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A Member Firm of KS International

APRIL 18, 2014

MR. ANDREW ACKERMAN  
CHILDREN'S MUSEUM OF MANHATTAN  
212 WEST 83RD STREET  
NEW YORK, NY 10024

DEAR MR. ACKERMAN:

ENCLOSED ARE THE 2012 EXEMPT ORGANIZATION RETURNS, AS  
FOLLOWS...

2012 FORM 990

2012 NEW YORK ANNUAL FILING FOR CHARITABLE ORGANIZATIONS

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE  
WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED  
FOR YOUR FILES.

SINCERELY YOURS,

JEFFREY FEINMAN  
PARTNER

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2013

<b>Prepared for</b>	MR. ANDREW ACKERMAN CHILDREN'S MUSEUM OF MANHATTAN 212 WEST 83RD STREET NEW YORK, NY 10024
<b>Prepared by</b>	DDK & COMPANY LLP ONE PENN PLAZA, 4TH FLR NEW YORK, NY 10119
<b>Amount due or refund</b>	NOT APPLICABLE
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	NOT APPLICABLE
<b>Return must be mailed on or before</b>	NOT APPLICABLE
<b>Special Instructions</b>	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY MAY 15, 2014.

**Return of Organization Exempt From Income Tax**

**2012**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A** For the 2012 calendar year, or tax year beginning **JUL 1, 2012** and ending **JUN 30, 2013**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>CHILDREN'S MUSEUM OF MANHATTAN</b>		<b>D</b> Employer identification number <b>13-2761376</b>
	Doing Business As		<b>E</b> Telephone number <b>(212) 721-1223</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>THE TISCH BUILDING, 212 WEST 83RD STR</b>	<b>G</b> Gross receipts \$ <b>5,133,349.</b>	
	City, town, or post office, state, and ZIP code <b>NEW YORK, NY 10024</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>F</b> Name and address of principal officer: <b>ANDREW ACKERMAN</b> <b>11 HEATHER HILL LANE, SUFFERN, NY 10901</b>		<b>I</b> 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	
<b>J</b> Website: ▶ <b>WWW.CMOM.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1974</b> <b>M</b> State of legal domicile: <b>NY</b>	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>PROMOTING LITERACY, EARLY CHILDHOOD EDUCATION, HEALTHY LIFESTYLES, &amp; CREATIVITY IN</b>
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3</b> <b>23</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <b>23</b>
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a) <b>5</b> <b>118</b>
	<b>6</b> Total number of volunteers (estimate if necessary) <b>6</b> <b>46</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> <b>0.</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 <b>7b</b> <b>0.</b>

<b>Revenue</b>		Prior Year	Current Year
		<b>8</b> Contributions and grants (Part VIII, line 1h) <b>3,906,815.</b>	<b>3,990,326.</b>
<b>9</b> Program service revenue (Part VIII, line 2g) <b>584,464.</b>	<b>565,257.</b>		
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>10,331.</b>	<b>10,999.</b>		
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>1,400,147.</b>	<b>450,963.</b>		
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>5,901,757.</b>	<b>5,017,545.</b>		
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>0.</b>	<b>25,596.</b>	
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b>	<b>0.</b>	
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>2,668,409.</b>	<b>2,626,258.</b>	
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b>	<b>0.</b>	
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>375,149.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>3,139,514.</b>	<b>2,877,159.</b>	
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>5,807,923.</b>	<b>5,529,013.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>93,834.</b>	<b>-511,468.</b>		

<b>Net Assets or Fund Balances</b>		Beginning of Current Year	End of Year
		<b>20</b> Total assets (Part X, line 16) <b>8,403,172.</b>	<b>7,772,537.</b>
		<b>21</b> Total liabilities (Part X, line 26) <b>302,751.</b>	<b>418,884.</b>
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <b>8,100,421.</b>	<b>7,353,653.</b>		

**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.

<b>Sign Here</b>	Signature of officer	Date			
	<b>ANDREW ACKERMAN, EXECUTIVE DIRECTOR</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JEFFREY FEINMAN</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>P00227146</b>
	Firm's name ▶ <b>DDK &amp; COMPANY LLP</b>	Firm's EIN ▶ <b>13-2738625</b>			
	Firm's address ▶ <b>ONE PENN PLAZA, 4TH FLR NEW YORK, NY 10119</b>	Phone no. <b>212-997-0600</b>			

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 to any question 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 \$ 4,043,131. including grants of \$ 25,596. ) (Revenue \$ 1,027,427. ) 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 4,043,131.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> 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>		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>		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>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, 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>		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>	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>	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>		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>		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>		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>	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>		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>	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>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
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>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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	<b>Section 501(c)(3) organizations.</b> 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 to any question in this Part V

Input box for Schedule O

Table with columns for question number, description, and Yes/No boxes. Includes questions 1a through 14b regarding Form 1096, Form W-2G, employee reporting, 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 to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	23		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent .....		
	23		
<b>2</b>	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	
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....		X
<b>6</b>	Did the organization have members or stockholders? .....		X
<b>7a</b>	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	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? .....		X
<b>b</b>	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? .....		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....	X	
<b>13</b>	Did the organization have a written whistleblower policy? .....		X
<b>14</b>	Did the organization have a written document retention and destruction policy? .....	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official .....	X	
<b>b</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).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....		X
<b>b</b>	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  Another's website  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, physical address, and telephone number of the person who possesses the books and records of the organization: **ANDREW ACKERMAN - 212-721-1223**  
**212 WEST 83RD STREET, NEW YORK, NY 10024**

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

Check if Schedule O contains a response to any question 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	40.00	X		X			237,646.	0.	0.	
(2) LAURIE TISCH HONORARY CHAIR	1.00	X					0.	0.	0.	
(3) JUDITH HANNAN DIRECTOR	1.00	X					0.	0.	0.	
(4) ELLEN UNTERBERG CELLI DIRECTOR	1.00	X					0.	0.	0.	
(5) MICHAEL COHEN DIRECTOR	1.00	X					0.	0.	0.	
(6) ELIZABETH SARNOFF COHEN DIRECTOR	1.00	X					0.	0.	0.	
(7) RENEE EDELMAN DIRECTOR	1.00	X					0.	0.	0.	
(8) HALLEY K. HARRISBURG CHAIR	1.00	X					0.	0.	0.	
(9) JENNIFER HELLER WOLD DIRECTOR	1.00	X					0.	0.	0.	
(10) MYRON KAPLAN, ESQ. DIRECTOR	1.00	X					0.	0.	0.	
(11) MIYOUNG LEE VICE CHAIR	1.00	X					0.	0.	0.	
(12) KEVIN B. MCGRATH, ESQ DIRECTOR	1.00	X					0.	0.	0.	
(13) RAFFIQ A. NATHOO DIRECTOR	1.00	X					0.	0.	0.	
(14) NANCY COHEN ROBERTS DIRECTOR	1.00	X					0.	0.	0.	
(15) RAJEEV NARANG TREASURER	1.00	X		X			0.	0.	0.	
(16) MARCIA L. WARNER DIRECTOR	1.00	X					0.	0.	0.	
(17) STEVEN WARNER DIRECTOR	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) MICHAEL J. BOUBLIK DIRECTOR	1.00	X						0.	0.	0.
(19) MARK R.T. ADKINS SECRETARY	1.00	X		X				0.	0.	0.
(20) WAYNE FINGERMAN DIRECTOR	1.00	X						0.	0.	0.
(21) TERI WEISS DIRECTOR	1.00	X						0.	0.	0.
(22) LAMAE ALLEN DE JONGH DIRECTOR	1.00	X						0.	0.	0.
(23) CHRISTIANE LEMIEUX DIRECTOR	1.00	X						0.	0.	0.
(24) JUSTIN HAMILL DIRECTOR	1.00	X						0.	0.	0.
(25) MO MEGHJI DEPUTY DIRECTOR	1.00	X						0.	0.	0.
<b>1b Sub-total</b>								237,646.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								237,646.	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 **3**

