

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2014, or fiscal year beginning JUL 1, 2014, and ending JUN 30, 2015

2014

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

Name of exempt organization

Employer identification number

CHILDREN'S MUSEUM OF MANHATTAN

13-2761376

Name and title of officer

**ANDREW ACKERMAN
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>5,330,764.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize DDK & COMPANY, LLP to enter my PIN 10024
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

13079704140

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

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

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning JUL 1, 2014 and ending JUN 30, 2015

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization 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 TISCH BUILDING, 212 W. 83RD ST City or town, state or province, country, and ZIP or foreign postal code 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 \$ 5,671,283. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (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: PROMOTING LITERACY, EARLY CHILDHOOD EDUCATION, HEALTH, AND CREATIVITY.		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	111
6	Total number of volunteers (estimate if necessary)	6	31
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year 5,528,369.	Current Year 4,597,743.
9	Program service revenue (Part VIII, line 2g)	582,646.	515,227.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-351,037.	16,320.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	170,709.	201,474.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,930,687.	5,330,764.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,742.	3,264.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,841,835.	2,898,134.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 371,030.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,266,343.	3,114,449.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,113,920.	6,015,847.
19	Revenue less expenses. Subtract line 18 from line 12	-183,233.	-685,083.
20	Total assets (Part X, line 16)	Beginning of Current Year 7,652,779.	End of Year 7,117,698.
21	Total liabilities (Part X, line 26)	370,819.	385,868.
22	Net assets or fund balances. Subtract line 21 from line 20	7,281,960.	6,731,830.

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 ANDREW ACKERMAN, EXECUTIVE DIRECTOR Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name JEFFREY FEINMAN	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P00227146
	Firm's name DDK & COMPANY LLP Firm's address ONE PENN PLAZA, 4TH FLR NEW YORK, NY 10119	Firm's EIN 13-2738625 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

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

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 No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 4,521,507. including grants of \$ 3,264.) (Revenue \$ 888,768.) 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 4,521,507.

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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 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>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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>	6	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>	7	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>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a 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>	11a X	
b 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>	11b	X
c 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>	11c	X
d 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>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f 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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	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>	17 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>	18 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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <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 25a</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), 501(c)(4), and 501(c)(29) 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 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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 (or a family member thereof) 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, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Table with columns for question number, description, and Yes/No checkboxes. Includes rows for backup withholding, employee counts, foreign accounts, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (20); 1b Enter the number of voting members included in line 1a, above, who are independent (20); 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 governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (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); b Each committee with authority to act on behalf of the governing body? (X); 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did 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); b Other officers or key employees of the organization (X); 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); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [X] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: 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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANDREW ACKERMAN EXECUTIVE DIRECTOR	50.00	X		X			271,667.	0.	0.	
(2) HALLEY HARRISBURG CHAIR	1.00	X					0.	0.	0.	
(3) MIYOUNG LEE VICE CHAIR - EXHIBITS & PROGRAMMING	1.00	X					0.	0.	0.	
(4) LAMAE ALLEN DE JONGH VICE CHAIR - STRATEGIC PLANNING	1.00	X					0.	0.	0.	
(5) JUDITH HANNAN PAST CHAIR	1.00	X					0.	0.	0.	
(6) LAURIE M. TISCH HONORARY CHAIR	1.00	X					0.	0.	0.	
(7) RAJEEV NARANG TREASURER	1.00	X		X			0.	0.	0.	
(8) MARK R. T. ADKINS SECRETARY	1.00	X		X			0.	0.	0.	
(9) MICHAEL BOUBLIK TRUSTEE	1.00	X					0.	0.	0.	
(10) MICHAEL COHEN TRUSTEE	1.00	X					0.	0.	0.	
(11) RENEE EDELMAN TRUSTEE	1.00	X					0.	0.	0.	
(12) MYRON KAPLAN TRUSTEE	1.00	X					0.	0.	0.	
(13) KEVIN MCGRATH TRUSTEE	1.00	X					0.	0.	0.	
(14) NANCY COHEN ROBERTS TRUSTEE	1.00	X					0.	0.	0.	
(15) MARCIA WARNER TRUSTEE	1.00	X					0.	0.	0.	
(16) TERI WEISS TRUSTEE	1.00	X					0.	0.	0.	
(17) JENNIFER HELLER WOLD TRUSTEE	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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JUSTIN HAMILL TRUSTEE	1.00	X						0.	0.	0.
(19) MOSHIN Y. MEGHJI TRUSTEE	1.00	X						0.	0.	0.
(20) MARTIN LAIKS TRUSTEE	1.00	X						0.	0.	0.
(21) MATTHEW ROTHMAN TRUSTEE	1.00	X						0.	0.	0.
1b Sub-total								271,667.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								271,667.	0.	0.

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ELLEN BARI 135 EASTERN PARKWAY, BROOKLYN, NY 11238	EXHIBITION DEVELOPMENT	128,500.
RUBENSTEIN COMMUNICATIONS, INC, 1345 AVENUE OF THE AMERICAS, NEW YORK, NY 10105	PUBLIC RELATIONS	111,033.
WINFIELD SECURITY 57 W 38TH STREET, NEW YORK, NY 10018	SECURITY	104,227.
ROTO GROUP LLC 7001 DISCOVERY BLVD, DUBLIN, OH 43017	EXHIBITION DESIGN	104,200.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **4**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	754,058.				
	c Fundraising events	1c	369,154.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	495,264.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,979,267.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		4,597,743.				
Program Service Revenue	2 a EDUCATIONAL PROGRAM FEES	Business Code					
		611710	327,175.	327,175.			
	b MUSEUM PROGRAM FEES	611710	188,052.	188,052.			
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f		515,227.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		16,198.			16,198.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	28,034.				
		(ii) Personal					
		b Less: rental expenses	0.				
		c Rental income or (loss)	28,034.				
	d Net rental income or (loss)		28,034.	28,034.			
	7 a Gross amount from sales of assets other than inventory	(i) Securities	47,159.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	47,037.				
		c Gain or (loss)	122.				
	d Net gain or (loss)		122.			122.	
	8 a Gross income from fundraising events (not including \$ 369,154. of contributions reported on line 1c). See Part IV, line 18	a	45,000.				
		b Less: direct expenses	217,067.				
c Net income or (loss) from fundraising events			-172,067.			-172,067.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a	132,900.					
	b Less: cost of goods sold	76,415.					
	c Net income or (loss) from sales of inventory		56,485.	56,485.			
Miscellaneous Revenue		Business Code					
11 a CONSULTING		541900	289,022.	289,022.			
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d			289,022.				
12 Total revenue. See instructions.			5,330,764.	888,768.	0.	-155,747.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	3,264.	3,264.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	234,167.	187,334.	35,125.	11,708.
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	2,214,056.	1,756,084.	310,466.	147,506.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	254,745.	153,766.	87,936.	13,043.
10 Payroll taxes	195,166.	143,611.	39,373.	12,182.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	56,015.		56,015.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	18,001.		18,001.	
13 Office expenses				
14 Information technology	55,530.		55,530.	
15 Royalties				
16 Occupancy	269,932.	229,442.	26,993.	13,497.
17 Travel	74,123.	69,533.	20.	4,570.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,792.	1,523.	179.	90.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	736,690.	360,386.	376,304.	
23 Insurance	67,547.	57,439.	6,729.	3,379.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONTRACTED SERVICES	599,473.	543,744.	2,185.	53,544.
b LONG RANGE PLANNING	271,434.	271,434.		
c SUPPLIES AND MATERIALS	264,835.	212,590.	15,295.	36,950.
d UTILITIES	180,817.	157,897.	13,632.	9,288.
e All other expenses	518,260.	373,460.	79,527.	65,273.
25 Total functional expenses. Add lines 1 through 24e	6,015,847.	4,521,507.	1,123,310.	371,030.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	695,356.	1	498,829.
	2 Savings and temporary cash investments	4,246,125.	2	3,785,794.
	3 Pledges and grants receivable, net	379,502.	3	111,815.
	4 Accounts receivable, net	71,712.	4	28,372.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	21,540.	8	19,962.
	9 Prepaid expenses and deferred charges	23,224.	9	44,810.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 14,917,380.		
	b Less: accumulated depreciation	10b 12,345,852.	2,156,445.	10c 2,571,528.
	11 Investments - publicly traded securities	17,337.	11	15,050.
	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	41,538.	15	41,538.
16 Total assets. Add lines 1 through 15 (must equal line 34)	7,652,779.	16	7,117,698.	
Liabilities	17 Accounts payable and accrued expenses	264,917.	17	235,024.
	18 Grants payable		18	
	19 Deferred revenue	90,902.	19	101,199.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	15,000.	25	49,645.
	26 Total liabilities. Add lines 17 through 25	370,819.	26	385,868.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,367,981.	27	5,167,871.
	28 Temporarily restricted net assets	913,979.	28	563,959.
	29 Permanently restricted net assets	1,000,000.	29	1,000,000.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	7,281,960.	33	6,731,830.	
34 Total liabilities and net assets/fund balances	7,652,779.	34	7,117,698.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,330,764.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,015,847.
3	Revenue less expenses. Subtract line 2 from line 1	3	-685,083.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,281,960.
5	Net unrealized gains (losses) on investments	5	-4.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	134,957.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,731,830.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
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? _____		X
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 _____		

Form 990 (2014)

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.

