COMMITTEE ON NATURAL RESOURCES

113th Congress Disclosure Form As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

Subcommittee on Public Lands and Environmental Regulation
Legislative Hearing on H.R. 1846 (Velasquez), the "Lower East Side tenement National Historic Site

Amendments Act"

October 3, 2013

For Individuals:
1. Name:
2. Address:
3. Email Address:
4. Phone Number:

For Witnesses Representing Organizations:
1. Name: Morris Vogel
2. Name of Organization(s) You are Representing at the Hearing: Lower East Side Tenement Museum
3. Business Address: 91 Orchard Street, New York, NY 10002
4. Business Email Address: [Redacted for privacy]
5. Business Phone Number: [Redacted for privacy]

For all Witnesses

Name/Organization: Morris J. Vogel/Lower East Side Tenement Museum Title/Date of Hearing Subcommittee on Public Lands and Environmental Regulation, Legislative Hearing on H.R. 1846 (Velasquez), the "Lower East Side tenement National Historic Site Amendments Act" October 3, 2013

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

Ph.D.	(history)	University of Chicago, 1974
M.A.	(history)	University of Chicago, 1968
B.A.	(history)	Brandeis University, 1967

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

Commonwealth of Pennsylvania, Historic Preservation Board, member, 2001-2004 Atwater Kent Museum, Philadelphia Museum of History, Board of Trustees, 1993-2002 Judge, Governor's (Pennsylvania) Award for Excellence in the Humanities, 1989, 1990

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

President, Lower East Side Tenement Museum	2008-present
Director, Creativity and Culture, The Rockefeller Foundation	2004-2006
Acting Dean, College of Liberal Arts, Temple University	1999-2003
Chair, Department of History, Temple University	1994-1997
Professor of History, Temple University	1973-2006

d. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior or United States Department of Agriculture that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

See (i) below for grants or contracts awarded to Lower East Side Tenement Museum

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

None

f. A list of all federal lawsuits filed against you by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

None

g. Any other information you wish to convey that might aid the Members of the Committee to better

understand the context of your testimony.

Morris J. Vogel had over thirty years of teaching and administrative experience at Temple University before joining the staff of the Lower East Side Tenement Museum in 2008.

Mr. Vogel trained as an American social and urban historian at Brandeis University (B.A. 1967) and the University of Chicago (Ph.D. 1974). In 1973, he joined the faculty at Temple University in Philadelphia, where he was promoted to professor in 1985. He served in a number of leadership capacities within the College of Arts and Science, including acting as chair of the executive, budget, and promotions committees; he also served as chair of the history department.

For four years, he also served as acting dean of the College of Liberal Arts, where he was responsible for a full-time faculty of 350, 700 graduate students, and 3700 undergraduate majors. Mr. Vogel refocused the College's curriculum, renewing its focus on research while promoting a college-wide commitment to academic instruction. Under his tenure, financial support for the College rose from \$2 million in 1998-99 to \$10 million in 2002-03, and the College initiated its first endowed professorship.

While at Temple, Mr. Vogel was a leader in the Philadelphia-area historical community. He co-founded the Mid-Atlantic Regional Center for the Humanities (MARCH) and was a member of the Historic Preservation Board of the Commonwealth of Pennsylvania. He also created 165 historic programs on KYW Newsradio and co-directed the Pennsylvania State Museum's Columbus Quincentenary Exhibit.

His research has focused on American social and cultural history, the history of medicine and public health, and the history of Philadelphia. Publications include *Cultural Connections: Museums and Libraries of Philadelphia and the Delaware Valley* (Temple University Press, 1991) and *The Invention of the Modern Hospital: Boston, 1870-1930* (University of Chicago Press, 1980; paperback, 1985).

Most recently, Mr. Vogel served as director of Creativity and Culture at the Rockefeller Foundation, where he initiated strategies for using culture as an agent of social transformation.

Mr. Vogel is a first-generation American, born in Kazakhstan to a Jewish family who fled from Poland during World War II. His family immigrated to the United States after the war. Today Mr. Vogel and his wife live in New York and have two adult sons.

Witnesses Representing Organizations

Name/Organization: Morris J. Vogel/Lower East Side Tenement Museum Title/Date of Hearing Subcommittee on Public Lands and Environmental Regulation, Legislative Hearing on H.R. 1846 (Velasquez), the "Lower East Side tenement National Historic Site Amendments Act" October 3, 2013

h. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

President, Lower East Side Tenement Museum

i. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior or United States Department of Agriculture that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

Current Fiscal Year Contract and Payments: National Park Service - \$234,480

National Park Service - \$38,000 National Park Service - \$49,000

Fiscal Year 2013: National Park Service: \$234,000

National Park Service: \$5,000

National Park Service: \$50,000

Fiscal Year 2012: National Park Service: \$251,000

National Park Service: \$37,984

Fiscal Year 2011: National Park Service: \$255,000 Fiscal Year 2010: National Park Service: \$256,000 National Park Service: \$182,000

j. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

None

k. A list of all federal lawsuits filed against the organization(s) you represent at the hearing by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