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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
ROTO GROUP LLC 7001 DISCOVERY BOULEVARD , DUBLIN, OH 43017	PROJECT FABRICATION/INSTALLA	206,214.
YALDA NIKOOMANESH 101 CLINTON STREET #17, NEW YORK, NY 10002	DEVELOPMENT CONSULTING	119,350.
WINFIELD SECURITY 57 W 38TH STREET, NEW YORK, NY 10018	SECURITY	113,672.

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 **3**

**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question 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, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b	764,150.			
	c Fundraising events	1c	37,462.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	639,597.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,549,117.			
	g Noncash contributions included in lines 1a-1f: \$		2,500.			
	h Total. Add lines 1a-1f		3,990,326.			
	Program Service Revenue	2 a EDUCATIONAL PROGRAM FE	Business Code 611710	345,494.	345,494.	
b MUSEUM PROGRAM FEES		611710	219,763.	219,763.		
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			565,257.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		7,707.		7,707.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	18,836.			
		(ii) Personal				
		b Less: rental expenses	0.			
		c Rental income or (loss)	18,836.			
	d Net rental income or (loss)		18,836.	18,836.		
	7 a Gross amount from sales of assets other than inventory	(i) Securities	21,530.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	18,238.			
		c Gain or (loss)	3,292.			
	d Net gain or (loss)		3,292.		3,292.	
	8 a Gross income from fundraising events (not including \$ 37,462. of contributions reported on line 1c). See Part IV, line 18	a	0.			
		b Less: direct expenses	11,207.			
c Net income or (loss) from fundraising events			-11,207.		-11,207.	
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	145,179.				
	b Less: cost of goods sold	86,359.				
	c Net income or (loss) from sales of inventory		58,820.	58,820.		
Miscellaneous Revenue	11 a CONSULTING	Business Code 541900	384,514.	384,514.		
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		384,514.			
12 Total revenue. See instructions.		5,017,545.	1,027,427.	0.	-208.	

**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 to any question in this Part IX  X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	2,500.	2,500.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	23,096.	23,096.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	356,980.	285,584.	53,547.	17,849.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,858,764.	1,361,666.	315,915.	181,183.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	234,738.	135,308.	83,358.	16,072.
10 Payroll taxes	175,776.	122,704.	38,494.	14,578.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	49,950.		49,950.	
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	35,818.	35,818.		
13 Office expenses				
14 Information technology	43,616.	559.	43,057.	
15 Royalties				
16 Occupancy	262,712.	230,976.	26,271.	5,465.
17 Travel	55,466.	55,424.	42.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,520.	1,292.	152.	76.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	888,207.	511,949.	376,258.	
23 Insurance	58,766.	50,368.	5,555.	2,843.
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 <b>LONG RANGE PLANNING</b>	317,270.	317,270.		
b <b>CONTRACTED SERVICES</b>	304,205.	248,144.	875.	55,186.
c <b>SUPPLIES AND MATERIALS</b>	185,874.	166,724.	11,397.	7,753.
d <b>UTILITIES</b>	153,293.	130,299.	15,329.	7,665.
e All other expenses <b>SEE SCH O</b>	520,462.	363,450.	90,533.	66,479.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	5,529,013.	4,043,131.	1,110,733.	375,149.
26 <b>Joint costs.</b> 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 to any question in this Part X

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	576,870.	1	269,407.	
	<b>2</b> Savings and temporary cash investments .....	3,577,161.	2	4,060,430.	
	<b>3</b> Pledges and grants receivable, net .....	271,744.	3	108,452.	
	<b>4</b> Accounts receivable, net .....	4,000.	4	67,926.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5		
	<b>6</b> 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		
	<b>7</b> Notes and loans receivable, net .....		7		
	<b>8</b> Inventories for sale or use .....	18,967.	8	21,369.	
	<b>9</b> Prepaid expenses and deferred charges .....	21,468.	9	29,231.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 16,695,832.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 13,532,093.	3,886,156.	<b>10c</b> 3,163,739.	
	<b>11</b> Investments - publicly traded securities .....	13,077.	11	11,055.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		12		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		13		
	<b>14</b> Intangible assets .....		14		
	<b>15</b> Other assets. See Part IV, line 11 .....	33,729.	15	40,928.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	8,403,172.	16	7,772,537.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	234,740.	17	284,536.	
	<b>18</b> Grants payable .....		18		
	<b>19</b> Deferred revenue .....	56,011.	19	122,348.	
	<b>20</b> Tax-exempt bond liabilities .....		20		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		21		
	<b>22</b> 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		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		23		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		24		
	<b>25</b> 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 .....	12,000.	25	12,000.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	302,751.	26	418,884.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	6,839,572.	27	6,159,819.	
	<b>28</b> Temporarily restricted net assets .....	260,849.	28	193,834.	
	<b>29</b> Permanently restricted net assets .....	1,000,000.	29	1,000,000.	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		30		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		31		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		32		
<b>33</b> Total net assets or fund balances .....	8,100,421.	33	7,353,653.		
<b>34</b> Total liabilities and net assets/fund balances .....	8,403,172.	34	7,772,537.		

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,017,545.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,529,013.
3	Revenue less expenses. Subtract line 2 from line 1	3	-511,468.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,100,421.
5	Net unrealized gains (losses) on investments	5	267.
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	-235,567.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,353,653.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question 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
2b	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	
2c	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
3b	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 (2012)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2012**

Open to Public Inspection

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

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

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

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



**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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3,178,836.	3,191,265.	4,255,457.	3,791,197.	3,950,364.	18,367,119.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	3,178,836.	3,191,265.	4,255,457.	3,791,197.	3,950,364.	18,367,119.
<b>5</b> 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) .....						7,585.
<b>6 Public support.</b> Subtract line 5 from line 4.						18,359,534.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4 .....	3,178,836.	3,191,265.	4,255,457.	3,791,197.	3,950,364.	18,367,119.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	66,881.	14,414.	12,012.	8,628.	7,707.	109,642.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	265,050.	438,501.	651,546.	695,410.	548,529.	2,599,036.
<b>11 Total support.</b> Add lines 7 through 10						21,075,797.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	5,852,609.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	87.11	%
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 .....	<b>15</b>	87.17	%
<b>16a 33 1/3% support test - 2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2011.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2012

**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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2012.** 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 - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Schedule A Identification of Excess Contributions Included on Part II, Line 5 2012

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Table with 3 columns: Contributor's Name, Total Contributions, Excess Contributions. Row 1: HANNAN, JOHN & JUDITH, 429,101., 7,585.