OMB No. 1545-0047

2014

Open to Public Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g 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 listed in your governing document?		(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
			Yes	No		
Total						

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,255,457.	3,791,197.	3,950,364.	4,503,412.	4,228,589.	20,729,019.
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	4,255,457.	3,791,197.	3,950,364.	4,503,412.	4,228,589.	20,729,019.
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)						
6 Public support. Subtract line 5 from line 4.						20,729,019.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	4,255,457.	3,791,197.	3,950,364.	4,503,412.	4,228,589.	20,729,019.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,012.	8,628.	7,707.	6,932.	16,198.	51,477.
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 VI.)	651,546.	695,410.	548,529.	444,120.	449,956.	2,789,561.
11 Total support. Add lines 7 through 10						23,570,057.
12 Gross receipts from related activities, etc. (see instructions)					12	5,468,228.
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 2014 (line 6, column (f) divided by line 11, column (f))	14	87.95 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	87.44 %
16a 33 1/3% support test - 2014. 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 - 2013. 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 - 2014. 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 VI 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 - 2013. 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 VI 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"/>	

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
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 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. 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 - 2013. 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 ►

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Name of the organization

CHILDREN'S MUSEUM OF MANHATTAN

Employer identification number

13-2761376

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization CHILDREN'S MUSEUM OF MANHATTAN	Employer identification number 13-2761376
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MICHAEL ROSENFELD GALLERY LLC 100 ELEVENTH AVENUE NEW YORK, NY 10011	\$ 93,716.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MI YOUNG LEE 212 WEST 83RD ST NEW YORK, NY 10024	\$ 115,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	LAURIE M TISCH ILLUMINATION FUND 156 WEST 56TH STREET NEW YORK, NY 10019	\$ 265,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	WALMART FOUNDATION 702 SW 8TH STREET BENTONVILLE, AR 72716	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	CITY OF NEW YORK DEPARTMENT OF CULTURAL AFFAIRS 31 CHAMBERS STREET NEW YORK, NY 10007	\$ 215,745.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	INSTITUTE OF MUSEUM AND LIBRARY SERVICES 1800 M ST NW WASHINGTON, DC 20036	\$ 177,019.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CHILDREN'S MUSEUM OF MANHATTAN	Employer identification number 13-2761376
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(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., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(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	

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.**

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2014

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included in Form 990, Part VIII, line 1
- (ii) Assets included in Form 990, Part X
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included in Form 990, Part VIII, line 1
- b Assets included in Form 990, Part X

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the 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 XIII 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, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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	1,000,000.	1,000,000.	1,000,000.	1,000,000.	1,000,000.
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	1,000,000.	1,000,000.	1,000,000.	1,000,000.	1,000,000.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		10,107,404.	9,112,557.	994,847.
d Equipment		660,066.	589,286.	70,780.
e Other		4,149,910.	2,644,009.	1,505,901.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,571,528.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REFUNDABLE DEPOSITS	49,645.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	49,645.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	5,431,621.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	77,883.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-4.	
e	Add lines 2a through 2d		2e	77,879.
3	Subtract line 2e from line 1		3	5,353,742.
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 XIII.)	4b	-22,978.	
c	Add lines 4a and 4b		4c	-22,978.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	5,330,764.

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

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

1	Total expenses and losses per audited financial statements		1	5,981,751.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	77,883.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	77,883.
3	Subtract line 2e from line 1		3	5,903,868.
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 XIII.)	4b	111,979.	
c	Add lines 4a and 4b		4c	111,979.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	6,015,847.

Part XIII Supplemental Information.

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

UNREALIZED LOSSES ON INVESTMENTS -4.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CREDIT CARD FEES RELATED TO FUNDRAISING EVENT -1,739.
 FACILITY FEES RELATED TO FUNDRAISING EVENT -21,239.
 TOTAL TO SCHEDULE D, PART XI, LINE 4B -22,978.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DEPRECIATION EXPENSE 134,957.
 CREDIT CARD FEES RELATED TO FUNDRAISING EVENT -1,739.

Part XIII Supplemental Information (continued)

FACILITY FEES RELATED TO FUNDRAISING EVENT -21,239.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 111,979.

Multiple horizontal lines for supplemental information.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. 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))
		ANNUAL BENEFIT (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	414,154.		414,154.
	2	Less: Contributions	369,154.		369,154.
	3	Gross income (line 1 minus line 2)	45,000.		45,000.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	43,857.		43,857.
	7	Food and beverages	45,000.		45,000.
	8	Entertainment			
	9	Other direct expenses	128,210.		128,210.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-172,067.

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))	
Revenue	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. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 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? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
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? Yes No

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? Yes No

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 ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: EVENT MANAGEMENT GROUP

(I) ADDRESS OF FUNDRAISER: 411 EAST 83RD ST, NEW YORK, NY 10028

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2014

Open to Public Inspection

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

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

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization

CHILDREN'S MUSEUM OF MANHATTAN

Employer identification number

13-2761376

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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 checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed 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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed 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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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

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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

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

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

Schedule J (Form 990) 2014

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

For each individual whose compensation must be reported 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ANDREW ACKERMAN EXECUTIVE DIRECTOR	(i)	271,667.	0.	0.	0.	0.	271,667.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

THE LEASE IS DURING THE WINTER MONTHS FOR THE EXECUTIVE DIRECTOR IN ORDER
TO MITIGATE TRAVEL TIME.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

CHILDREN'S MUSEUM OF MANHATTAN

Employer identification number

13-2761376

FORM 990, PART VI, SECTION A, LINE 7A:

THE ORGANIZATION HAS QUARTERLY BOARD MEETINGS WHERE THE BOARD MEMBERS VOTE
AND ELECT NEW BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11:

THE ORGANIZATION REVIEWS THE AUDITED FINANCIAL STATEMENTS, THEN COMPARES
THEM TO WHAT WAS REPORTED ON FORM 990. THE OFFICERS THEN DISCUSS FORM 990
AND THE FINANCIAL STATEMENTS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS STATED IN THE EMPLOYEE MANUAL THAT IS
GIVEN TO EACH EMPLOYEE.

THE ORGANIZATION REQUIRES EACH EMPLOYEE TO SIGN THE CONFLICT OF INTEREST
POLICY TO CONFIRM THAT IT HAS BEEN READ AND ITS PROVISIONS UNDERSTOOD.

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 ITS FINANCIAL STATEMENTS ON WWW.GUIDESTAR.COM, AND
ALL OTHER FINANCIAL DOCUMENTS AND FORMS 990 ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

DEPRECIATION ADJUSTMENT

134,957.

2014 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
239	FROLIC	06/05/15	SL	5.00		16	51,130.				51,130.			852.	852.
240	FROLIC	06/05/15	SL	5.00		16	2,604.				2,604.			43.	43.
	* 990 PAGE 10 TOTAL OTHER						53,734.				53,734.	0.		895.	895.
	PROGRAM SERVICES														
53	PERMANENT EXHIBITS	06/30/04	SL	3.00		16	116,545.				116,545.	116,545.		0.	116,545.
59	PERMANENT EXHIBITS	06/30/05	SL	2.00		16	2,349.				2,349.	2,349.		0.	2,349.
60	PERMANENT EXHIBITS	06/30/06	SL	10.00		16	669,552.				669,552.	535,640.		66,955.	602,595.
63	PERMANENT EXHIBITS	06/30/00	NC	.000	HY		-1,085.				-1,085.	1,085.		0.	1,085.
105	PERMANENT EXHIBITS	09/01/06	SL	10.00		16	431,289.				431,289.	337,844.		43,129.	380,973.
130	PERMANENT EXHIBITS	06/01/08	SL	3.92		16	61,276.				61,276.	48,199.		0.	48,199.
133	PERMANENT EXHIBITS	01/01/08	SL	8.75		16	5,619.				5,619.	4,173.		642.	4,815.
147	PERMANENT EXHIBITS	06/01/08	SL	4.50		16	1,905.			1,905.				0.	
148	PERMANENT EXHIBITS	09/06/08	SL	8.25		16	5,537.				5,537.	3,914.		671.	4,585.
150	WEBSITE REDESIGN	03/01/10	SL	3.00		16	21,000.				21,000.	21,000.		0.	21,000.
154	PERMANENT EXHIBITS	01/01/11	SL	3.00		16	58,000.				58,000.			0.	
155	PERMANENT EXHIBITS	06/01/08	SL	5.50		16	1,624.				1,624.	1,180.		0.	1,180.
156	PERMANENT EXHIBITS	07/01/09	SL	7.25		16	6,747.				6,747.	4,655.		931.	5,586.
158	WEBSITE REDESIGN	04/01/11	SL	3.00		16	3,300.				3,300.	3,300.		0.	3,300.

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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
165	PERMANENT EXHIBITS	02/04/11	SL	5.00		16	45,768.				45,768.	31,276.		9,154.	40,430.
166	PERMANENT EXHIBITS	06/30/11	NC	.000	HY		7,513.				7,513.			0.	
167	PERMANENT EXHIBITS	11/11/11	SL	3.00		16	339,863.				339,863.	302,101.		37,762.	339,863.
168	PERMANENT EXHIBITS	05/01/11	SL	5.00		16	1,014.				1,014.	643.		203.	846.
173	WEBSITE REDESIGN	04/12/12	SL	3.00		16	1,650.				1,650.	1,238.		412.	1,650.
174	WEBSITE REDESIGN	03/19/12	SL	3.00		16	3,900.				3,900.	2,925.		975.	3,900.
182	PERMANENT EXHIBITS	01/01/12	NC	.000	HY		30,009.				30,009.			0.	
183	PERMANENT EXHIBITS	11/11/11	SL	3.00		16	666,429.				666,429.	592,381.		74,048.	666,429.
185	PERMANENT EXHIBITS	02/23/12	SL	3.00		16	1,420.				1,420.	1,104.		316.	1,420.
187	PERMANENT EXHIBITS	11/11/11	SL	3.00		16	4,922.				4,922.	4,376.		546.	4,922.
188	(D)PERMANENT EXHIBITS	11/11/11	SL	3.00		16	2,355.				2,355.	2,093.		262.	
189	(D)PERMANENT EXHIBITS	11/11/11	SL	3.00		16	1,315.				1,315.	1,168.		147.	
197	MACHINERY	03/19/13	SL	5.00		16	10,916.				10,916.	2,729.		2,183.	4,912.
198	EQUIPMENT	11/18/12	SL	5.00		16	1,183.				1,183.	375.		237.	612.
199	PERMANENT EXHIBITS	01/01/13	SL	2.00		16	16,864.				16,864.	12,648.		4,216.	16,864.
200	PERMANENT EXHIBITS	01/01/13	SL	4.00		16	3,240.				3,240.	1,215.		810.	2,025.
201	PERMANENT EXHIBITS		NC	.000	HY		100,933.				100,933.			0.	
203	PERMANENT EXHIBITS	07/01/14	SL	5.00		16	11,107.				11,107.			2,221.	2,221.

