b. EPTL annual report exemption (EPTL registrants and dual registrants) Check <input type="checkbox"/> if gross receipts did not exceed \$25,000 and assets (market value) 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? ...	<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.	

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>250.</u>	
c. Total fee	\$ <u>275.</u>	

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

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 single 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"/> All required schedules (including Schedule B)	<input type="checkbox"/> All required schedules (including Schedule B)	<input type="checkbox"/> All required schedules (including Schedule B)
<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)