Total Excess Contributions to Schedule A, Part II, Line 5 ..... 7,585.

**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. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

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 contributions to (during year) .....		
3 Aggregate 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 an 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? .....

Yes  No

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)? .....

Yes  No

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) Revenues 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 Revenues 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?  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  100.00 %
- 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?

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

**Part VI Land, Buildings, and Equipment.** 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		10,064,813.	8,405,393.	1,659,420.
c Leasehold improvements				
d Equipment		6,332,802.	4,832,680.	1,500,122.
e Other		298,217.	294,020.	4,197.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,163,739.

**Part VII Investments - Other Securities.** 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)		
(I)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REFUNDABLE DEPOSITS	12,000.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	12,000.

2. FIN 48 (ASC 740) Footnote. 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**

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	5,055,674.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	267.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	37,862.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	38,129.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	5,017,545.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	5,017,545.

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	5,802,442.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	37,862.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	37,862.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	5,764,580.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-235,567.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	-235,567.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	5,529,013.

**Part XIII Supplemental Information**

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

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

DEPRECIATION EXPENSE -235,567.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No. 1545-0047

**2012**

Open To Public  
Inspection

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

Name of the organization

**CHILDREN ' S MUSEUM OF MANHATTAN**

Employer identification number  
**13-2761376**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....				▶		

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.



**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))
		<b>ANNUAL BENEFIT</b> (event type)	(event type)	<b>NONE</b> (total number)	
Revenue	<b>1</b> Gross receipts .....	37,462.			37,462.
	<b>2</b> Less: Contributions .....	37,462.			37,462.
	<b>3</b> Gross income (line 1 minus line 2) .....				
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	11,207.			11,207.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				( 11,207 )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 .....				-11,207.

**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	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				( )
	<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 .....				

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to operate gaming activities in each of these states?  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: \_\_\_\_\_



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.**

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

**CHILDREN'S MUSEUM OF MANHATTAN**

Employer identification number

**13-2761376**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

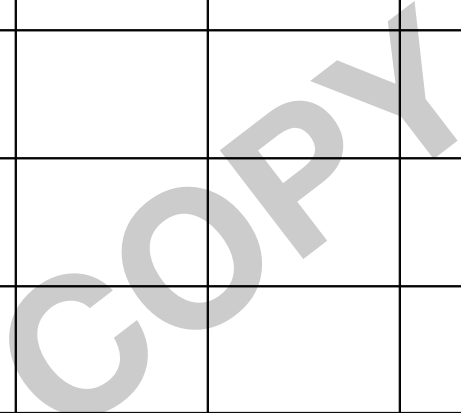
- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ \_\_\_\_\_
- 3** Enter total number of other organizations listed in the line 1 table ▶ \_\_\_\_\_

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

Schedule I (Form 990) (2012)

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
CASH STIPEND	44	23,096.	0.		



**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public Inspection

Name of the organization

CHILDREN'S MUSEUM OF MANHATTAN

Employer identification number

13-2761376

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</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	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	<b>2</b>	
<b>3</b> 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 type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Written employment contract		
<input type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	X
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	X
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization?	<b>5a</b>	X
<b>b</b> Any related organization?	<b>5b</b>	X
If "Yes" to line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization?	<b>6a</b>	X
<b>b</b> Any related organization?	<b>6b</b>	X
If "Yes" to line 6a or 6b, describe in Part III.		
<b>7</b> 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	<b>7</b>	X
<b>8</b> 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	<b>8</b>	X
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

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

Schedule J (Form 990) 2012

**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 reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ANDREW ACKERMAN EXECUTIVE DIRECTOR	(i)	237,646.	0.	0.	0.	0.	237,646.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**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.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

CHILDREN'S MUSEUM OF MANHATTAN

Employer identification number

13-2761376

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

ARTS&SCIENCES.

FORM 990, PART VI, SECTION A, LINE 2: MARCIA WARNER AND STEVEN WARNER ARE BOTH ON THE BOARD AND ARE MOTHER AND SON.

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.

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 IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

SECURITY:

PROGRAM SERVICE EXPENSES

114,013.

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

Schedule O (Form 990 or 990-EZ) (2012)

232211  
01-04-13



Name of the organization <b>CHILDREN'S MUSEUM OF MANHATTAN</b>	Employer identification number <b>13-2761376</b>
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MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 114,013.

MAINTENANCE AND REPAIRS:

PROGRAM SERVICE EXPENSES 96,188.

MANAGEMENT AND GENERAL EXPENSES 11,109.

FUNDRAISING EXPENSES 5,647.

TOTAL EXPENSES 112,944.

CREDIT CARD FEES:

PROGRAM SERVICE EXPENSES 43,137.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 28,027.

TOTAL EXPENSES 71,164.

EQUIPMENT RENTAL:

PROGRAM SERVICE EXPENSES 16,449.

MANAGEMENT AND GENERAL EXPENSES 42,433.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 58,882.

PRINTING:

PROGRAM SERVICE EXPENSES 41,812.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 10,635.

TOTAL EXPENSES 52,447.

Name of the organization <b>CHILDREN'S MUSEUM OF MANHATTAN</b>	Employer identification number <b>13-2761376</b>
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**POSTAGE AND SHIPPING:**

PROGRAM SERVICE EXPENSES	27,683.
MANAGEMENT AND GENERAL EXPENSES	1,546.
FUNDRAISING EXPENSES	3,745.
<b>TOTAL EXPENSES</b>	<b>32,974.</b>

**MEMBERSHIP, DUES, AND SUBSCRIPTIONS:**

PROGRAM SERVICE EXPENSES	5,379.
MANAGEMENT AND GENERAL EXPENSES	8,869.
FUNDRAISING EXPENSES	17,320.
<b>TOTAL EXPENSES</b>	<b>31,568.</b>

**TELEPHONE:**

PROGRAM SERVICE EXPENSES	18,789.
MANAGEMENT AND GENERAL EXPENSES	589.
FUNDRAISING EXPENSES	1,105.
<b>TOTAL EXPENSES</b>	<b>20,483.</b>

**BAD DEBT EXPENSE:**

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	20,217.
FUNDRAISING EXPENSES	0.
<b>TOTAL EXPENSES</b>	<b>20,217.</b>

**MISCELLANEOUS:**

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	5,770.
FUNDRAISING EXPENSES	0.

Name of the organization <b>CHILDREN'S MUSEUM OF MANHATTAN</b>	Employer identification number <b>13-2761376</b>
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TOTAL EXPENSES 5,770.

TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A 520,462.

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

DEPRECIATION ADJUSTMENT -235,567.

LOSS ON ASSET SALE

TOTAL TO FORM 990, PART XI, LINE 9 -235,567.