428111
05-01-14

(D) - Asset disposed

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

2014 DEPRECIATION AND AMORTIZATION REPORT

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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
204	PERMANENT EXHIBITS	01/16/15	SL	5.00		16	2,500.				2,500.			208.	208.
208	(D)PERMANENT EXHIBITS	04/01/14	SL	1.00		16	1,908.				1,908.	477.		1,431.	
209	PERMANENT EXHIBITS	02/01/14	SL	1.00		16	25,040.				25,040.	10,433.		14,607.	25,040.
210	PERMANENT EXHIBITS	10/01/14	SL	5.00		16	148,000.				148,000.			22,200.	22,200.
211	PERMANENT EXHIBITS	01/16/15	SL	5.00		16	50,157.				50,157.			4,180.	4,180.
212	WEBSITE REDESIGN	02/01/14	SL	3.00		16	56,400.				56,400.	7,833.		18,800.	26,633.
236	PERMANENT EXHIBITS	06/30/15	NC	.000	HY		247,150.				247,150.			0.	
237	ROLLERCOASTER	09/15/14	SL	5.00		16	16,000.				16,000.			2,667.	2,667.
238	JAPAN - KAWAII EXHIBIT	01/16/15	SL	5.00		16	605,678.				605,678.			50,473.	50,473.
241	PERMANENT EXHIBITS	09/01/15	NC	.000	HY		20,000.				20,000.			0.	
242	PERMANENT EXHIBITS		NC	.000	HY		43,691.				43,691.			0.	
	* 990 PAGE 10 TOTAL PROGRAM SERVICES						3,850,583.			1,905.	3,848,678.	2,054,899.		360,386.	2,409,707.
	MANAGEMENT AND GENERAL														
1	FURNITURE & FIXTURE	06/30/78	SL	5.00		16	2,007.				2,007.	2,007.		0.	2,007.
2	FURNITURE & FIXTURE	06/30/97	SL	10.00		16	250,000.				250,000.	250,000.		0.	250,000.
3	FURNITURE & FIXTURE	06/30/00	SL	5.00		16	4,159.				4,159.	4,159.		0.	4,159.
4	FURNITURE & FIXTURE	06/30/02	SL	5.00		16	1,316.				1,316.	1,316.		0.	1,316.
5	FURNITURE & FIXTURE	06/30/02	SL	5.00		16	973.				973.	973.		0.	973.

428111
05-01-14

(D) - Asset disposed

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

2014 DEPRECIATION AND AMORTIZATION REPORT

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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
6	FURNITURE & FIXTURE	12/31/03	SL	5.00		16	926.				926.	926.		0.	926.
7	FURNITURE & FIXTURE	06/30/04	SL	5.00		16	825.				825.	825.		0.	825.
8	FURNITURE & FIXTURE	06/30/04	SL	5.00		16	4,200.				4,200.	4,200.		0.	4,200.
9	FURNITURE & FIXTURE	06/30/04	SL	5.00		16	900.				900.	900.		0.	900.
10	FURNITURE & FIXTURE	06/30/04	SL	5.00		16	858.				858.	858.		0.	858.
11	OFFICE EQUIPMENT	06/30/00	SL	5.00		16	205,005.				205,005.	205,005.		0.	205,005.
12	OFFICE EQUIPMENT	06/30/00	SL	10.00		16	100,000.				100,000.	100,000.		0.	100,000.
13	OFFICE EQUIPMENT	06/30/02	SL	5.00		16	5,677.				5,677.	5,677.		0.	5,677.
14	OFFICE EQUIPMENT	06/30/03	SL	5.00		16	50,920.				50,920.	50,920.		0.	50,920.
15	OFFICE EQUIPMENT	06/30/04	SL	5.00		16	10,977.				10,977.	10,977.		0.	10,977.
16	OFFICE EQUIPMENT	06/30/04	SL	10.00		16	7,050.				7,050.	7,050.		0.	7,050.
17	OFFICE EQUIPMENT	06/30/05	SL	5.00		16	10,467.				10,467.	10,467.		0.	10,467.
18	OFFICE EQUIPMENT	06/30/05	SL	5.00		16	1,625.				1,625.	1,625.		0.	1,625.
19	OFFICE EQUIPMENT	09/22/05	SL	5.00		16	1,586.				1,586.	1,586.		0.	1,586.
20	OFFICE EQUIPMENT	10/19/05	SL	5.00		16	1,500.				1,500.	1,500.		0.	1,500.
21	OFFICE EQUIPMENT	11/25/05	SL	5.00		16	1,827.				1,827.	1,827.		0.	1,827.
22	OFFICE EQUIPMENT	12/14/05	SL	5.00		16	3,072.				3,072.	3,072.		0.	3,072.
23	OFFICE EQUIPMENT	11/18/05	SL	5.00		16	1,320.				1,320.	1,320.		0.	1,320.

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(D) - Asset disposed

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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
24	OFFICE EQUIPMENT	12/07/05	SL	5.00		16	6,484.				6,484.	6,484.		0.	6,484.
25	OFFICE EQUIPMENT	03/16/06	SL	5.00		16	4,970.				4,970.	4,970.		0.	4,970.
26	OFFICE EQUIPMENT	03/16/06	SL	5.00		16	2,401.				2,401.	2,401.		0.	2,401.
27	OFFICE EQUIPMENT	06/30/06	SL	5.00		16	2,674.				2,674.	2,674.		0.	2,674.
64	LEASEHOLD IMPROVEMENTS	06/30/86	SL	20.00		16	3,998,330.				3,998,330.	3,409,775.		0.	3,409,775.
65	LEASEHOLD IMPROVEMENTS	06/30/86	SL	20.00		16	19,000.				19,000.	14,250.		0.	14,250.
66	LEASEHOLD IMPROVEMENTS	06/30/86	SL	20.00		16	691.				691.	525.		0.	525.
67	LEASEHOLD IMPROVEMENTS	06/30/91	SL	20.00		16	28,014.				28,014.	28,008.		0.	28,008.
68	LEASEHOLD IMPROVEMENTS	06/30/91	SL	20.00		16	3,165.				3,165.	3,160.		0.	3,160.
69	LEASEHOLD IMPROVEMENTS	06/30/97	SL	20.00		16	78,191.				78,191.	66,470.		3,910.	70,380.
70	LEASEHOLD IMPROVEMENTS	06/30/97	SL	20.00		16	82,178.				82,178.	69,853.		4,109.	73,962.
71	LEASEHOLD IMPROVEMENTS	06/30/97	SL	5.00		16	2,000.				2,000.	2,000.		0.	2,000.
72	LEASEHOLD IMPROVEMENTS	06/30/97	SL	20.00		16	1,500.				1,500.	1,275.		75.	1,350.
73	LEASEHOLD IMPROVEMENTS	06/30/97	SL	20.00		16	20,000.				20,000.	17,000.		1,000.	18,000.
74	LEASEHOLD IMPROVEMENTS	06/30/98	SL	20.00		16	3,913,229.				3,913,229.	3,130,761.		195,661.	3,326,422.
75	LEASEHOLD IMPROVEMENTS	06/30/98	SL	20.00		16	156,446.				156,446.	115,028.		7,822.	122,850.
76	LEASEHOLD IMPROVEMENTS	06/30/98	SL	20.00		16	20,000.				20,000.	16,000.		1,000.	17,000.
77	LEASEHOLD IMPROVEMENTS	06/30/01	SL	10.00		16	22,301.				22,301.	22,301.		0.	22,301.

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(D) - Asset disposed

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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
78	LEASEHOLD IMPROVEMENTS	06/30/02	SL	10.00		16	17,033.				17,033.	17,030.		0.	17,030.
79	LEASEHOLD IMPROVEMENTS	06/30/03	SL	10.00		16	28,342.				28,342.	28,342.		0.	28,342.
80	LEASEHOLD IMPROVEMENTS	06/30/04	SL	10.00		16	10,739.				10,739.	10,739.		0.	10,739.
81	LEASEHOLD IMPROVEMENTS	06/30/05	SL	20.00		16	3,132.				3,132.	1,570.		157.	1,727.
82	LEASEHOLD IMPROVEMENTS	06/30/91	SL	10.00		16	134,378.				134,378.	134,378.		0.	134,378.
83	LEASEHOLD IMPROVEMENTS	06/30/91	SL	10.00		16	970.				970.	970.		0.	970.
84	LEASEHOLD IMPROVEMENTS	06/30/91	SL	10.00		16	13,469.				13,469.	13,469.		0.	13,469.
85	LEASEHOLD IMPROVEMENTS	06/30/91	SL	10.00		16	1,122.				1,122.	1,122.		0.	1,122.
86	LEASEHOLD IMPROVEMENTS	06/30/91	SL	10.00		16	1,015.				1,015.	1,015.		0.	1,015.
87	LEASEHOLD IMPROVEMENTS	06/30/91	SL	5.00		16	1,350.				1,350.	1,350.		0.	1,350.
88	LEASEHOLD IMPROVEMENTS	06/30/91	SL	5.00		16	3,067.				3,067.	3,067.		0.	3,067.
89	LEASEHOLD IMPROVEMENTS	04/01/06	SL	11.42		16	12,384.				12,384.	8,943.		1,084.	10,027.
90	LEASEHOLD IMPROVEMENTS	04/01/06	SL	11.42		16	243,730.				243,730.	176,072.		21,342.	197,414.
91	LEASEHOLD IMPROVEMENTS	04/01/06	SL	11.42		16	6,436.				6,436.	4,653.		564.	5,217.
92	LEASEHOLD IMPROVEMENTS	09/01/06	SL	11.42		16	315,782.				315,782.	216,607.		27,652.	244,259.
93	LEASEHOLD IMPROVEMENTS	09/01/06	SL	11.42		16	17,867.				17,867.	12,259.		1,565.	13,824.
94	LEASEHOLD IMPROVEMENTS	09/01/06	SL	11.42		16	175,867.				175,867.	120,633.		15,400.	136,033.
95	LEASEHOLD IMPROVEMENTS	09/01/06	SL	11.42		16	29,164.				29,164.	20,006.		2,554.	22,560.