None

1. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

See attached

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Open to Public Inspection

A I	For the	e 2009 calendar year, or tax year beginning $\mathrm{JUL}1,2009$	JUN 30, 2010	•
В	Check if	C Name of organization	D Employer identifi	cation number
a	applicabl	e: use IRS	' '	
	Addre chang	ss label or LOWER EAST SIDE TENEMENT MUSEUM		
F	Name chang	type	13-3	475390
F	Initial return	See Number and street (or P.O. box if mail is not delivered to street address) Room/s		
F	Termir			431-0233
F	ated Amen		G Gross receipts \$	7,336,525.
F	⊒return ∏Applic		H(a) Is this a group re	
	⊥tion pendir		for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates inc	
	Tay ay	empt status:	─ ─ ` ′	list. (see instructions)
		te: NWW.TENEMENT.ORG	H(c) Group exemptio	
			rear of formation: 1988	
	art I	Summary	real of formation. 1900 N	7 State of legal dofficile. 14 1
_		Briefly describe the organization's mission or most significant activities: THE MUSE	IIM'S PURPOSE	TS TO
Governance	'	PROMOTE TOLERANCE AND HISTORICAL PERSPECTIVE	THROUGH THE	10 10
nar	1	Check this box if the organization discontinued its operations or disposed of r		
ver	1			20
ဗ္ဗ		Number of independent voting members of the governing body (Part VI, line 1b)		19
જ				116
ij	5	Total number of employees (Part V, line 2a)		110
Activities		Total number of volunteers (estimate if necessary)		235,616.
Ă		Net unrelated business taxable income from Form 990-T, line 34		-17,338.
_	b	Net unrelated business taxable income from Form 990-1, line 34	· ' '	Current Year
		Contributions and grants (Part VIII line 1b)	Prior Year 2,135,376.	3,665,212.
ıne		Contributions and grants (Part VIII, line 1h)	2,852,039.	3,291,005.
Revenue	1	Program service revenue (Part VIII, line 2g)	109,032.	8,176.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	255,508.	244,847.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,351,955.	7,209,240.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,331,333.	7,205,2404
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
		Benefits paid to or for members (Part IX, column (A), line 4)	3,356,463.	3,294,996.
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,330,403.	3,234,3301
en	loa	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 690,255.		
Ä	170	Other superses (Part IX, column (D), line 25)	2,545,493.	2,724,000.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	5,901,956.	6,018,996.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-550,001.	1,190,244.
-SS	19	Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	
Net Assets or Fund Balances	20	Total accets (Part V. line 16)	21,909,314.	End of Year 23,134,335.
Asse Bal	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	11,572,683.	11,605,038.
det/ und	22	Net assets or fund balances. Subtract line 21 from line 20	10,336,631.	11,529,297.
P	art II	Signature Block	10,330,031.	11,525,2574
. ,	u. c	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement	ents, and to the best of my knowled	ge 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.	edge.	
Sig	n		1	
Her		Signature of officer	Date	
Hier	•	BARRY ROSEMAN, EXECUTIVE VICE PRESIDENT		
		Type or print name and title		
_	_	Preparer's Date		er's identifying number
Paid		signature	self- employed \blacktriangleright (see in:	structions)
	parer's	Firm's name (or T.IITT AND CARR CPAS T.I.P	EIN >	
Use	Only	self-employed), 300 EAST 42ND STREET	P	
		address, and ZIP + 4 NEW YORK, NY 10017	Phone no ► 2	12-697-2299
May	v the II	RS discuss this return with the preparer shown above? (see instructions)	1.1101101101.	X Yes No
····a	, 11	Le distance in a rectain that the property cream above to doe methodology		55 110

Pa	t III Statement of Program Service Accomplishments	
1	Briefly describe the organization's mission: THE MUSEUM'S PURPOSE IS TO PROMOTE TOLERANCE AND HISTORICAL	
	PERSPECTIVE THROUGH THE PRESENTATION AND INTERPRETATION OF THE VARIETY	_
	OF IMMIGRANT EXPERIENCES.	_
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	0
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X N	0
	If "Yes," describe these changes on Schedule O.	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 4,269,432. including grants of \$) (Revenue \$ 3,300,236. PUBLIC PROGRAMS - TOURS AND PRESENTATIONS TO IMPART KNOWLEDGE TO THE)
	GENERAL PUBLIC CONCERNING THE HISTORY OF THE EMIGRATION MOVEMENT IN	
	AMERICA. SUCH KNOWLEDGE IS DIRECTLY RELATED TO THE PURPOSE OF THE	
	EXEMPT ACTIVITY - THE OPERATION OF A HISTORICAL MUSEUM. DURING THE YEAR	٤
	ENDED JUNE 30, 2010, THERE WERE 12,480 TOURS, 60 TENEMENT TALKS AND A	
	TOTAL OF 119,092 VISITORS TO THE MUSEUM.	
	MUSEUM SHOP - THE GIFT SHOP OFFERS BOOKS, MULTIMEDIA, MUSEUM PRODUCTS,	
	GIFTS AND TOYS THAT DOCUMENT AND/OR COMMEMORATE THE IMMIGRANT	
	EXPERIENCES AND THE STORIES OF LIFE AND HISTORICAL PERSPECTIVES OF THE	
	LOWER EAST SIDE.	
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 ►\$ 4,269,432.	_