2012 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
	PROGRAM SERVICES														
40	PERMANENT EXHIBITS	06/30/00	SL	3.00		16	257,233.				257,233.	257,233.		0.	257,233.
41	PERMANENT EXHIBITS	06/30/04	SL	5.00		16	396,979.				396,979.	396,979.		0.	396,979.
49	PERMANENT EXHIBITS	06/30/03	SL	6.00		16	751,925.				751,925.	751,925.		0.	751,925.
53	PERMANENT EXHIBITS	06/30/04	SL	3.00		16	116,545.				116,545.	116,545.		0.	116,545.
54	PERMANENT EXHIBITS	06/30/04	SL	5.00		16	27,903.				27,903.	22,324.		0.	22,324.
55	PERMANENT EXHIBITS	06/30/04	SL	5.00		16	63,515.				63,515.	63,515.		0.	63,515.
57	PERMANENT EXHIBITS	12/31/05	SL	4.00		16	68,709.				68,709.	68,709.		0.	68,709.
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.	401,730.		66,955.	468,685.
61	PERMANENT EXHIBITS	06/30/06	SL	10.00		16	206,361.				206,361.	123,816.		20,636.	144,452.
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.	251,586.		43,129.	294,715.
106	PERMANENT EXHIBITS	05/25/07	SL	1.50		16	867,719.				867,719.	626,686.		0.	626,686.
107	PERMANENT EXHIBITS	07/01/06	SL	4.00		16	36,078.				36,078.	36,078.		0.	36,078.
108	PERMANENT EXHIBITS	05/25/07	SL	1.50		16	48,843.				48,843.	35,276.		0.	35,276.
109	PERMANENT EXHIBITS	05/25/07	SL	1.50		16	14,080.				14,080.	10,169.		0.	10,169.
130	PERMANENT EXHIBITS	06/01/08	SL	3.92		16	61,276.				61,276.	48,199.		0.	48,199.

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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
132	PERMANENT EXHIBITS	11/15/07	SL	1.50		16	41,751.				41,751.	41,751.		0.	41,751.
133	PERMANENT EXHIBITS	01/01/08	SL	8.75		16	5,619.				5,619.	2,889.		642.	3,531.
134	PERMANENT EXHIBITS	05/25/07	SL	3.20		16	35,431.				35,431.	33,216.		0.	33,216.
145	PERMANENT EXHIBITS	11/19/08	SL	5.00		16	1,303.				1,303.	935.		261.	1,196.
146	PERMANENT EXHIBITS	02/05/09	SL	5.00		16	1,045.				1,045.	714.		209.	923.
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.	2,572.		671.	3,243.
149	PERMANENT EXHIBITS	05/25/07	SL	5.92		16	12,289.			12,289.				0.	
150	WEBSITE REDESIGN	03/01/10	SL	3.00		16	21,000.				21,000.	16,333.		4,667.	21,000.
154	PERMANENT EXHIBITS	01/01/11	NC	.000	HY		58,000.				58,000.			0.	
155	PERMANENT EXHIBITS	06/01/08	SL	5.50		16	1,624.				1,624.	885.		295.	1,180.
156	PERMANENT EXHIBITS	07/01/09	SL	7.25		16	6,747.				6,747.	2,793.		931.	3,724.
157	PERMANENT EXHIBITS	07/01/09	SL	4.92		16	2,916.				2,916.	1,779.		593.	2,372.
158	WEBSITE REDESIGN	04/01/11	SL	3.00		16	3,300.				3,300.	1,375.		1,100.	2,475.
165	PERMANENT EXHIBITS	02/04/11	SL	5.00		16	45,768.				45,768.	12,968.		9,154.	22,122.
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.	75,525.		113,288.	188,813.
168	PERMANENT EXHIBITS	05/01/11	SL	5.00		16	1,014.				1,014.	237.		203.	440.

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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
169	PERMANENT EXHIBITS	01/01/11	SL	7.00		16	8,340.				8,340.	1,787.		1,191.	2,978.
170	PERMANENT EXHIBITS	01/01/11	SL	7.00		16	2,250.				2,250.	482.		321.	803.
171	PERMANENT EXHIBITS	05/01/11	SL	7.00		16	869.				869.	145.		124.	269.
173	WEBSITE REDESIGN	04/12/12	SL	3.00		16	1,650.				1,650.	138.		550.	688.
174	WEBSITE REDESIGN	03/19/12	SL	3.00		16	3,900.				3,900.	325.		1,300.	1,625.
181	PERMANENT EXHIBITS	01/01/12	SL	7.00		16	39,518.				39,518.	2,823.		5,645.	8,468.
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.	148,095.		222,143.	370,238.
184	PERMANENT EXHIBITS	03/01/12	SL	3.00		16	8,252.				8,252.	917.		2,751.	3,668.
185	PERMANENT EXHIBITS	02/23/12	SL	3.00		16	1,420.				1,420.	158.		473.	631.
187	PERMANENT EXHIBITS	11/11/11	SL	3.00		16	4,922.				4,922.	1,094.		1,641.	2,735.
188	PERMANENT EXHIBITS	11/11/11	SL	3.00		16	2,355.				2,355.	523.		785.	1,308.
189	PERMANENT EXHIBITS	11/11/11	SL	3.00		16	1,315.				1,315.	292.		438.	730.
197	MACHINERY	03/19/13	SL	5.00		16	10,916.				10,916.			546.	546.
198	EQUIPMENT	11/18/12	SL	5.00		16	1,183.				1,183.			138.	138.
199	PERMANENT EXHIBITS	01/01/13	SL	2.00		16	16,864.				16,864.			4,216.	4,216.
200	PERMANENT EXHIBITS	01/01/13	SL	4.00		16	3,240.				3,240.			405.	405.
201	PERMANENT EXHIBITS		NC	.000	HY		100,933.				100,933.			0.	

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
202	PERMANENT EXHIBITS	10/01/12	SL	4.00		16	34,920.				34,920.			6,548.	6,548.
203	PERMANENT EXHIBITS		NC	.000		HY	11,107.				11,107.			0.	
204	PERMANENT EXHIBITS		NC	.000		HY	2,500.				2,500.			0.	
205	PERMANENT EXHIBITS		NC	.000		HY	205,554.				205,554.			0.	
	* 990 PAGE 10 TOTAL PROGRAM SERVICES						5,770,342.			14,194.	5,756,148.	3,564,955.		511,949.	4,076,904.
	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.
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.

2012 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
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.	5,993.		705.	6,698.
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.
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.



2012 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
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.	58,650.		3,910.	62,560.
70	LEASEHOLD IMPROVEMENTS	06/30/97	SL	20.00		16	82,178.				82,178.	61,635.		4,109.	65,744.
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.	1,125.		75.	1,200.
73	LEASEHOLD IMPROVEMENTS	06/30/97	SL	20.00		16	20,000.				20,000.	15,000.		1,000.	16,000.
74	LEASEHOLD IMPROVEMENTS	06/30/98	SL	20.00		16	3,913,229.				3,913,229.	2,739,439.		195,661.	2,935,100.
75	LEASEHOLD IMPROVEMENTS	06/30/98	SL	20.00		16	156,446.				156,446.	99,384.		7,822.	107,206.
76	LEASEHOLD IMPROVEMENTS	06/30/98	SL	20.00		16	20,000.				20,000.	14,000.		1,000.	15,000.
77	LEASEHOLD IMPROVEMENTS	06/30/01	SL	10.00		16	22,301.				22,301.	22,301.		0.	22,301.
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.	9,129.		1,074.	10,203.
81	LEASEHOLD IMPROVEMENTS	06/30/05	SL	20.00		16	3,132.				3,132.	1,256.		157.	1,413.
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.