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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
96	LEASEHOLD IMPROVEMENTS	09/01/06	SL	11.42		16	32,970.				32,970.	22,615.		2,887.	25,502.
97	OFFICE EQUIPMENT	07/19/06	SL	5.00		16	958.				958.	958.		0.	958.
98	OFFICE EQUIPMENT	07/14/06	SL	5.00		16	660.				660.	660.		0.	660.
99	OFFICE EQUIPMENT	11/22/06	SL	5.00		16	8,570.				8,570.	8,570.		0.	8,570.
100	OFFICE EQUIPMENT	03/28/07	SL	5.00		16	1,020.				1,020.	1,020.		0.	1,020.
101	OFFICE EQUIPMENT	03/20/07	SL	5.00		16	1,213.				1,213.	1,213.		0.	1,213.
102	OFFICE EQUIPMENT	03/15/07	SL	5.00		16	671.				671.	671.		0.	671.
103	OFFICE EQUIPMENT	04/17/07	SL	5.00		16	1,349.				1,349.	1,349.		0.	1,349.
104	OFFICE EQUIPMENT	06/19/07	SL	5.00		16	1,585.				1,585.	1,585.		0.	1,585.
110	LEASEHOLD IMPROVEMENTS	09/06/06	SL	11.42		16	2,748.				2,748.	1,888.		241.	2,129.
111	LEASEHOLD IMPROVEMENTS	09/19/06	SL	11.42		16	516,017.				516,017.	350,184.		45,185.	395,369.
112	LEASEHOLD IMPROVEMENTS	09/19/06	SL	11.42		16	20,987.				20,987.	14,244.		1,838.	16,082.
113	LEASEHOLD IMPROVEMENTS	09/19/06	SL	11.42		16	6,404.				6,404.	4,348.		561.	4,909.
114	LEASEHOLD IMPROVEMENTS	09/19/06	SL	11.42		16	23,554.				23,554.	15,988.		2,063.	18,051.
115	LEASEHOLD IMPROVEMENTS	09/19/06	SL	11.42		16	4,732.				4,732.	3,209.		414.	3,623.
116	LEASEHOLD IMPROVEMENTS	10/18/06	SL	11.42		16	1,205.				1,205.	812.		106.	918.
117	LEASEHOLD IMPROVEMENTS	12/12/06	SL	11.42		16	11,135.				11,135.	7,394.		975.	8,369.
118	LEASEHOLD IMPROVEMENTS	03/29/07	SL	11.42		16	7,700.				7,700.	4,887.		674.	5,561.

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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
119	LEASEHOLD IMPROVEMENTS	06/01/07	SL	11.42		16	26,850.				26,850.	16,653.		2,351.	19,004.
120	FURNITURE & FIXTURE	07/17/08	SL	7.00		16	2,050.				2,050.	1,733.		293.	2,026.
121	COMPUTERS	07/12/08	SL	5.00		16	150.				150.	150.		0.	150.
122	COMPUTERS	08/16/07	SL	5.00		16	2,632.				2,632.	2,632.		0.	2,632.
123	COMPUTERS	03/18/07	SL	5.00		16	1,677.				1,677.	1,592.		0.	1,592.
124	COMPUTERS	10/17/07	SL	5.00		16	1,279.				1,279.	1,279.		0.	1,279.
125	COMPUTERS	03/27/08	SL	5.00		16	5,854.				5,854.	5,854.		0.	5,854.
126	COMPUTERS	04/28/08	SL	5.00		16	3,725.				3,725.	3,725.		0.	3,725.
127	COMPUTERS	05/20/08	SL	5.00		16	5,601.				5,601.	5,601.		0.	5,601.
128	COMPUTERS	05/22/08	SL	5.00		16	23,626.				23,626.	23,626.		0.	23,626.
129	COMPUTERS	06/17/08	SL	5.00		16	1,772.				1,772.	1,772.		0.	1,772.
135	SERVER	07/01/08	SL	5.00		16	1,291.				1,291.	1,291.		0.	1,291.
136	COMPUTERS	08/14/08	SL	5.00		16	2,966.				2,966.	2,966.		0.	2,966.
137	COMPUTERS	08/21/08	SL	5.00		16	3,335.				3,335.	3,335.		0.	3,335.
138	COMPUTERS	09/24/08	SL	5.00		16	1,143.				1,143.	1,143.		0.	1,143.
139	COMPUTERS	11/13/08	SL	5.00		16	7,244.				7,244.	7,244.		0.	7,244.
140	COMPUTERS	07/22/08	SL	5.00		16	1,595.				1,595.	1,595.		0.	1,595.
141	COMPUTERS	12/10/08	SL	5.00		16	1,140.				1,140.	1,140.		0.	1,140.

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(D) - Asset disposed

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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
142	SERVER	05/28/09	SL	5.00		16	4,000.				4,000.	4,000.		0.	4,000.
143	SERVER	06/30/09	SL	5.00		16	7,234.				7,234.	7,234.		0.	7,234.
144	LEASEHOLD IMPROVEMENTS	12/10/08	SL	5.00		16	1,350.				1,350.	1,350.		0.	1,350.
151	OFFICE EQUIPMENT	10/21/09	SL	5.00		16	3,010.				3,010.	2,809.		201.	3,010.
152	LEASEHOLD IMPROVEMENTS	12/02/09	SL	10.00		16	6,810.				6,810.	3,121.		681.	3,802.
153	LEASEHOLD IMPROVEMENTS	06/09/10	SL	10.00		16	11,390.				11,390.	4,651.		1,139.	5,790.
159	COMPUTERS	07/30/10	SL	5.00		16	7,056.				7,056.	5,527.		1,411.	6,938.
160	COMPUTERS	10/26/10	SL	5.00		16	9,532.				9,532.	6,989.		1,906.	8,895.
161	COMPUTERS	11/15/10	SL	5.00		16	4,835.				4,835.	3,546.		967.	4,513.
162	COMPUTERS	04/01/11	SL	5.00		16	11,580.				11,580.	7,527.		2,316.	9,843.
163	COMPUTERS	05/01/11	SL	5.00		16	13,337.				13,337.	8,446.		2,667.	11,113.
164	COMPUTERS	06/01/11	SL	5.00		16	1,325.				1,325.	817.		265.	1,082.
172	AIR CONDITIONING CONDENSER COIL	05/01/11	SL	10.00		16	10,249.				10,249.	3,246.		1,025.	4,271.
175	COMPUTERS	07/28/11	SL	5.00		16	2,055.				2,055.	1,199.		411.	1,610.
176	COMPUTERS	09/13/11	SL	5.00		16	2,045.				2,045.	1,159.		409.	1,568.
177	COMPUTERS	02/03/12	SL	5.00		16	1,807.				1,807.	873.		361.	1,234.
178	COMPUTERS	04/06/12	SL	5.00		16	2,050.				2,050.	923.		410.	1,333.
179	COMPUTERS	02/22/12	SL	5.00		16	8,300.				8,300.	3,873.		1,660.	5,533.

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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
180	LEASEHOLD IMPROVEMENTS	05/08/12	SL	15.00		16	14,844.				14,844.	2,145.		990.	3,135.
190	COMPUTERS	10/11/12	SL	5.00		16	5,600.				5,600.	1,960.		1,120.	3,080.
191	COMPUTERS	01/15/13	SL	5.00		16	1,250.				1,250.	375.		250.	625.
192	COMPUTERS	04/09/13	SL	5.00		16	1,022.				1,022.	255.		204.	459.
193	COMPUTERS	04/16/13	SL	5.00		16	1,022.				1,022.	238.		204.	442.
194	COMPUTERS	12/20/12	SL	5.00		16	2,232.				2,232.	669.		446.	1,115.
195	COMPUTERS	04/18/13	SL	5.00		16	1,672.				1,672.	390.		334.	724.
196	COMPUTERS	09/28/12	SL	5.00		16	2,910.				2,910.	1,019.		582.	1,601.
206	LEASEHOLD IMPROVEMENTS	07/11/12	SL	15.00		16	4,973.				4,973.	664.		332.	996.
213	COMPUTERS	08/27/13	SL	3.00		16	3,285.				3,285.	913.		1,095.	2,008.
214	COMPUTERS	09/25/13	SL	3.00		16	4,084.				4,084.	1,021.		1,361.	2,382.
215	COMPUTERS	02/14/14	SL	3.00		16	1,337.				1,337.	186.		446.	632.
216	COMPUTERS	03/12/14	SL	3.00		16	1,556.				1,556.	173.		519.	692.
217	COMPUTERS	06/16/14	SL	3.00		16	5,685.				5,685.			1,895.	1,895.
218	COMPUTERS	06/16/14	SL	3.00		16	3,670.				3,670.			1,223.	1,223.
219	COMPUTERS	06/16/14	SL	3.00		16	1,251.				1,251.			417.	417.
220	CARPETING	06/30/14	SL	10.00		16	2,950.				2,950.			295.	295.
221	COMPUTERS	07/08/14	SL	5.00		16	2,444.				2,444.			489.	489.

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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
222	MONITOR	09/17/14	SL	5.00		16	1,190.				1,190.			179.	179.
223	SERVER	09/19/14	SL	5.00		16	7,909.				7,909.			1,186.	1,186.
224	COMPUTERS	02/09/15	SL	5.00		16	2,241.				2,241.			187.	187.
225	ADDITIONAL SERVER	02/16/15	SL	5.00		16	1,261.				1,261.			84.	84.
226	SERVER HARDWARE	04/28/15	SL	5.00		16	1,425.				1,425.			48.	48.
227	COMPUTERS	05/26/15	SL	5.00		16	3,524.				3,524.			59.	59.
228	COMPUTERS	06/10/15	SL	5.00		16	1,918.				1,918.			32.	32.
229	TV	10/01/14	SL	5.00		16	1,760.				1,760.			264.	264.
230	POS SYSTEM	03/01/15	SL	5.00		16	8,196.				8,196.			546.	546.
231	HEAT CURTAIN	07/01/14	SL	5.00		16	2,745.				2,745.			549.	549.
232	ELEVATOR BLOWER REPLACEMENT	09/15/14	SL	8.00		16	2,807.				2,807.			292.	292.
233	EVAPORATOR MOTOR PULLEY	10/01/14	SL	8.00		16	1,436.				1,436.			135.	135.
234	NEW LOBBY	10/01/14	SL	8.00		16	26,772.				26,772.			2,510.	2,510.
235	NEW AWNING	11/01/14	SL	8.00		16	8,626.				8,626.			719.	719.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL						11023581.				11023581.	8,954,574.		376,304.	9,330,878.
	* GRAND TOTAL 990 PAGE 10 DEPR						14927898.			1,905.	14925993.	11009473.		737,585.	11741480.