932002 02-04-10

Form **990** (2009)

4e Total program service expenses ►\$

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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)?						
	If "Yes," complete Schedule A	1	X				
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X				
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Х				
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and						
Ū	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5					
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to						
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		v				
_	Schedule D, Part III	8	X				
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	9		Х			
3, 3, 7, 1, 7, 3, 1, 7, 1, 7, 1, 7, 1, 7, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,							
10	If "Yes," complete Schedule D, Part V	10	х				
11							
	as applicable						
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,						
	Part VI.						
•	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? If "Yes," complete Schedule D, Part VII.						
•	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? If "Yes," complete Schedule D, Part VIII.						
•	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? If "Yes," complete Schedule D, Part IX.						
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.						
•	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? If "Yes," complete Schedule D, Part X.						
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete						
	Schedule D, Parts XI, XII, and XIII.	12	Х				
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?						
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional						
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х			
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х			
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,						
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х			
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? If "Yes," complete Schedule F, Part II	15		Х			
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? If "Yes," complete Schedule F, Part III						
17							
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I						
18	8 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines						
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X				
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		х			
200	complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19		X			
20	Did the diganization operate one of more hospitals? If Tes, complete schedule if	20		22			

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Part IV Checklist of Required Schedules (continued)

	·		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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? If "Yes," complete Schedule I, Parts I and III	22		Х
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? If "Yes," complete			
	Schedule J	23	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? If "Yes," answer lines 24b through 24d and complete	24a	х	
h	Schedule K. If "No", go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			37
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	27		х
28	Schedule L, Part III Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV	21		
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		Х
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? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		\ _v	
	Note. All Form 990 filers are required to complete Schedule O.	38	Х	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No		
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of						
	U.S. Information Returns. Enter -0- if not applicable	1a 14					
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	eportable gaming					
	(gambling) winnings to prize winners?		1c				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	2a 116					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	X			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	instructions)					
	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d by this return?	3a	Х			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b	Х			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X		
b	If "Yes," enter the name of the foreign country:	_					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign ϵ	Bank and					
	Financial Accounts.						
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X		
b	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?						
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega	-					
	Tax Shelter Transaction?		5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit			٠,,		
	any contributions that were not tax deductible?		6a		Х		
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	-					
	were not tax deductible?		6b				
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	-	_	Х			
	provided to the payor?		7a	X			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Α_			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required	_		х		
	to file Form 8282?		7c		Λ		
	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a parafit and the state of the sta		7.		Х		
_	benefit contract?		7e		X		
ī ~	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contributions of qualified intellectual property, did the organization file Form 2000 or required?		7f				
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g 7h				
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations		/n				
8	supporting organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, have exceeded						
			8				
9	at any time during the year? Sponsoring organizations maintaining donor advised funds.		_				
а	Did the organization make any taxable distributions under section 4966?		9a				
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b				
10	Section 501(c)(7) organizations. Enter:		55				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:						
	Gross income from members or shareholders	11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
~	amounts due or received from them.)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					
	·						

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 1b 19	<u>l</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		Х
7a	, , , , , , , , , , , , , , , , , , , ,			37
	governing body?	7a	37	<u> </u>
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:		v	
a .₋	The governing body?	8a	X	
_	Each committee with authority to act on behalf of the governing body?	8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	1 3		
-	tion D. I onotee (mis decision B requests information about policies not required by the internal nevertide dede.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
-	and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	
	The organization's CEO, Executive Director, or top management official	15a	X	37
b	Other officers or key employees of the organization	15b		X
16	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
ıoa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	160		X
h	taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	16a		-25
D	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed ►NY			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books are personally the person who person of the	tion:	-	
	BRIAN MINAHAN, CONTROLLER - 212-431-0233			
	91 ORCHARD STREET, NEW YORK, NY 10002			

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."

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

- 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.