2012 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
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.	6,775.		1,084.	7,859.
90	LEASEHOLD IMPROVEMENTS	04/01/06	SL	11.42		16	243,730.				243,730.	133,388.		21,342.	154,730.
91	LEASEHOLD IMPROVEMENTS	04/01/06	SL	11.42		16	6,436.				6,436.	3,525.		564.	4,089.
92	LEASEHOLD IMPROVEMENTS	09/01/06	SL	11.42		16	315,782.				315,782.	161,303.		27,652.	188,955.
93	LEASEHOLD IMPROVEMENTS	09/01/06	SL	11.42		16	17,867.				17,867.	9,129.		1,565.	10,694.
94	LEASEHOLD IMPROVEMENTS	09/01/06	SL	11.42		16	175,867.				175,867.	89,833.		15,400.	105,233.
95	LEASEHOLD IMPROVEMENTS	09/01/06	SL	11.42		16	29,164.				29,164.	14,898.		2,554.	17,452.
96	LEASEHOLD IMPROVEMENTS	09/01/06	SL	11.42		16	32,970.				32,970.	16,841.		2,887.	19,728.
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.

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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
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.	1,406.		241.	1,647.
111	LEASEHOLD IMPROVEMENTS	09/19/06	SL	11.42		16	516,017.				516,017.	259,814.		45,185.	304,999.
112	LEASEHOLD IMPROVEMENTS	09/19/06	SL	11.42		16	20,987.				20,987.	10,568.		1,838.	12,406.
113	LEASEHOLD IMPROVEMENTS	09/19/06	SL	11.42		16	6,404.				6,404.	3,226.		561.	3,787.
114	LEASEHOLD IMPROVEMENTS	09/19/06	SL	11.42		16	23,554.				23,554.	11,862.		2,063.	13,925.
115	LEASEHOLD IMPROVEMENTS	09/19/06	SL	11.42		16	4,732.				4,732.	2,381.		414.	2,795.
116	LEASEHOLD IMPROVEMENTS	10/18/06	SL	11.42		16	1,205.				1,205.	600.		106.	706.
117	LEASEHOLD IMPROVEMENTS	12/12/06	SL	11.42		16	11,135.				11,135.	5,444.		975.	6,419.
118	LEASEHOLD IMPROVEMENTS	03/29/07	SL	11.42		16	7,700.				7,700.	3,539.		674.	4,213.
119	LEASEHOLD IMPROVEMENTS	06/01/07	SL	11.42		16	26,850.				26,850.	11,951.		2,351.	14,302.
120	FURNITURE & FIXTURE	07/17/08	SL	7.00		16	2,050.				2,050.	1,147.		293.	1,440.
121	COMPUTERS	07/12/08	SL	5.00		16	150.				150.	120.		30.	150.
122	COMPUTERS	08/16/07	SL	5.00		16	2,632.				2,632.	2,543.		89.	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.	1,195.		84.	1,279.
125	COMPUTERS	03/27/08	SL	5.00		16	5,854.				5,854.	4,977.		877.	5,854.

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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
126	COMPUTERS	04/28/08	SL	5.00		16	3,725.				3,725.	3,104.		621.	3,725.
127	COMPUTERS	05/20/08	SL	5.00		16	5,601.				5,601.	4,573.		1,028.	5,601.
128	COMPUTERS	05/22/08	SL	5.00		16	23,626.				23,626.	19,294.		4,332.	23,626.
129	COMPUTERS	06/17/08	SL	5.00		16	1,772.				1,772.	1,416.		356.	1,770.
135	SERVER	07/01/08	SL	5.00		16	1,291.				1,291.	1,032.		259.	1,291.
136	COMPUTERS	08/14/08	SL	5.00		16	2,966.				2,966.	2,323.		593.	2,916.
137	COMPUTERS	08/21/08	SL	5.00		16	3,335.				3,335.	2,557.		667.	3,224.
138	COMPUTERS	09/24/08	SL	5.00		16	1,143.				1,143.	858.		229.	1,087.
139	COMPUTERS	11/13/08	SL	5.00		16	7,244.				7,244.	5,313.		1,449.	6,762.
140	COMPUTERS	07/22/08	SL	5.00		16	1,595.				1,595.	1,249.		319.	1,568.
141	COMPUTERS	12/10/08	SL	5.00		16	1,140.				1,140.	817.		228.	1,045.
142	SERVER	05/28/09	SL	5.00		16	4,000.				4,000.	2,467.		800.	3,267.
143	SERVER	06/30/09	SL	5.00		16	7,234.				7,234.	4,341.		1,447.	5,788.
144	LEASEHOLD IMPROVEMENTS	12/10/08	SL	5.00		16	1,350.				1,350.	968.		270.	1,238.
151	OFFICE EQUIPMENT	10/21/09	SL	5.00		16	3,010.				3,010.	1,605.		602.	2,207.
152	LEASEHOLD IMPROVEMENTS	12/02/09	SL	10.00		16	6,810.				6,810.	1,759.		681.	2,440.
153	LEASEHOLD IMPROVEMENTS	06/09/10	SL	10.00		16	11,390.				11,390.	2,373.		1,139.	3,512.
159	COMPUTERS	07/30/10	SL	5.00		16	7,056.				7,056.	2,705.		1,411.	4,116.

2012 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
160	COMPUTERS	10/26/10	SL	5.00		16	9,532.				9,532.	3,177.		1,906.	5,083.
161	COMPUTERS	11/15/10	SL	5.00		16	4,835.				4,835.	1,612.		967.	2,579.
162	COMPUTERS	04/01/11	SL	5.00		16	11,580.				11,580.	2,895.		2,316.	5,211.
163	COMPUTERS	05/01/11	SL	5.00		16	13,337.				13,337.	3,112.		2,667.	5,779.
164	COMPUTERS	06/01/11	SL	5.00		16	1,325.				1,325.	287.		265.	552.
172	AIR CONDITIONING CONDENSER COIL	05/01/11	SL	10.00		16	10,249.				10,249.	1,196.		1,025.	2,221.
175	COMPUTERS	07/28/11	SL	5.00		16	2,055.				2,055.	377.		411.	788.
176	COMPUTERS	09/13/11	SL	5.00		16	2,045.				2,045.	341.		409.	750.
177	COMPUTERS	02/03/12	SL	5.00		16	1,807.				1,807.	151.		361.	512.
178	COMPUTERS	04/06/12	SL	5.00		16	2,050.				2,050.	103.		410.	513.
179	COMPUTERS	02/22/12	SL	5.00		16	8,300.				8,300.	553.		1,660.	2,213.
180	LEASEHOLD IMPROVEMENTS	05/08/12	SL	15.00		16	14,844.				14,844.	165.		990.	1,155.
190	COMPUTERS	10/11/12	SL	5.00		16	5,600.				5,600.			840.	840.
191	COMPUTERS	01/15/13	SL	5.00		16	1,250.				1,250.			125.	125.
192	COMPUTERS	04/09/13	SL	5.00		16	1,022.				1,022.			51.	51.
193	COMPUTERS	04/16/13	SL	5.00		16	1,022.				1,022.			34.	34.
194	COMPUTERS	12/20/12	SL	5.00		16	2,232.				2,232.			223.	223.
195	COMPUTERS	04/18/13	SL	5.00		16	1,672.				1,672.			56.	56.