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- CURRENT YEAR FEDERAL - CHILDREN'S MUSEUM OF MANHATTAN

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
239	FROLIC	060515	SL	5.00	16	51,130.			51,130.			852.
240	FROLIC	060515	SL	5.00	16	2,604.			2,604.			43.
	* 990 PAGE 10 TOTAL OTHER					53,734.			53,734.	0.		895.
	PROGRAM SERVICES											
53	PERMANENT EXHIBITS	063004	SL	3.00	16	116,545.			116,545.	116,545.		0.
59	PERMANENT EXHIBITS	063005	SL	2.00	16	2,349.			2,349.	2,349.		0.
60	PERMANENT EXHIBITS	063006	SL	10.00	16	669,552.			669,552.	535,640.		66,955.
63	PERMANENT EXHIBITS	063000	NC	.000		-1,085.			-1,085.	1,085.		0.
105	PERMANENT EXHIBITS	090106	SL	10.00	16	431,289.			431,289.	337,844.		43,129.
130	PERMANENT EXHIBITS	060108	SL	3.92	16	61,276.			61,276.	48,199.		0.
133	PERMANENT EXHIBITS	010108	SL	8.75	16	5,619.			5,619.	4,173.		642.
147	PERMANENT EXHIBITS	060108	SL	4.50	16	1,905.		1,905.				0.
148	PERMANENT EXHIBITS	090608	SL	8.25	16	5,537.			5,537.	3,914.		671.
150	WEBSITE REDESIGN	030110	SL	3.00	16	21,000.			21,000.	21,000.		0.
154	PERMANENT EXHIBITS	010111	SL	3.00	16	58,000.			58,000.			0.
155	PERMANENT EXHIBITS	060108	SL	5.50	16	1,624.			1,624.	1,180.		0.
156	PERMANENT EXHIBITS	070109	SL	7.25	16	6,747.			6,747.	4,655.		931.
158	WEBSITE REDESIGN	040111	SL	3.00	16	3,300.			3,300.	3,300.		0.

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
165	PERMANENT EXHIBITS	020411	SL	5.00	16	45,768.			45,768.	31,276.		9,154.
166	PERMANENT EXHIBITS	063011	NC	.000		7,513.			7,513.			0.
167	PERMANENT EXHIBITS	111111	SL	3.00	16	339,863.			339,863.	302,101.		37,762.
168	PERMANENT EXHIBITS	050111	SL	5.00	16	1,014.			1,014.	643.		203.
173	WEBSITE REDESIGN	041212	SL	3.00	16	1,650.			1,650.	1,238.		412.
174	WEBSITE REDESIGN	031912	SL	3.00	16	3,900.			3,900.	2,925.		975.
182	PERMANENT EXHIBITS	010112	NC	.000		30,009.			30,009.			0.
183	PERMANENT EXHIBITS	111111	SL	3.00	16	666,429.			666,429.	592,381.		74,048.
185	PERMANENT EXHIBITS	022312	SL	3.00	16	1,420.			1,420.	1,104.		316.
187	PERMANENT EXHIBITS	111111	SL	3.00	16	4,922.			4,922.	4,376.		546.
188	(D) PERMANENT EXHIBITS	111111	SL	3.00	16	2,355.			2,355.	2,093.		262.
189	(D) PERMANENT EXHIBITS	111111	SL	3.00	16	1,315.			1,315.	1,168.		147.
197	MACHINERY	031913	SL	5.00	16	10,916.			10,916.	2,729.		2,183.
198	EQUIPMENT	111812	SL	5.00	16	1,183.			1,183.	375.		237.
199	PERMANENT EXHIBITS	010113	SL	2.00	16	16,864.			16,864.	12,648.		4,216.
200	PERMANENT EXHIBITS	010113	SL	4.00	16	3,240.			3,240.	1,215.		810.
201	PERMANENT EXHIBITS		NC	.000		100,933.			100,933.			0.
203	PERMANENT EXHIBITS	070114	SL	5.00	16	11,107.			11,107.			2,221.

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204	PERMANENT EXHIBITS	011615	SL	5.00	16	2,500.			2,500.			208.
208	(D) PERMANENT EXHIBITS	040114	SL	1.00	16	1,908.			1,908.	477.		1,431.
209	PERMANENT EXHIBITS	020114	SL	1.00	16	25,040.			25,040.	10,433.		14,607.
210	PERMANENT EXHIBITS	100114	SL	5.00	16	148,000.			148,000.			22,200.
211	PERMANENT EXHIBITS	011615	SL	5.00	16	50,157.			50,157.			4,180.
212	WEBSITE REDESIGN	020114	SL	3.00	16	56,400.			56,400.	7,833.		18,800.
236	PERMANENT EXHIBITS	063015	NC	.000		247,150.			247,150.			0.
237	ROLLERCOASTER	091514	SL	5.00	16	16,000.			16,000.			2,667.
238	JAPAN - KAWAII EXHIBIT	011615	SL	5.00	16	605,678.			605,678.			50,473.
241	PERMANENT EXHIBITS	090115	NC	.000		20,000.			20,000.			0.
242	PERMANENT EXHIBITS		NC	.000		43,691.			43,691.			0.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES MANAGEMENT AND GENERAL					3,850,583.		1,905.	3,848,678.	2,054,899.		360,386.
1	FURNITURE & FIXTURE	063078	SL	5.00	16	2,007.			2,007.	2,007.		0.
2	FURNITURE & FIXTURE	063097	SL	10.00	16	250,000.			250,000.	250,000.		0.
3	FURNITURE & FIXTURE	063000	SL	5.00	16	4,159.			4,159.	4,159.		0.
4	FURNITURE & FIXTURE	063002	SL	5.00	16	1,316.			1,316.	1,316.		0.
5	FURNITURE & FIXTURE	063002	SL	5.00	16	973.			973.	973.		0.

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6	FURNITURE & FIXTURE	123103	SL	5.00	16	926.			926.	926.		0.
7	FURNITURE & FIXTURE	063004	SL	5.00	16	825.			825.	825.		0.
8	FURNITURE & FIXTURE	063004	SL	5.00	16	4,200.			4,200.	4,200.		0.
9	FURNITURE & FIXTURE	063004	SL	5.00	16	900.			900.	900.		0.
10	FURNITURE & FIXTURE	063004	SL	5.00	16	858.			858.	858.		0.
11	OFFICE EQUIPMENT	063000	SL	5.00	16	205,005.			205,005.	205,005.		0.
12	OFFICE EQUIPMENT	063000	SL	10.00	16	100,000.			100,000.	100,000.		0.
13	OFFICE EQUIPMENT	063002	SL	5.00	16	5,677.			5,677.	5,677.		0.
14	OFFICE EQUIPMENT	063003	SL	5.00	16	50,920.			50,920.	50,920.		0.
15	OFFICE EQUIPMENT	063004	SL	5.00	16	10,977.			10,977.	10,977.		0.
16	OFFICE EQUIPMENT	063004	SL	10.00	16	7,050.			7,050.	7,050.		0.
17	OFFICE EQUIPMENT	063005	SL	5.00	16	10,467.			10,467.	10,467.		0.
18	OFFICE EQUIPMENT	063005	SL	5.00	16	1,625.			1,625.	1,625.		0.
19	OFFICE EQUIPMENT	092205	SL	5.00	16	1,586.			1,586.	1,586.		0.
20	OFFICE EQUIPMENT	101905	SL	5.00	16	1,500.			1,500.	1,500.		0.
21	OFFICE EQUIPMENT	112505	SL	5.00	16	1,827.			1,827.	1,827.		0.
22	OFFICE EQUIPMENT	121405	SL	5.00	16	3,072.			3,072.	3,072.		0.
23	OFFICE EQUIPMENT	111805	SL	5.00	16	1,320.			1,320.	1,320.		0.

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24	OFFICE EQUIPMENT	120705	SL	5.00	16	6,484.			6,484.	6,484.		0.
25	OFFICE EQUIPMENT	031606	SL	5.00	16	4,970.			4,970.	4,970.		0.
26	OFFICE EQUIPMENT	031606	SL	5.00	16	2,401.			2,401.	2,401.		0.
27	OFFICE EQUIPMENT	063006	SL	5.00	16	2,674.			2,674.	2,674.		0.
64	LEASEHOLD IMPROVEMENTS	063086	SL	20.00	16	3,998,330.			3,998,330.	3,409,775.		0.
65	LEASEHOLD IMPROVEMENTS	063086	SL	20.00	16	19,000.			19,000.	14,250.		0.
66	LEASEHOLD IMPROVEMENTS	063086	SL	20.00	16	691.			691.	525.		0.
67	LEASEHOLD IMPROVEMENTS	063091	SL	20.00	16	28,014.			28,014.	28,008.		0.
68	LEASEHOLD IMPROVEMENTS	063091	SL	20.00	16	3,165.			3,165.	3,160.		0.
69	LEASEHOLD IMPROVEMENTS	063097	SL	20.00	16	78,191.			78,191.	66,470.		3,910.
70	LEASEHOLD IMPROVEMENTS	063097	SL	20.00	16	82,178.			82,178.	69,853.		4,109.
71	LEASEHOLD IMPROVEMENTS	063097	SL	5.00	16	2,000.			2,000.	2,000.		0.
72	LEASEHOLD IMPROVEMENTS	063097	SL	20.00	16	1,500.			1,500.	1,275.		75.
73	LEASEHOLD IMPROVEMENTS	063097	SL	20.00	16	20,000.			20,000.	17,000.		1,000.
74	LEASEHOLD IMPROVEMENTS	063098	SL	20.00	16	3,913,229.			3,913,229.	3,130,761.		195,661.
75	LEASEHOLD IMPROVEMENTS	063098	SL	20.00	16	156,446.			156,446.	115,028.		7,822.
76	LEASEHOLD IMPROVEMENTS	063098	SL	20.00	16	20,000.			20,000.	16,000.		1,000.
77	IMPROVEMENTS	063001	SL	10.00	16	22,301.			22,301.	22,301.		0.