(A) Name and Title	(B) Average			(C Pos	C) ition	1		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	lnstitutional trustee	all officer		Highest compensated do employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
MORRIS J. VOGEL	40.00	.,						107 422	•	14 250
PRESIDENT	40.00	Х		Х				197,433.	0.	14,358.
RUTH J. ABRAM	40.00	,,		,,				20 625	0	
FORMER PRESIDENT	40.00	Х		Х				20,625.	0.	0.
BRUCE A. MENIN	1 00	,,		٦,				0	0	0
BOARD CHAIR	1.00	Х		Х	_	_	Н	0.	0.	0.
LAWRENCE J. LASSER	1 00	,,						0	0	0
CO-CHAIR, FINANCE COMMITTE	1.00	Х						0.	0.	0.
PAUL J. MASSEY, JR.	1.00	x						0.	0.	0.
CHAIR, FUND RAISING COMMITTEE	1.00	^						0.	0.	0.
SANDRA PANEM, PH.D. SECRETARY	1.00	x		х				0.	0.	0.
MICHAEL T. REYNOLDS	1.00	<u> </u>		^			Н	0.	0.	0.
CHAIR, NOMINATING COMMITTE	1.00	X						0.	0.	0.
STEPHEN B. SIEGEL	1.00	122					Н	0.	0.	•
VICE CHAIR	1.00	x		х				0.	0.	0.
ALAN G. WEILER		┢		-						
VICE CHAIR	1.00	x		х				0.	0.	0.
TAMARA CASEY										
VICE CHAIR	1.00	X						0.	0.	0.
GALIA SOLOMONOFF, AIA										
TRUSTEE	1.00	Х						0.	0.	0.
SUZETTE BROOKS MASTER										
TRUSTEE	1.00	X						0.	0.	0.
SIMON WASSERBERGER										
TRUSTEE	1.00	Х						0.	0.	0.
GARY E. HANDEL, AIA										
TRUSTEE	1.00	Х						0.	0.	0.
VIRGINIA M. SERMIER										
CHAIR, AUDIT COMMITTEE	1.00	Х						0.	0.	0.
BETH A. LACEY										
TRUSTEE	1.00	Х						0.	0.	0.
MARY SCHUETTE								_		_
TRUSTEE	1.00	Х						0.	0.	0.

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D IVIII	rustees, Key E							Compensated Employ	ees (continued)	330		age č
(A)	(B)	Γ			C)			(D)	(E)		(F)	
Name and title	Average hours per week	Individual trustee or director		Pos all dil	that			Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	com fi org an	stimate nount other apensa rom th anizat d relat anizati	of ation ie tion ted
ANITA JACOBSON	1	l										•
TRUSTEE - EMERITA	1.00	X	<u> </u>			_		0.	0.			0.
MICHAEL T. BEBON TRUSTEE	1.00	x						0.	0.			0.
ALICE F. YURKE	1.00	┝				\vdash		0.	0.			
TRUSTEE	1.00	x						0.	0.			0.
JOHN P. WOLF												
TRUSTEE	1.00	X						0.	0.			0.
JUDITH MESSINA												
TRUSTEE	1.00	X						0.	0.			0.
ANNIE POLLAND	40.00							02 450	0			٥.
VP	40.00			Х				83,470.	0.		1,1	25
BARRY ROSEMAN EXECUTIVE VICE PRESIDENT	40.00			х		х		154,648.	0.		4,6	80.
DAVID ENG VP	40.00			Х				104,440.	0.		7,2	37.
HELENE SILVER	1.0.00			l				27.004			- 1	
<u>VP</u>	40.00			Х				97,204.	0.		7,1	17.
1b Total								657,820.	0.	3	4,5	17.
 Total number of individuals (including but compensation from the organization 						e) wl	ho re					
·											Yes	No
3 Did the organization list any former office line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i>				-				nighest compensated er	•	3		Х
4 For any individual listed on line 1a, is the and related organizations greater than \$1		le co	omp	ensa	atior	n and	d oth	ner compensation from	the organization	4	Х	

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person
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.

trie organization.		
(A)	(B)	(C)
Name and business address	Description of services	Compensation
ADVANCED BUILDING, 1461A FIRST AVENUE,		
SUITE 192, NEW YORK, NY 10075	BUILDING CONTRACTORS	288,600.
KELMAR DESIGNS, INC		
111 JOHN STREET, NEW YORK, NY 10038	BUILDING CONTRACTORS	257,816.
PERKINS EASTMAN ARCHITECTS		
115 FIFTH AVENUE, NEW YORK, NY 10003	ARCHITECTS	202,766.