228111  
05-01-12

(D) - Asset disposed

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

2012 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
196	COMPUTERS	09/28/12	SL	5.00		16	2,910.				2,910.			437.	437.
206	LEASEHOLD IMPROVEMENTS	07/11/12	SL	15.00		16	4,973.				4,973.			332.	332.
	* 990 PAGE 10 TOTAL														
	MANAGEMENT AND GENERAL						10925509.				10925509.	3,209,848.		376,258.	3,586,104.
	* GRAND TOTAL 990 PAGE 10 DEPR						16695851.			14,194.	16681657.	11774803.		888,207.	12663008.

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

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

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

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions <b>CHILDREN'S MUSEUM OF MANHATTAN</b>	Employer identification number (EIN) or <b>13-2761376</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>THE TISCH BUILDING, 212 WEST 83RD STREET</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW YORK, NY 10024</b>	

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

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

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

**ANDREW ACKERMAN**

• The books are in the care of  **212 WEST 83RD STREET - NEW YORK, NY 10024**  
Telephone No.  **212-721-1223** FAX No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2014**.

5 For calendar year , or other tax year beginning **JUL 1, 2012**, and ending **JUN 30, 2013**.

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension  
**ADDITIONAL TIME IS NEEDED BECAUSE THE FINANCIAL STATEMENTS ARE NOT COMPLETED YET.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	<b>0.</b>

**Signature and Verification must be completed for Part II only.**

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

Signature  Title  Date

For calendar year 2012, or fiscal year beginning JUL 1, 2012, and ending JUN 30, 2013

**2012**

Department of the Treasury  
Internal Revenue Service

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

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.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>5017545</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c) .....	<b>5b</b> _____

**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 2012 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 2012 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 2012 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.

13079710119  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 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**



2012 DEPRECIATION AND AMORTIZATION REPORT

- 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
PROGRAM SERVICES												
40	PERMANENT EXHIBITS	063000	SL	3.00	16	257,233.			257,233.	257,233.		0.
41	PERMANENT EXHIBITS	063004	SL	5.00	16	396,979.			396,979.	396,979.		0.
49	PERMANENT EXHIBITS	063003	SL	6.00	16	751,925.			751,925.	751,925.		0.
53	PERMANENT EXHIBITS	063004	SL	3.00	16	116,545.			116,545.	116,545.		0.
54	PERMANENT EXHIBITS	063004	SL	5.00	16	27,903.			27,903.	22,324.		0.
55	PERMANENT EXHIBITS	063004	SL	5.00	16	63,515.			63,515.	63,515.		0.
57	PERMANENT EXHIBITS	123105	SL	4.00	16	68,709.			68,709.	68,709.		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.	401,730.		66,955.
61	PERMANENT EXHIBITS	063006	SL	10.00	16	206,361.			206,361.	123,816.		20,636.
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.	251,586.		43,129.
106	PERMANENT EXHIBITS	052507	SL	1.50	16	867,719.			867,719.	626,686.		0.
107	PERMANENT EXHIBITS	070106	SL	4.00	16	36,078.			36,078.	36,078.		0.
108	PERMANENT EXHIBITS	052507	SL	1.50	16	48,843.			48,843.	35,276.		0.
109	PERMANENT EXHIBITS	052507	SL	1.50	16	14,080.			14,080.	10,169.		0.
130	PERMANENT EXHIBITS	060108	SL	3.92	16	61,276.			61,276.	48,199.		0.

2012 DEPRECIATION AND AMORTIZATION REPORT

- 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
132	PERMANENT EXHIBITS	111507	SL	1.50	16	41,751.			41,751.	41,751.		0.
133	PERMANENT EXHIBITS	010108	SL	8.75	16	5,619.			5,619.	2,889.		642.
134	PERMANENT EXHIBITS	052507	SL	3.20	16	35,431.			35,431.	33,216.		0.
145	PERMANENT EXHIBITS	111908	SL	5.00	16	1,303.			1,303.	935.		261.
146	PERMANENT EXHIBITS	020509	SL	5.00	16	1,045.			1,045.	714.		209.
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.	2,572.		671.
149	PERMANENT EXHIBITS	052507	SL	5.92	16	12,289.		12,289.				0.
150	WEBSITE REDESIGN	030110	SL	3.00	16	21,000.			21,000.	16,333.		4,667.
154	PERMANENT EXHIBITS	010111	NC	.000		58,000.			58,000.			0.
155	PERMANENT EXHIBITS	060108	SL	5.50	16	1,624.			1,624.	885.		295.
156	PERMANENT EXHIBITS	070109	SL	7.25	16	6,747.			6,747.	2,793.		931.
157	PERMANENT EXHIBITS	070109	SL	4.92	16	2,916.			2,916.	1,779.		593.
158	WEBSITE REDESIGN	040111	SL	3.00	16	3,300.			3,300.	1,375.		1,100.
165	PERMANENT EXHIBITS	020411	SL	5.00	16	45,768.			45,768.	12,968.		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.	75,525.		113,288.
168	PERMANENT EXHIBITS	050111	SL	5.00	16	1,014.			1,014.	237.		203.

2012 DEPRECIATION AND AMORTIZATION REPORT

- 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
169	PERMANENT EXHIBITS	010111	SL	7.00	16	8,340.			8,340.	1,787.		1,191.
170	PERMANENT EXHIBITS	010111	SL	7.00	16	2,250.			2,250.	482.		321.
171	PERMANENT EXHIBITS	050111	SL	7.00	16	869.			869.	145.		124.
173	WEBSITE REDESIGN	041212	SL	3.00	16	1,650.			1,650.	138.		550.
174	WEBSITE REDESIGN	031912	SL	3.00	16	3,900.			3,900.	325.		1,300.
181	PERMANENT EXHIBITS	010112	SL	7.00	16	39,518.			39,518.	2,823.		5,645.
182	PERMANENT EXHIBITS	010112	NC	.000		30,009.			30,009.			0.
183	PERMANENT EXHIBITS	111111	SL	3.00	16	666,429.			666,429.	148,095.		222,143.
184	PERMANENT EXHIBITS	030112	SL	3.00	16	8,252.			8,252.	917.		2,751.
185	PERMANENT EXHIBITS	022312	SL	3.00	16	1,420.			1,420.	158.		473.
187	PERMANENT EXHIBITS	111111	SL	3.00	16	4,922.			4,922.	1,094.		1,641.
188	PERMANENT EXHIBITS	111111	SL	3.00	16	2,355.			2,355.	523.		785.
189	PERMANENT EXHIBITS	111111	SL	3.00	16	1,315.			1,315.	292.		438.
197	MACHINERY	031913	SL	5.00	16	10,916.			10,916.			546.
198	EQUIPMENT	111812	SL	5.00	16	1,183.			1,183.			138.
199	PERMANENT EXHIBITS	010113	SL	2.00	16	16,864.			16,864.			4,216.
200	PERMANENT EXHIBITS	010113	SL	4.00	16	3,240.			3,240.			405.
201	PERMANENT EXHIBITS		NC	.000		100,933.			100,933.			0.