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78	LEASEHOLD IMPROVEMENTS	063002	SL	10.00	16	17,033.			17,033.	17,030.		0.
79	LEASEHOLD IMPROVEMENTS	063003	SL	10.00	16	28,342.			28,342.	28,342.		0.
80	LEASEHOLD IMPROVEMENTS	063004	SL	10.00	16	10,739.			10,739.	10,739.		0.
81	LEASEHOLD IMPROVEMENTS	063005	SL	20.00	16	3,132.			3,132.	1,570.		157.
82	LEASEHOLD IMPROVEMENTS	063091	SL	10.00	16	134,378.			134,378.	134,378.		0.
83	LEASEHOLD IMPROVEMENTS	063091	SL	10.00	16	970.			970.	970.		0.
84	LEASEHOLD IMPROVEMENTS	063091	SL	10.00	16	13,469.			13,469.	13,469.		0.
85	LEASEHOLD IMPROVEMENTS	063091	SL	10.00	16	1,122.			1,122.	1,122.		0.
86	LEASEHOLD IMPROVEMENTS	063091	SL	10.00	16	1,015.			1,015.	1,015.		0.
87	LEASEHOLD IMPROVEMENTS	063091	SL	5.00	16	1,350.			1,350.	1,350.		0.
88	LEASEHOLD IMPROVEMENTS	063091	SL	5.00	16	3,067.			3,067.	3,067.		0.
89	LEASEHOLD IMPROVEMENTS	040106	SL	11.42	16	12,384.			12,384.	8,943.		1,084.
90	LEASEHOLD IMPROVEMENTS	040106	SL	11.42	16	243,730.			243,730.	176,072.		21,342.
91	LEASEHOLD IMPROVEMENTS	040106	SL	11.42	16	6,436.			6,436.	4,653.		564.
92	LEASEHOLD IMPROVEMENTS	090106	SL	11.42	16	315,782.			315,782.	216,607.		27,652.
93	LEASEHOLD IMPROVEMENTS	090106	SL	11.42	16	17,867.			17,867.	12,259.		1,565.
94	LEASEHOLD IMPROVEMENTS	090106	SL	11.42	16	175,867.			175,867.	120,633.		15,400.
95	LEASEHOLD IMPROVEMENTS	090106	SL	11.42	16	29,164.			29,164.	20,006.		2,554.

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96	LEASEHOLD IMPROVEMENTS	090106	SL	11.42	16	32,970.			32,970.	22,615.		2,887.
97	OFFICE EQUIPMENT	071906	SL	5.00	16	958.			958.	958.		0.
98	OFFICE EQUIPMENT	071406	SL	5.00	16	660.			660.	660.		0.
99	OFFICE EQUIPMENT	112206	SL	5.00	16	8,570.			8,570.	8,570.		0.
100	OFFICE EQUIPMENT	032807	SL	5.00	16	1,020.			1,020.	1,020.		0.
101	OFFICE EQUIPMENT	032007	SL	5.00	16	1,213.			1,213.	1,213.		0.
102	OFFICE EQUIPMENT	031507	SL	5.00	16	671.			671.	671.		0.
103	OFFICE EQUIPMENT	041707	SL	5.00	16	1,349.			1,349.	1,349.		0.
104	OFFICE EQUIPMENT	061907	SL	5.00	16	1,585.			1,585.	1,585.		0.
110	LEASEHOLD IMPROVEMENTS	090606	SL	11.42	16	2,748.			2,748.	1,888.		241.
111	LEASEHOLD IMPROVEMENTS	091906	SL	11.42	16	516,017.			516,017.	350,184.		45,185.
112	LEASEHOLD IMPROVEMENTS	091906	SL	11.42	16	20,987.			20,987.	14,244.		1,838.
113	LEASEHOLD IMPROVEMENTS	091906	SL	11.42	16	6,404.			6,404.	4,348.		561.
114	LEASEHOLD IMPROVEMENTS	091906	SL	11.42	16	23,554.			23,554.	15,988.		2,063.
115	LEASEHOLD IMPROVEMENTS	091906	SL	11.42	16	4,732.			4,732.	3,209.		414.
116	LEASEHOLD IMPROVEMENTS	101806	SL	11.42	16	1,205.			1,205.	812.		106.
117	LEASEHOLD IMPROVEMENTS	121206	SL	11.42	16	11,135.			11,135.	7,394.		975.
118	LEASEHOLD IMPROVEMENTS	032907	SL	11.42	16	7,700.			7,700.	4,887.		674.

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119	LEASEHOLD IMPROVEMENTS	060107	SL	11.42	16	26,850.			26,850.	16,653.		2,351.
120	FURNITURE & FIXTURE	0711708	SL	7.00	16	2,050.			2,050.	1,733.		293.
121	COMPUTERS	071208	SL	5.00	16	150.			150.	150.		0.
122	COMPUTERS	081607	SL	5.00	16	2,632.			2,632.	2,632.		0.
123	COMPUTERS	031807	SL	5.00	16	1,677.			1,677.	1,592.		0.
124	COMPUTERS	101707	SL	5.00	16	1,279.			1,279.	1,279.		0.
125	COMPUTERS	032708	SL	5.00	16	5,854.			5,854.	5,854.		0.
126	COMPUTERS	042808	SL	5.00	16	3,725.			3,725.	3,725.		0.
127	COMPUTERS	052008	SL	5.00	16	5,601.			5,601.	5,601.		0.
128	COMPUTERS	052208	SL	5.00	16	23,626.			23,626.	23,626.		0.
129	COMPUTERS	061708	SL	5.00	16	1,772.			1,772.	1,772.		0.
135	SERVER	070108	SL	5.00	16	1,291.			1,291.	1,291.		0.
136	COMPUTERS	081408	SL	5.00	16	2,966.			2,966.	2,966.		0.
137	COMPUTERS	082108	SL	5.00	16	3,335.			3,335.	3,335.		0.
138	COMPUTERS	092408	SL	5.00	16	1,143.			1,143.	1,143.		0.
139	COMPUTERS	111308	SL	5.00	16	7,244.			7,244.	7,244.		0.
140	COMPUTERS	072208	SL	5.00	16	1,595.			1,595.	1,595.		0.
141	COMPUTERS	121008	SL	5.00	16	1,140.			1,140.	1,140.		0.

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142	SERVER	052809	SL	5.00	16	4,000.			4,000.	4,000.		0.
143	SERVER	063009	SL	5.00	16	7,234.			7,234.	7,234.		0.
144	LEASEHOLD IMPROVEMENTS	121008	SL	5.00	16	1,350.			1,350.	1,350.		0.
151	OFFICE EQUIPMENT LEASEHOLD IMPROVEMENTS	102109	SL	5.00	16	3,010.			3,010.	2,809.		201.
152	LEASEHOLD IMPROVEMENTS	120209	SL	10.00	16	6,810.			6,810.	3,121.		681.
153	LEASEHOLD IMPROVEMENTS	060910	SL	10.00	16	11,390.			11,390.	4,651.		1,139.
159	COMPUTERS	073010	SL	5.00	16	7,056.			7,056.	5,527.		1,411.
160	COMPUTERS	102610	SL	5.00	16	9,532.			9,532.	6,989.		1,906.
161	COMPUTERS	111510	SL	5.00	16	4,835.			4,835.	3,546.		967.
162	COMPUTERS	040111	SL	5.00	16	11,580.			11,580.	7,527.		2,316.
163	COMPUTERS	050111	SL	5.00	16	13,337.			13,337.	8,446.		2,667.
164	COMPUTERS	060111	SL	5.00	16	1,325.			1,325.	817.		265.
172	AIR CONDITIONING CONDENSER COIL	050111	SL	10.00	16	10,249.			10,249.	3,246.		1,025.
175	COMPUTERS	072811	SL	5.00	16	2,055.			2,055.	1,199.		411.
176	COMPUTERS	091311	SL	5.00	16	2,045.			2,045.	1,159.		409.
177	COMPUTERS	020312	SL	5.00	16	1,807.			1,807.	873.		361.
178	COMPUTERS	040612	SL	5.00	16	2,050.			2,050.	923.		410.
179	COMPUTERS	022212	SL	5.00	16	8,300.			8,300.	3,873.		1,660.

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180	LEASEHOLD IMPROVEMENTS	050812	SL	15.00	16	14,844.			14,844.	2,145.		990.
190	COMPUTERS	101112	SL	5.00	16	5,600.			5,600.	1,960.		1,120.
191	COMPUTERS	011513	SL	5.00	16	1,250.			1,250.	375.		250.
192	COMPUTERS	040913	SL	5.00	16	1,022.			1,022.	255.		204.
193	COMPUTERS	041613	SL	5.00	16	1,022.			1,022.	238.		204.
194	COMPUTERS	122012	SL	5.00	16	2,232.			2,232.	669.		446.
195	COMPUTERS	041813	SL	5.00	16	1,672.			1,672.	390.		334.
196	COMPUTERS	092812	SL	5.00	16	2,910.			2,910.	1,019.		582.
206	LEASEHOLD IMPROVEMENTS	071112	SL	15.00	16	4,973.			4,973.	664.		332.
213	COMPUTERS	082713	SL	3.00	16	3,285.			3,285.	913.		1,095.
214	COMPUTERS	092513	SL	3.00	16	4,084.			4,084.	1,021.		1,361.
215	COMPUTERS	021414	SL	3.00	16	1,337.			1,337.	186.		446.
216	COMPUTERS	031214	SL	3.00	16	1,556.			1,556.	173.		519.
217	COMPUTERS	061614	SL	3.00	16	5,685.			5,685.			1,895.
218	COMPUTERS	061614	SL	3.00	16	3,670.			3,670.			1,223.
219	COMPUTERS	061614	SL	3.00	16	1,251.			1,251.			417.
220	CARPETING	063014	SL	10.00	16	2,950.			2,950.			295.
221	COMPUTERS	070814	SL	5.00	16	2,444.			2,444.			489.

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222	MONITOR	091714	SL	5.00	16	1,190.			1,190.			179.
223	SERVER	091914	SL	5.00	16	7,909.			7,909.			1,186.
224	COMPUTERS	020915	SL	5.00	16	2,241.			2,241.			187.
225	ADDITIONAL SERVER	021615	SL	5.00	16	1,261.			1,261.			84.
226	SERVER HARDWARE	042815	SL	5.00	16	1,425.			1,425.			48.
227	COMPUTERS	052615	SL	5.00	16	3,524.			3,524.			59.
228	COMPUTERS	061015	SL	5.00	16	1,918.			1,918.			32.
229	TV	100114	SL	5.00	16	1,760.			1,760.			264.
230	POS SYSTEM	030115	SL	5.00	16	8,196.			8,196.			546.
231	HEAT CURTAIN	070114	SL	5.00	16	2,745.			2,745.			549.
232	ELEVATOR BLOWER REPLACEMENT	091514	SL	8.00	16	2,807.			2,807.			292.
233	EVAPORATOR MOTOR PULLEY	100114	SL	8.00	16	1,436.			1,436.			135.
234	NEW LOBBY	100114	SL	8.00	16	26,772.			26,772.			2,510.
235	NEW AWNING	110114	SL	8.00	16	8,626.			8,626.			719.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GEN					11,023,581.			11,023,581.	8,954,574.		376,304.
	* GRAND TOTAL 990 PAGE 10 DEPR					14,927,898.		1,905.	14,925,993.	11,009,473.		737,585.