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

Form **990** (2009)

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Form	1990	(2009) LOWER	C TOWDI DI	De lenem	ENI MOSEOM		13-34/3	390 Page
Pa	rt VII	Statement of Rever	nue		_			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
nts Its	1 a	Federated campaigns	1a					
ogra	b	Membership dues						
am am	С	Fundraising events	1c	210,635.				
<u>ja</u> jaj	d	Related organizations	1d					
ins,		Government grants (contribut	· -					
utic er s	f	All other contributions, gifts, gran		454 555				
흥制		similar amounts not included abo		454,577.				
Contributions, gifts, grants and other similar amounts	_	Noncash contributions included in lines			3,665,212.			
- 	n	Total. Add lines 1a-1f						
Program Service Revenue	2 2	PROGRAM REVENUE	2	Business Code 611710	2,403,484.	2 403 484		
	z a b	TITATINE CITATION CO.		451211	887.521.	887,521.		
	C				007,0221	007,0220		
am eve	d							
Page	е							
ᇫ	f	All other program service reve	enue					
\Box	g	Total. Add lines 2a-2f		>	3,291,005.			
	3	Investment income (including			0.456			0 156
		other similar amounts)			8,176.			8,176
	4 Income from investment of tax-exempt bond pr							
	5	Royalties						
	6 -	Gross Rents	(i) Real	(ii) Personal	-			
	оа	Loss rental expenses	233,010.					
	C	Less: rental expenses Rental income or (loss)	235,616.					
		Net rental income or (loss)			235,616.		235,616.	
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	V	, ,				
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)		<u></u>				
Other Revenue	8 a	Gross income from fundraisin including \$ 210,6						
<u>چ</u> ا		contributions reported on line						
<u>e</u>		Part IV, line 18		127,285.				
₹		Less: direct expenses		127,285.				
		Net income or (loss) from fund	-	>	0.			
	9 a	Gross income from gaming at						
	h	Part IV, line 19 Less: direct expenses						
		Net income or (loss) from gan						
		Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sale		>				
		Miscellaneous Revenu		Business Code				
Ī	11 a	MISCELLANEOUS I	INCOME	900099	9,231.	9,231.		
	b							
	С							
	d				0 221			
		Total Add lines 11a-11d			9,231.	3,300,236.	235 616	8,176
93200 02-04-	12 9	Total revenue. See instructions.		····· >	1,403,440.	5,300,430.	ZJJ, UIU.	Form 990 (2009
0∠-04-	- 10							. 51111 556 (2005

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).							
	not include amounts reported on lines 6b, 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		·	·	<u> </u>			
	organizations in the U.S. See Part IV, line 21							
2	Grants and other assistance to individuals in							
	the U.S. See Part IV, line 22							
3	Grants and other assistance to governments,							
	organizations, and individuals outside the U.S.							
	See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors,							
	trustees, and key employees	704,720.	484,440.	89,577.	130,703.			
6	Compensation not included above, to disqualified							
	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)							
7	Other salaries and wages	2,132,182.	1,639,212.	183,238.	309,732.			
8	Pension plan contributions (include section 401(k)							
	and section 403(b) employer contributions)	39,646.	30,796.	3,157.	5,693.			
9	Other employee benefits	176,771.	133,208.	15,446.	28,117.			
10	Payroll taxes	241,677.	181,073.	23,066.	37,538.			
11	Fees for services (non-employees):							
а	Management							
b	Legal	20,747.		20,747.				
С	Accounting	49,800.		49,800.				
d	Lobbying	73,000.			73,000.			
	Professional fundraising services. See Part IV, line 17							
f	Investment management fees							
g	Other	198,495.	173,718.	3,192.	21,585.			
12	Advertising and promotion	37,054.	37,054.					
13	Office expenses	196,258.	134,702.	47,712.	13,844.			
14	Information technology							
15	Royalties							
16	Occupancy	860,189.	316,578.	524,682.	18,929.			
17	Travel	21,818.	13,756.	6,670.	1,392.			
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials							
19	Conferences, conventions, and meetings	11 211		44 044				
20	Interest	41,841.		41,841.				
21	Payments to affiliates	450 000	100 555	26.225	04 = 45			
22	Depreciation, depletion, and amortization	478,089.	433,663.	22,886.	21,540.			
23	Insurance	99,676.	66,783.	16,945.	15,948.			
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)							
а	RETAIL ACTIVITY PURCHAS	464,199.	464,199.					
b	BANK AND CREDIT CARD CH	141,527.	136,697.	3,837.	993.			
c	PROGRAM AND EVENT COSTS	21,757.	10,117.	3,384.	8,256.			
d	MISCELLANEOUS	10,237.	8,796.	286.	1,155.			
е	DUES AND SUBSCRIPTIONS	9,313.	4,640.	2,843.	1,830.			
f	All other expenses							
25	Total functional expenses. Add lines 1 through 24f	6,018,996.	4,269,432.	1,059,309.	690,255.			
26	Joint costs. Check here if following							
	SOP 98-2. Complete this line only if the organization							
	reported in column (B) joint costs from a combined							
	educational campaign and fundraising solicitation							
					Carre 990 (0000)			