2012 DEPRECIATION AND AMORTIZATION REPORT

- 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
202	PERMANENT EXHIBITS	100112	SL	4.00	16	34,920.			34,920.			6,548.
203	PERMANENT EXHIBITS		NC	.000		11,107.			11,107.			0.
204	PERMANENT EXHIBITS		NC	.000		2,500.			2,500.			0.
205	PERMANENT EXHIBITS		NC	.000		205,554.			205,554.			0.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES MANAGEMENT AND GENERAL					5,770,342.		14,194.	5,756,148.	3,564,955.		511,949.
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.
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.

2012 DEPRECIATION AND AMORTIZATION REPORT

- 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
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.	5,993.		705.
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.
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.

2012 DEPRECIATION AND AMORTIZATION REPORT

- 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
67	LEASEHOLD IMPROVEMENTS	06/30/91	SL	20.00	16	28,014.			28,014.	28,008.		0.
68	LEASEHOLD IMPROVEMENTS	06/30/91	SL	20.00	16	3,165.			3,165.	3,160.		0.
69	LEASEHOLD IMPROVEMENTS	06/30/97	SL	20.00	16	78,191.			78,191.	58,650.		3,910.
70	LEASEHOLD IMPROVEMENTS	06/30/97	SL	20.00	16	82,178.			82,178.	61,635.		4,109.
71	LEASEHOLD IMPROVEMENTS	06/30/97	SL	5.00	16	2,000.			2,000.	2,000.		0.
72	LEASEHOLD IMPROVEMENTS	06/30/97	SL	20.00	16	1,500.			1,500.	1,125.		75.
73	LEASEHOLD IMPROVEMENTS	06/30/97	SL	20.00	16	20,000.			20,000.	15,000.		1,000.
74	LEASEHOLD IMPROVEMENTS	06/30/98	SL	20.00	16	3,913,229.			3,913,229.	2,739,439.		195,661.
75	LEASEHOLD IMPROVEMENTS	06/30/98	SL	20.00	16	156,446.			156,446.	99,384.		7,822.
76	LEASEHOLD IMPROVEMENTS	06/30/98	SL	20.00	16	20,000.			20,000.	14,000.		1,000.
77	LEASEHOLD IMPROVEMENTS	06/30/01	SL	10.00	16	22,301.			22,301.	22,301.		0.
78	LEASEHOLD IMPROVEMENTS	06/30/02	SL	10.00	16	17,033.			17,033.	17,030.		0.
79	LEASEHOLD IMPROVEMENTS	06/30/03	SL	10.00	16	28,342.			28,342.	28,342.		0.
80	LEASEHOLD IMPROVEMENTS	06/30/04	SL	10.00	16	10,739.			10,739.	9,129.		1,074.
81	LEASEHOLD IMPROVEMENTS	06/30/05	SL	20.00	16	3,132.			3,132.	1,256.		157.
82	LEASEHOLD IMPROVEMENTS	06/30/91	SL	10.00	16	134,378.			134,378.	134,378.		0.
83	LEASEHOLD IMPROVEMENTS	06/30/91	SL	10.00	16	970.			970.	970.		0.
84	LEASEHOLD IMPROVEMENTS	06/30/91	SL	10.00	16	13,469.			13,469.	13,469.		0.

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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
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.	6,775.		1,084.
90	LEASEHOLD IMPROVEMENTS	040106	SL	11.42	16	243,730.			243,730.	133,388.		21,342.
91	LEASEHOLD IMPROVEMENTS	040106	SL	11.42	16	6,436.			6,436.	3,525.		564.
92	LEASEHOLD IMPROVEMENTS	090106	SL	11.42	16	315,782.			315,782.	161,303.		27,652.
93	LEASEHOLD IMPROVEMENTS	090106	SL	11.42	16	17,867.			17,867.	9,129.		1,565.
94	LEASEHOLD IMPROVEMENTS	090106	SL	11.42	16	175,867.			175,867.	89,833.		15,400.
95	LEASEHOLD IMPROVEMENTS	090106	SL	11.42	16	29,164.			29,164.	14,898.		2,554.
96	LEASEHOLD IMPROVEMENTS	090106	SL	11.42	16	32,970.			32,970.	16,841.		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.

2012 DEPRECIATION AND AMORTIZATION REPORT

- 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
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.	1,406.		241.
111	LEASEHOLD IMPROVEMENTS	091906	SL	11.42	16	516,017.			516,017.	259,814.		45,185.
112	LEASEHOLD IMPROVEMENTS	091906	SL	11.42	16	20,987.			20,987.	10,568.		1,838.
113	LEASEHOLD IMPROVEMENTS	091906	SL	11.42	16	6,404.			6,404.	3,226.		561.
114	LEASEHOLD IMPROVEMENTS	091906	SL	11.42	16	23,554.			23,554.	11,862.		2,063.
115	LEASEHOLD IMPROVEMENTS	091906	SL	11.42	16	4,732.			4,732.	2,381.		414.
116	LEASEHOLD IMPROVEMENTS	101806	SL	11.42	16	1,205.			1,205.	600.		106.
117	LEASEHOLD IMPROVEMENTS	121206	SL	11.42	16	11,135.			11,135.	5,444.		975.
118	LEASEHOLD IMPROVEMENTS	032907	SL	11.42	16	7,700.			7,700.	3,539.		674.
119	IMPROVEMENTS	060107	SL	11.42	16	26,850.			26,850.	11,951.		2,351.
120	FURNITURE & FIXTURES	071708	SL	7.00	16	2,050.			2,050.	1,147.		293.
121	COMPUTERS	071208	SL	5.00	16	150.			150.	120.		30.
122	COMPUTERS	081607	SL	5.00	16	2,632.			2,632.	2,543.		89.
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.	1,195.		84.
125	COMPUTERS	032708	SL	5.00	16	5,854.			5,854.	4,977.		877.



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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
126	COMPUTERS	04/28/08	SL	5.00	16	3,725.			3,725.	3,104.		621.
127	COMPUTERS	05/20/08	SL	5.00	16	5,601.			5,601.	4,573.		1,028.
128	COMPUTERS	05/22/08	SL	5.00	16	23,626.			23,626.	19,294.		4,332.
129	COMPUTERS	06/17/08	SL	5.00	16	1,772.			1,772.	1,416.		356.
135	SERVER	07/01/08	SL	5.00	16	1,291.			1,291.	1,032.		259.
136	COMPUTERS	08/14/08	SL	5.00	16	2,966.			2,966.	2,323.		593.
137	COMPUTERS	08/21/08	SL	5.00	16	3,335.			3,335.	2,557.		667.
138	COMPUTERS	09/24/08	SL	5.00	16	1,143.			1,143.	858.		229.
139	COMPUTERS	11/13/08	SL	5.00	16	7,244.			7,244.	5,313.		1,449.
140	COMPUTERS	07/22/08	SL	5.00	16	1,595.			1,595.	1,249.		319.
141	COMPUTERS	12/10/08	SL	5.00	16	1,140.			1,140.	817.		228.
142	SERVER	05/28/09	SL	5.00	16	4,000.			4,000.	2,467.		800.
143	SERVER	06/30/09	SL	5.00	16	7,234.			7,234.	4,341.		1,447.
144	LEASEHOLD IMPROVEMENTS	12/10/08	SL	5.00	16	1,350.			1,350.	968.		270.
151	OFFICE EQUIPMENT	10/21/09	SL	5.00	16	3,010.			3,010.	1,605.		602.
152	LEASEHOLD IMPROVEMENTS	12/02/09	SL	10.00	16	6,810.			6,810.	1,759.		681.
153	LEASEHOLD IMPROVEMENTS	06/09/10	SL	10.00	16	11,390.			11,390.	2,373.		1,139.
159	COMPUTERS	07/30/10	SL	5.00	16	7,056.			7,056.	2,705.		1,411.