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Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
239	FROLIC	060515	SL	5.00	51,130.		51,130.	852.	10,226.
240	FROLIC	060515	SL	5.00	2,604.		2,604.	43.	521.
	* 990 PAGE 10 TOTAL OTHER				53,734.		53,734.	895.	10,747.
	PROGRAM SERVICES								
53	PERMANENT EXHIBITS	063004	SL	3.00	116,545.		116,545.	116,545.	0.
59	PERMANENT EXHIBITS	063005	SL	2.00	2,349.		2,349.	2,349.	0.
60	PERMANENT EXHIBITS	063006	SL	10.00	669,552.		669,552.	602,595.	66,955.
63	PERMANENT EXHIBITS	063000	NC	.000	-1,085.		-1,085.	1,085.	0.
105	PERMANENT EXHIBITS	090106	SL	10.00	431,289.		431,289.	380,973.	43,129.
130	PERMANENT EXHIBITS	060108	SL	3.92	61,276.		61,276.	48,199.	0.
133	PERMANENT EXHIBITS	010108	SL	8.75	5,619.		5,619.	4,815.	642.
147	PERMANENT EXHIBITS	060108	SL	4.50	1,905.	1,905.			0.
148	PERMANENT EXHIBITS	090608	SL	8.25	5,537.		5,537.	4,585.	671.
150	WEBSITE REDESIGN	030110	SL	3.00	21,000.		21,000.	21,000.	0.
154	PERMANENT EXHIBITS	010111	SL	3.00	58,000.		58,000.		0.
155	PERMANENT EXHIBITS	060108	SL	5.50	1,624.		1,624.	1,180.	0.
156	PERMANENT EXHIBITS	070109	SL	7.25	6,747.		6,747.	5,586.	931.
158	WEBSITE REDESIGN	040111	SL	3.00	3,300.		3,300.	3,300.	0.
165	PERMANENT EXHIBITS	020411	SL	5.00	45,768.		45,768.	40,430.	5,338.
166	PERMANENT EXHIBITS	063011	NC	.000	7,513.		7,513.		0.
167	PERMANENT EXHIBITS	111111	SL	3.00	339,863.		339,863.	339,863.	0.
168	PERMANENT EXHIBITS	050111	SL	5.00	1,014.		1,014.	846.	168.
173	WEBSITE REDESIGN	041212	SL	3.00	1,650.		1,650.	1,650.	0.
174	WEBSITE REDESIGN	031912	SL	3.00	3,900.		3,900.	3,900.	0.
182	PERMANENT EXHIBITS	010112	NC	.000	30,009.		30,009.		0.
183	PERMANENT EXHIBITS	111111	SL	3.00	666,429.		666,429.	666,429.	0.
185	PERMANENT EXHIBITS	022312	SL	3.00	1,420.		1,420.	1,420.	0.
187	PERMANENT EXHIBITS	111111	SL	3.00	4,922.		4,922.	4,922.	0.
197	MACHINERY	031913	SL	5.00	10,916.		10,916.	4,912.	2,183.
198	EQUIPMENT	111812	SL	5.00	1,183.		1,183.	612.	237.
199	PERMANENT EXHIBITS	010113	SL	2.00	16,864.		16,864.	16,864.	0.
200	PERMANENT EXHIBITS	010113	SL	4.00	3,240.		3,240.	2,025.	810.
201	PERMANENT EXHIBITS		NC	.000	100,933.		100,933.		0.
203	PERMANENT EXHIBITS	070114	SL	5.00	11,107.		11,107.	2,221.	2,221.

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Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
204	PERMANENT EXHIBITS	011615	SL	5.00	2,500.		2,500.	208.	500.
209	PERMANENT EXHIBITS	020114	SL	1.00	25,040.		25,040.	25,040.	0.
210	PERMANENT EXHIBITS	100114	SL	5.00	148,000.		148,000.	22,200.	29,600.
211	PERMANENT EXHIBITS	011615	SL	5.00	50,157.		50,157.	4,180.	10,031.
212	WEBSITE REDESIGN	020114	SL	3.00	56,400.		56,400.	26,633.	18,800.
236	PERMANENT EXHIBITS	063015	NC	.000	247,150.		247,150.		0.
237	ROLLERCOASTER	091514	SL	5.00	16,000.		16,000.	2,667.	3,200.
238	JAPAN - KAWAII EXHIBIT	011615	SL	5.00	605,678.		605,678.	50,473.	121,136.
241	PERMANENT EXHIBITS	090115	NC	.000	20,000.		20,000.		0.
242	PERMANENT EXHIBITS		NC	.000	43,691.		43,691.		0.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES								
					3,845,005.	1,905.	3,843,100.	2,409,707.	306,552.
	MANAGEMENT AND GENERAL								
1	FURNITURE & FIXTURE	063078	SL	5.00	2,007.		2,007.	2,007.	0.
2	FURNITURE & FIXTURE	063097	SL	10.00	250,000.		250,000.	250,000.	0.
3	FURNITURE & FIXTURE	063000	SL	5.00	4,159.		4,159.	4,159.	0.
4	FURNITURE & FIXTURE	063002	SL	5.00	1,316.		1,316.	1,316.	0.
5	FURNITURE & FIXTURE	063002	SL	5.00	973.		973.	973.	0.
6	FURNITURE & FIXTURE	123103	SL	5.00	926.		926.	926.	0.
7	FURNITURE & FIXTURE	063004	SL	5.00	825.		825.	825.	0.
8	FURNITURE & FIXTURE	063004	SL	5.00	4,200.		4,200.	4,200.	0.
9	FURNITURE & FIXTURE	063004	SL	5.00	900.		900.	900.	0.
10	FURNITURE & FIXTURE	063004	SL	5.00	858.		858.	858.	0.
11	OFFICE EQUIPMENT	063000	SL	5.00	205,005.		205,005.	205,005.	0.
12	OFFICE EQUIPMENT	063000	SL	10.00	100,000.		100,000.	100,000.	0.
13	OFFICE EQUIPMENT	063002	SL	5.00	5,677.		5,677.	5,677.	0.
14	OFFICE EQUIPMENT	063003	SL	5.00	50,920.		50,920.	50,920.	0.
15	OFFICE EQUIPMENT	063004	SL	5.00	10,977.		10,977.	10,977.	0.
16	OFFICE EQUIPMENT	063004	SL	10.00	7,050.		7,050.	7,050.	0.
17	OFFICE EQUIPMENT	063005	SL	5.00	10,467.		10,467.	10,467.	0.
18	OFFICE EQUIPMENT	063005	SL	5.00	1,625.		1,625.	1,625.	0.
19	OFFICE EQUIPMENT	092205	SL	5.00	1,586.		1,586.	1,586.	0.
20	OFFICE EQUIPMENT	101905	SL	5.00	1,500.		1,500.	1,500.	0.
21	OFFICE EQUIPMENT	112505	SL	5.00	1,827.		1,827.	1,827.	0.

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Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
22	OFFICE EQUIPMENT	121405	SL	5.00	3,072.		3,072.	3,072.	0.
23	OFFICE EQUIPMENT	111805	SL	5.00	1,320.		1,320.	1,320.	0.
24	OFFICE EQUIPMENT	120705	SL	5.00	6,484.		6,484.	6,484.	0.
25	OFFICE EQUIPMENT	031606	SL	5.00	4,970.		4,970.	4,970.	0.
26	OFFICE EQUIPMENT	031606	SL	5.00	2,401.		2,401.	2,401.	0.
27	OFFICE EQUIPMENT	063006	SL	5.00	2,674.		2,674.	2,674.	0.
64	LEASEHOLD IMPROVEMENTS	063086	SL	20.00	3,998,330.		3,998,330.	3,409,775.	0.
65	LEASEHOLD IMPROVEMENTS	063086	SL	20.00	19,000.		19,000.	14,250.	0.
66	LEASEHOLD IMPROVEMENTS	063086	SL	20.00	691.		691.	525.	0.
67	LEASEHOLD IMPROVEMENTS	063091	SL	20.00	28,014.		28,014.	28,008.	0.
68	LEASEHOLD IMPROVEMENTS	063091	SL	20.00	3,165.		3,165.	3,160.	0.
69	LEASEHOLD IMPROVEMENTS	063097	SL	20.00	78,191.		78,191.	70,380.	3,910.
70	LEASEHOLD IMPROVEMENTS	063097	SL	20.00	82,178.		82,178.	73,962.	4,109.
71	LEASEHOLD IMPROVEMENTS	063097	SL	5.00	2,000.		2,000.	2,000.	0.
72	LEASEHOLD IMPROVEMENTS	063097	SL	20.00	1,500.		1,500.	1,350.	75.
73	LEASEHOLD IMPROVEMENTS	063097	SL	20.00	20,000.		20,000.	18,000.	1,000.
74	LEASEHOLD IMPROVEMENTS	063098	SL	20.00	3,913,229.		3,913,229.	3,326,422.	195,661.
75	LEASEHOLD IMPROVEMENTS	063098	SL	20.00	156,446.		156,446.	122,850.	7,822.
76	LEASEHOLD IMPROVEMENTS	063098	SL	20.00	20,000.		20,000.	17,000.	1,000.
77	LEASEHOLD IMPROVEMENTS	063001	SL	10.00	22,301.		22,301.	22,301.	0.
78	LEASEHOLD IMPROVEMENTS	063002	SL	10.00	17,033.		17,033.	17,030.	0.
79	LEASEHOLD IMPROVEMENTS	063003	SL	10.00	28,342.		28,342.	28,342.	0.
80	LEASEHOLD IMPROVEMENTS	063004	SL	10.00	10,739.		10,739.	10,739.	0.
81	LEASEHOLD IMPROVEMENTS	063005	SL	20.00	3,132.		3,132.	1,727.	157.
82	LEASEHOLD IMPROVEMENTS	063091	SL	10.00	134,378.		134,378.	134,378.	0.
83	LEASEHOLD IMPROVEMENTS	063091	SL	10.00	970.		970.	970.	0.
84	LEASEHOLD IMPROVEMENTS	063091	SL	10.00	13,469.		13,469.	13,469.	0.
85	LEASEHOLD IMPROVEMENTS	063091	SL	10.00	1,122.		1,122.	1,122.	0.
86	LEASEHOLD IMPROVEMENTS	063091	SL	10.00	1,015.		1,015.	1,015.	0.
87	LEASEHOLD IMPROVEMENTS	063091	SL	5.00	1,350.		1,350.	1,350.	0.
88	LEASEHOLD IMPROVEMENTS	063091	SL	5.00	3,067.		3,067.	3,067.	0.
89	LEASEHOLD IMPROVEMENTS	040106	SL	11.42	12,384.		12,384.	10,027.	1,084.
90	LEASEHOLD IMPROVEMENTS	040106	SL	11.42	243,730.		243,730.	197,414.	21,342.
91	LEASEHOLD IMPROVEMENTS	040106	SL	11.42	6,436.		6,436.	5,217.	564.