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			96,992.	1	232,159.
	2	Savings and temporary cash investments		213,579.	2	1,234,029.	
	3	Pledges and grants receivable, net	1,672,025.	3	1,427,725.		
	4	Accounts receivable, net			47,320.	4	32,450.
	5	Receivables from current and former officers, di					
		employees, and highest compensated employe	es. Com	plete Part II			
		of Schedule L				5	
	6	Receivables from other disqualified persons (as					
		4958(f)(1)) and persons described in section 49	58(c)(3)(B). Complete			
		Part II of Schedule L				6	
Ŋ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			91,527.	8	89,492.
ğ	9	Prepaid expenses and deferred charges			68,078.	9	123,620.
	10a	Land, buildings, and equipment: cost or other					
		basis, Complete Part VI of Schedule D	10a	17,267,310.			
	b	Less: accumulated depreciation	10b	2,387,379.	14,337,833.	10c	14,879,931.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	4,999,674.	12	4,780,256.		
	13	Investments - program-related. See Part IV, line		T T		13	
	14	Intangible assets	382,286.	14	334,673.		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ	21,909,314.	16	23,134,335.		
	17	Accounts payable and accrued expenses	458,179.	17	690,504.		
	18	Grants payable		ī		18	-
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
ý	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Payables to current and former officers, directo					
ig		highest compensated employees, and disqualif					
Ë		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela			2,395,161.	23	2,345,837.
	24	Unsecured notes and loans payable to unrelate		The state of the s		24	
	25	Other liabilities. Complete Part X of Schedule D			8,719,343.	25	8,568,697.
	26	Total liabilities. Add lines 17 through 25		r	11,572,683.	26	11,605,038.
		Organizations that follow SFAS 117, check he			· · ·		, ,
Ø		lines 27 through 29, and lines 33 and 34.		•			
nce.	27	Unrestricted net assets			6,298,983.	27	7,104,764.
ala	28	Temporarily restricted net assets			1,224,648.	28	1,611,533.
g B	29				2,813,000.	29	2,813,000.
ڌ		Organizations that do not follow SFAS 117, c					
P		complete lines 30 through 34.					
ţ	30	Capital stock or trust principal, or current funds				30	
SSe	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in		T T		32	
ž	33	Total net assets or fund balances			10,336,631.	33	11,529,297.
	34	Total liabilities and net assets/fund balances			21,909,314.	34	23,134,335.

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	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?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			1
	Act and OMB Circular A-133?	За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	Х	
		Form	990 (2009)

932012 02-04-10

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

Open to Public Inspection

Name of the organization

LOWER EAST SIDE TENEMENT MUSEUM

Employer identification number

Schedule A (Form 990 or 990-EZ) 2009

13-3475390

Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st comple	te this par	:.) See inst	tructions.				
he organ	ization is not a	a private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)					
1	A church, cor	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)					
2	A school des	school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)										
з 🗌	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	•		benefit of a college or ur	niversity ov	wned or or	perated by	a governi	mental uni	t describe	d in		
-	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 X												
• —	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			eives: (1) more than 33 1			rom contri	butions, m	nembershi	o fees, an	d aross rec	ceints :	from
-	-	•	nctions - subject to certa							-	-	
			axable income (less sect									
		509(a)(2). (Complete			. ,			, 9			-,	
10			perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	I).				
11	-	-	perated exclusively for th	•	•			-	v out the i	ourposes o	f one o	or
	-	· ·	ations described in section		· ·					-		
			organization and comple				,					
	a Type I		¬ ·	тур			earated		d 🔲	Type III - C	Other	
е 🗌	•		it the organization is not	• •		•	-	r more disc		• •		n
		· · · · · · · · · · · · · · · · · · ·	han one or more publicly		•	•	-					
f		•	ten determination from t		•				()()		(/(/	
		rganization, check th										
g		,	organization accepted ar						sons?			
Ū			irectly controls, either al								Yes	No
			upported organization?							. 11g(i)		
	-		n described in (i) above?									
			person described in (i) of									
h			about the supported or									
		J		•	. ,							
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the c	rganization	(v) Did you	notify the	(vi) ls	the .	(vii) Am	nunt o	 f
. ,	anization	(, =	organization (described on lines 1-9		sted in your			orgańizátic (i) organiz U.S.	ed in the	sup		
			above or IRC section	governing	document?	(i) of your	support?	U.S.	.?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
Total												

932021 02-08-10

Form 990 or 990-EZ.

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 3665212.20514467. include any "unusual grants.") 4163383. 5444985 5105511 2135376. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4163383. 5444985. 5105511. 2135376. 3665212.20514467. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, 1402416. column (f) 19112051. 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (f) Total (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 4163383 5444985 5105511 2135376. 3665212.20514467. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 328,543. 109,032. 115,079. 107,853. 152,983. 813,490. and income from similar sources Net income from unrelated business activities, whether or not the 67,984. 166,631. 89,511. 16,572. 128,713. 469,411. business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital 12,922. 22,699. 2,573. 9,231 47,425. assets (Explain in Part IV.) 21844793. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12,524,534. 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 87.49 14 % 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and ightharpoons Xstop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Schedule A (Form 990 or 990-EZ) 2009