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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
160	COMPUTERS	10/26/10	SL	5.00	16	9,532.			9,532.	3,177.		1,906.
161	COMPUTERS	11/15/10	SL	5.00	16	4,835.			4,835.	1,612.		967.
162	COMPUTERS	04/01/11	SL	5.00	16	11,580.			11,580.	2,895.		2,316.
163	COMPUTERS	05/01/11	SL	5.00	16	13,337.			13,337.	3,112.		2,667.
164	COMPUTERS	06/01/11	SL	5.00	16	1,325.			1,325.	287.		265.
172	AIR CONDITIONING CONDENCER COIL	05/01/11	SL	10.00	16	10,249.			10,249.	1,196.		1,025.
175	COMPUTERS	07/28/11	SL	5.00	16	2,055.			2,055.	377.		411.
176	COMPUTERS	09/13/11	SL	5.00	16	2,045.			2,045.	341.		409.
177	COMPUTERS	02/03/12	SL	5.00	16	1,807.			1,807.	151.		361.
178	COMPUTERS	04/06/12	SL	5.00	16	2,050.			2,050.	103.		410.
179	COMPUTERS	02/22/12	SL	5.00	16	8,300.			8,300.	553.		1,660.
180	LEASEHOLD IMPROVEMENTS	05/08/12	SL	15.00	16	14,844.			14,844.	165.		990.
190	COMPUTERS	10/11/12	SL	5.00	16	5,600.			5,600.			840.
191	COMPUTERS	01/15/13	SL	5.00	16	1,250.			1,250.			125.
192	COMPUTERS	04/09/13	SL	5.00	16	1,022.			1,022.			51.
193	COMPUTERS	04/16/13	SL	5.00	16	1,022.			1,022.			34.
194	COMPUTERS	12/20/12	SL	5.00	16	2,232.			2,232.			223.
195	COMPUTERS	04/18/13	SL	5.00	16	1,672.			1,672.			56.

2012 DEPRECIATION AND AMORTIZATION REPORT

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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
196	COMPUTERS	09/28/12	SL	5.00	16	2,910.			2,910.			437.
	LEASEHOLD											
206	IMPROVEMENTS	07/11/12	SL	15.00	16	4,973.			4,973.			332.
	* 990 PAGE 10 TOTAL											
	MANAGEMENT AND GEN					10,925,509.			10,925,509.	8,209,848.		376,258.
	* GRAND TOTAL 990											
	PAGE 10 DEPR					16,695,851.		14,194.	16,681,657.	11,774,803.		888,207.

# TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500, ANNUAL FILING REPORT

FOR THE YEAR ENDING

JUNE 30, 2013

<b>Prepared for</b>	MR. ANDREW ACKERMAN CHILDREN'S MUSEUM OF MANHATTAN 212 WEST 83RD STREET NEW YORK, NY 10024
<b>Prepared by</b>	DDK & COMPANY LLP ONE PENN PLAZA, 4TH FLR NEW YORK, NY 10119
<b>Mail tax return to</b>	NEW YORK STATE DEPARTMENT OF LAW CHARITIES BUREAU - REGISTRATION SECTION 120 BROADWAY NEW YORK, NY 10271
<b>Return must be mailed on or before</b>	MAY 15, 2014
<b>Special Instructions</b>	<p>NEW YORK FORM CHAR500 MUST BE SIGNED AND DATED BY BOTH OF THE AUTHORIZED INDIVIDUALS. ALSO BE SURE THAT THE ATTACHED COPY OF FEDERAL FORM 990 HAS BEEN PROPERLY SIGNED AND DATED.</p> <p>ENCLOSE A CHECK FOR \$275 MADE PAYABLE TO NYS DEPARTMENT OF LAW. INCLUDE THE ORGANIZATION'S STATE REGISTRATION NUMBER(S) ON THE REMITTANCE.</p>

Form <b>CHAR500</b>	<b>Annual Filing for Charitable Organizations</b> New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 <a href="http://www.charitiesnys.com">http://www.charitiesnys.com</a>	<b>2012</b>
This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)		<b>Open to Public Inspection</b>

<b>1. General Information</b>		
a. For the fiscal year beginning (mm/dd/yyyy) <b>07/01/2012</b> and ending (mm/dd/yyyy) <b>06/30/2013</b>		
b. Check if applicable for NYS: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending	c. Name of organization <b>CHILDREN'S MUSEUM OF MANHATTAN</b>  Number and street (or P.O. box if mail not delivered to street address) Room/suite <b>THE TISCH BUILDING, 212 WEST 83R</b>  City or town, state or country and ZIP + 4 <b>NEW YORK, NY 10024</b>	d. Fed. employer ID no. (EIN) <b>13-2761376</b> e. NY State registration no. <b>03-86-91</b> f. Telephone number <b>212 721-1223</b> g. Email

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

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

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

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

<b>6. Attachments</b> - For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments <b>▶▶▶</b>
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CHILDREN'S MUSEUM OF MANHATTAN

5. Fee Instructions

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

**Organization's Registration Type**   **Fee Instructions**

- **Article 7-A**                      Calculate the Article 7-A filing fee using the table in **part a** below. The EPTL filing fee is \$0.
- **EPTL**                                Calculate the EPTL filing fee using the table in **part b** below. The Article 7-A filing fee is \$0.
- **Dual**                                Calculate both the Article 7-A and EPTL filing fees using the tables in **parts a and b** below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a single check or money order for the total fee.

a) Article 7-A filing fee

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

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

b) EPTL filing fee

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

6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

**For All Filers**

Filing Fee

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

Copies of Internal Revenue Service Forms

<input checked="" type="checkbox"/> <b>IRS Form 990</b> <input checked="" type="checkbox"/> All required schedules (including Schedule B) <input type="checkbox"/> IRS Form 990-T	<input type="checkbox"/> <b>IRS Form 990-EZ</b> <input type="checkbox"/> All required schedules (including Schedule B) <input type="checkbox"/> IRS Form 990-T	<input type="checkbox"/> <b>IRS Form 990-PF</b> <input type="checkbox"/> All required schedules (including Schedule B) <input type="checkbox"/> IRS Form 990-T
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**Additional Article 7-A Document Attachment Requirement**

Independent Accountant's Report

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

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

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