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Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
92	LEASEHOLD IMPROVEMENTS	090106	SL	11.42	315,782.		315,782.	244,259.	27,652.
93	LEASEHOLD IMPROVEMENTS	090106	SL	11.42	17,867.		17,867.	13,824.	1,565.
94	LEASEHOLD IMPROVEMENTS	090106	SL	11.42	175,867.		175,867.	136,033.	15,400.
95	LEASEHOLD IMPROVEMENTS	090106	SL	11.42	29,164.		29,164.	22,560.	2,554.
96	LEASEHOLD IMPROVEMENTS	090106	SL	11.42	32,970.		32,970.	25,502.	2,887.
97	OFFICE EQUIPMENT	071906	SL	5.00	958.		958.	958.	0.
98	OFFICE EQUIPMENT	071406	SL	5.00	660.		660.	660.	0.
99	OFFICE EQUIPMENT	112206	SL	5.00	8,570.		8,570.	8,570.	0.
100	OFFICE EQUIPMENT	032807	SL	5.00	1,020.		1,020.	1,020.	0.
101	OFFICE EQUIPMENT	032007	SL	5.00	1,213.		1,213.	1,213.	0.
102	OFFICE EQUIPMENT	031507	SL	5.00	671.		671.	671.	0.
103	OFFICE EQUIPMENT	041707	SL	5.00	1,349.		1,349.	1,349.	0.
104	OFFICE EQUIPMENT	061907	SL	5.00	1,585.		1,585.	1,585.	0.
110	LEASEHOLD IMPROVEMENTS	090606	SL	11.42	2,748.		2,748.	2,129.	241.
111	LEASEHOLD IMPROVEMENTS	091906	SL	11.42	516,017.		516,017.	395,369.	45,185.
112	LEASEHOLD IMPROVEMENTS	091906	SL	11.42	20,987.		20,987.	16,082.	1,838.
113	LEASEHOLD IMPROVEMENTS	091906	SL	11.42	6,404.		6,404.	4,909.	561.
114	LEASEHOLD IMPROVEMENTS	091906	SL	11.42	23,554.		23,554.	18,051.	2,063.
115	LEASEHOLD IMPROVEMENTS	091906	SL	11.42	4,732.		4,732.	3,623.	414.
116	LEASEHOLD IMPROVEMENTS	101806	SL	11.42	1,205.		1,205.	918.	106.
117	LEASEHOLD IMPROVEMENTS	121206	SL	11.42	11,135.		11,135.	8,369.	975.
118	LEASEHOLD IMPROVEMENTS	032907	SL	11.42	7,700.		7,700.	5,561.	674.
119	LEASEHOLD IMPROVEMENTS	060107	SL	11.42	26,850.		26,850.	19,004.	2,351.
120	FURNITURE & FIXTURE	071708	SL	7.00	2,050.		2,050.	2,026.	24.
121	COMPUTERS	071208	SL	5.00	150.		150.	150.	0.
122	COMPUTERS	081607	SL	5.00	2,632.		2,632.	2,632.	0.
123	COMPUTERS	031807	SL	5.00	1,677.		1,677.	1,592.	0.
124	COMPUTERS	101707	SL	5.00	1,279.		1,279.	1,279.	0.
125	COMPUTERS	032708	SL	5.00	5,854.		5,854.	5,854.	0.
126	COMPUTERS	042808	SL	5.00	3,725.		3,725.	3,725.	0.
127	COMPUTERS	052008	SL	5.00	5,601.		5,601.	5,601.	0.
128	COMPUTERS	052208	SL	5.00	23,626.		23,626.	23,626.	0.
129	COMPUTERS	061708	SL	5.00	1,772.		1,772.	1,772.	0.
135	SERVER	070108	SL	5.00	1,291.		1,291.	1,291.	0.

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Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
136	COMPUTERS	081408	SL	5.00	2,966.		2,966.	2,966.	0.
137	COMPUTERS	082108	SL	5.00	3,335.		3,335.	3,335.	0.
138	COMPUTERS	092408	SL	5.00	1,143.		1,143.	1,143.	0.
139	COMPUTERS	111308	SL	5.00	7,244.		7,244.	7,244.	0.
140	COMPUTERS	072208	SL	5.00	1,595.		1,595.	1,595.	0.
141	COMPUTERS	121008	SL	5.00	1,140.		1,140.	1,140.	0.
142	SERVER	052809	SL	5.00	4,000.		4,000.	4,000.	0.
143	SERVER	063009	SL	5.00	7,234.		7,234.	7,234.	0.
144	LEASEHOLD IMPROVEMENTS	121008	SL	5.00	1,350.		1,350.	1,350.	0.
151	OFFICE EQUIPMENT	102109	SL	5.00	3,010.		3,010.	3,010.	0.
152	LEASEHOLD IMPROVEMENTS	120209	SL	10.00	6,810.		6,810.	3,802.	681.
153	LEASEHOLD IMPROVEMENTS	060910	SL	10.00	11,390.		11,390.	5,790.	1,139.
159	COMPUTERS	073010	SL	5.00	7,056.		7,056.	6,938.	118.
160	COMPUTERS	102610	SL	5.00	9,532.		9,532.	8,895.	637.
161	COMPUTERS	111510	SL	5.00	4,835.		4,835.	4,513.	322.
162	COMPUTERS	040111	SL	5.00	11,580.		11,580.	9,843.	1,737.
163	COMPUTERS	050111	SL	5.00	13,337.		13,337.	11,113.	2,224.
164	COMPUTERS	060111	SL	5.00	1,325.		1,325.	1,082.	243.
172	AIR CONDITIONING CONDENCER COIL	050111	SL	10.00	10,249.		10,249.	4,271.	1,025.
175	COMPUTERS	072811	SL	5.00	2,055.		2,055.	1,610.	411.
176	COMPUTERS	091311	SL	5.00	2,045.		2,045.	1,568.	409.
177	COMPUTERS	020312	SL	5.00	1,807.		1,807.	1,234.	361.
178	COMPUTERS	040612	SL	5.00	2,050.		2,050.	1,333.	410.
179	COMPUTERS	022212	SL	5.00	8,300.		8,300.	5,533.	1,660.
180	LEASEHOLD IMPROVEMENTS	050812	SL	15.00	14,844.		14,844.	3,135.	990.
190	COMPUTERS	101112	SL	5.00	5,600.		5,600.	3,080.	1,120.
191	COMPUTERS	011513	SL	5.00	1,250.		1,250.	625.	250.
192	COMPUTERS	040913	SL	5.00	1,022.		1,022.	459.	204.
193	COMPUTERS	041613	SL	5.00	1,022.		1,022.	442.	204.
194	COMPUTERS	122012	SL	5.00	2,232.		2,232.	1,115.	446.
195	COMPUTERS	041813	SL	5.00	1,672.		1,672.	724.	334.
196	COMPUTERS	092812	SL	5.00	2,910.		2,910.	1,601.	582.
206	LEASEHOLD IMPROVEMENTS	071112	SL	15.00	4,973.		4,973.	996.	332.
213	COMPUTERS	082713	SL	3.00	3,285.		3,285.	2,008.	1,095.

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214	COMPUTERS	092513	SL	3.00	4,084.		4,084.	2,382.	1,361.
215	COMPUTERS	021414	SL	3.00	1,337.		1,337.	632.	446.
216	COMPUTERS	031214	SL	3.00	1,556.		1,556.	692.	519.
217	COMPUTERS	061614	SL	3.00	5,685.		5,685.	1,895.	1,895.
218	COMPUTERS	061614	SL	3.00	3,670.		3,670.	1,223.	1,223.
219	COMPUTERS	061614	SL	3.00	1,251.		1,251.	417.	417.
220	CARPETING	063014	SL	10.00	2,950.		2,950.	295.	295.
221	COMPUTERS	070814	SL	5.00	2,444.		2,444.	489.	489.
222	MONITOR	091714	SL	5.00	1,190.		1,190.	179.	238.
223	SERVER	091914	SL	5.00	7,909.		7,909.	1,186.	1,582.
224	COMPUTERS	020915	SL	5.00	2,241.		2,241.	187.	448.
225	ADDITIONAL SERVER	021615	SL	5.00	1,261.		1,261.	84.	252.
226	SERVER HARDWARE	042815	SL	5.00	1,425.		1,425.	48.	285.
227	COMPUTERS	052615	SL	5.00	3,524.		3,524.	59.	705.
228	COMPUTERS	061015	SL	5.00	1,918.		1,918.	32.	384.
229	TV	100114	SL	5.00	1,760.		1,760.	264.	352.
230	POS SYSTEM	030115	SL	5.00	8,196.		8,196.	546.	1,639.
231	HEAT CURTAIN	070114	SL	5.00	2,745.		2,745.	549.	549.
232	ELEVATOR BLOWER REPLACEMENT	091514	SL	8.00	2,807.		2,807.	292.	351.
233	EVAPORATOR MOTOR PULLEY	100114	SL	8.00	1,436.		1,436.	135.	180.
234	NEW LOBBY	100114	SL	8.00	26,772.		26,772.	2,510.	3,347.
235	NEW AWNING	110114	SL	8.00	8,626.		8,626.	719.	1,078.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL				11,023,581.		11,023,581.	9,330,878.	376,183.
	* GRAND TOTAL 990 PAGE 10 DEPR				14,922,320.	1,905.	14,920,415.	11,741,480.	693,482.