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Pa	rt III Support Schedule for O	rganizations	Described in	Section 509(a	1)(2) (Complete only	y if you checked the b	Page 3 oox on line 9 of Part I.
_	ction A. Public Support			•		•	
Cale	endar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	: Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part IV.)						
	First five years. If the Form 990 is for	the organization	's first second thi	rd fourth or fifth t	ax vear as a secti	on 501(c)(3) organ	ization
•		•			•	. , . ,	▶
Sec	etion C. Computation of Publi						
	Public support percentage for 2009 (li			column (f))		15	%
	Public support percentage from 2008					16	%
	ction D. Computation of Inves					1.0	,,,
17						17	%
18	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2009. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box an						
b	33 1/3% support tests - 2008. If the						
	line 18 is not more than 33 1/3%, chec						

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

Department of the Treasury

Schedule of Contributors

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

LOWER EAST SIDE TENEMENT MUSEUM

OMB No. 1545-0047

2009

Name of the organization

Employer identification number

13-3475390

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

Organization type (check one): Filers of Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify

923451 02-01-10

for Form 990, 990-EZ, or 990-PF.

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

Name of organization

Employer identification number

LOWER EAST SIDE TENEMENT MUSEUM

13-3475390

Part I	Contributors (see instructions)	1 20	-3473390
		1 ,	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	LOWER MANHATTAN DEVELOPMENT CORPORATION ONE LIBERTY PLAZA, 20TH FLOOR	\$ 266,875.	Person X Payroll Noncash (Complete Part II if there
	NEW YORK, NY 10006		is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	NEW YORK CITY DEPARTMENT OF CULTURAL AFFAIRS 31 CHAMBERS STREET, 2ND FLOOR NEW YORK, NY 10007	\$117,015.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(6)	(0)	(4)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	NEW YORK CITY ECONOMIC DEVELOPMENT CORPORATION 110 WILLIAM STREET NEW YORK, NY 10038	\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4 NEW YORK STATE EDUCATION DEPARTMENT 89 WASHINGTON AVENUE ALBANY, NY 12234	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	U.S. NATIONAL PARK SERVICE 1849 C STREET, NW WASHINGTON, DC 20240	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	THE LEONA M. & HARRY B. HELMSLEY CHARITABLE TRUST		Person X Payroll
	230 PARK AVENUE	\$\$	Noncash (Complete Part II if there
923452 02-0	NEW YORK, NY 10169	Schedule R /Form	(Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

LOWER EAST SIDE TENEMENT MUSEUM

13-3475390

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	LEON LEVY FOUNDATION 14 WEST 49TH STREET NEW YORK, NY 10020	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8	NEW YORK STATE COUNCIL ON THE ARTS 175 VARICK STREET NEW YORK, NY 10014	\$89,956.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9	STAVROS NIARCHOS FOUNDATION 645 MADISON AVENUE NEW YORK, NY 10022	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
10	AMERICAN EXPRESS 3 WORLD FINANCIAL CENTER, 200 VESEY STREET NEW YORK, NY 10285	\$ 90,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

LOWER EAST SIDE TENEMENT MUSEUM

13-3475390

(a) No. from Part I (a) No. from Part I	(b) Description of noncash property given (b) Description of noncash property given	(c) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions)	(d) Date received (d) Date received
No. from Part I		(c) FMV (or estimate) (see instructions)	
No. from Part I		(c) FMV (or estimate) (see instructions)	
No. from Part I		FMV (or estimate) (see instructions)	
(a)			
(a)		— <u> </u>	
(a)		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_ _		_	
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1-		_	
_ _		 	90, 990-EZ, or 990-PF) (200

	EAST SIDE TENEMENT MUSI		13-34				
Part III	Exclusively religious, charitable, etc., in more than \$1,000 for the year. Complete	columns (a) through (e) and the	e following line entry. For organizations co	i ggregating ompleting			
	Part III, enter the total of exclusively religio \$1,000 or less for the year. (Enter this info						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how	gift is held			
Parti							
	-						
-		(e) Transfer of git	t				
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(a) Lloo of wift	(d) Description of how	e sift is bold			
Part I	(b) Purpose of grit	(c) Use of gift	(d) Description of now				
ŀ		(e) Transfer of git	<u> </u>				
		(e) Transier of gi					
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to tran	ısferee			
(a) No.	T						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how	gift is held			
							
	(e) Transfer of gift						
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how	gift is held			
Part I							
Ì		(e) Transfer of git	t				
	Tuesdaya Namana add	d 710 . 4	Delationahin of two of court	. of our o			
-	Transferee's name, address, an	a ∠IP + 4	Relationship of transferor to tran	ISTEREE			
		1					

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

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

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

Name of organization			Emp	loyer identification number
LOWER	R EAST SIDE TENEMEN	NT MUSEUM		13-3475390
Part I-A Complete if the	organization is exempt un	der section 501(c)	or is a section 527 o	rganization.
1 Provide a description of the or	ganization's direct and indirect politi	cal campaign activities	s in Part IV.	
				}
Part I-B Complete if the	organization is exempt un	der section 501(c)(3).	
1 Enter the amount of any excise	e tax incurred by the organization ur	der section 4955	▶ \$	}
2 Enter the amount of any excise	e tax incurred by organization mana	gers under section 495	5 > \$	1
	ection 4955 tax, did it file Form 4720			
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV.				
Part I-C Complete if the	organization is exempt un	der section 501(c), except section 501	(c)(3).
1 Enter the amount directly expe	ended by the filing organization for s	ection 527 exempt fund	ction activities > \$	
2 Enter the amount of the filing of	organization's funds contributed to c	ther organizations for s		
exempt function activities			▶\$	
·	tures. Add lines 1 and 2. Enter here		-	
line 17b			> \$	
	orm 1120-POL for this year?			
	nd employer identification number (E	•	_	•
	nter the amount paid from the filing	_		
	y delivered to a separate political org		eparate segregated fund or	a political action committee
(PAC). If additional space is ne	eded, provide information in Part IV			
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
			filing organization's funds. If none, enter -0	contributions received and promptly and directly
			lunus. Il none, enter -o	delivered to a separate
				political organization.
				If none, enter -0
		i	l	1

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

Schedule C (Form 990 or 990-EZ) 2009

932041 02-04-10

Schedule C (Form 990 or 990-EZ) 2009	LOWEI	R EAST	SIDE TENEN	MENT MUSEUM	13-3	475390 Page 2
Part II-A Complete if the org			mpt under section	on 501(c)(3) and fil	ed Form 5/68	
(election under sec		• • • • • • • • • • • • • • • • • • • •				
A Check if the filing organiza	-		- -			
			nd "limited control" pr	ovisions apply.	(a) Filing	(b) Affiliated group
		oying Expe eans amou	nditures unts paid or incurred	l.)	organization's totals	totals
1a Total lobbying expenditures to influ	uence publ	lic opinion (grass roots lobbying)			
b Total lobbying expenditures to influ	uence a leg	gislative bo	dy (direct lobbying)		73,000.	
c Total lobbying expenditures (add li	ines 1a and	d 1b)			73,000.	
d Other exempt purpose expenditure					5,945,996.	
e Total exempt purpose expenditure					6,018,996.	
f Lobbying nontaxable amount. Enter					450,950.	
If the amount on line 1e, column (a) o	or (b) is:		bying nontaxable an			
Not over \$500,000			the amount on line 16			
Over \$500,000 but not over \$1,000			00 plus 15% of the ex			
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000.						
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.						
Over \$17,000,000		\$1,000,	000.			
	-t-:: OF0/	f I:			112,738.	
g Grassroots nontaxable amount (erh Subtract line 1g from line 1a. If zer					0.	
i Subtract line 1f from line 1c. If zero	0.					
j If there is an amount other than ze	,		line 1i, did the organi		•	
reporting section 4911 tax for this	_				Γ	Yes No
Toporting decitors for the Avior time	•		eraging Period Unde			
	ations tha	t made a s	ection 501(h) election	on do not have to comp es 2a through 2f on pa		
	Lobb	ying Expe	nditures During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount				445,295.	450,950.	896,245.
b Lobbying ceiling amount						1 244 260
(150% of line 2a, column(e))						1,344,368.
c Total lobbying expenditures				96,944.	73,000.	169,944.
d Grassroots nontaxable amount				111,324.	112,738.	224,062.
e Grassroots ceiling amount						
(150% of line 2d, column (e))						336,093.
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009 LOWER EAST SIDE TENEMENT MUSEUM 13-347539 Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a	1)	(b)		
		Yes	No	Amo	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state or					
	local legislation, including any attempt to influence public opinion on a legislative matter					
	or referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
	Media advertisements?					
	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?	X		7:	3,000.	
g				/ -	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
n :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
!	Other activities? If "Yes," describe in Part IV			7:	3,000.	
	Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	, ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(on 501(c)	(5), or se	ection		
	501(c)(6).	. ,	. ,,			
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?					
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section					
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa	rt III-A, lii	ne 3 is a	nswered		
	"Yes."					
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi	cal				
	expenses for which the section 527(f) tax was paid).		_			
	Current year					
	Carryover from last year					
C	Total					
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the exc					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and perpenditure next year?	Donnicai	4			
5	expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)		5			
	t IV Supplemental Information		J			
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; ar	nd Part II-R	line 1i Also	n complete	this nart	
	ny additional information.	ia i ait ii b,	1110 11.7404	s, complete	tino part	
	RT II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:					
TH	E MUSEUM ENGAGED A CONSULTANT TO PROVIDE SERVICES I	N CONN	ECTIO	N WITH	I	
PU	BLIC AND GOVERNMENT RELATIONS.					

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Name of the organization

I.OWER EAST SIDE TENEMENT MISSIM

Employer identification number 13-3475390

Par	t I Organizations Maintaining Donor Advised Fi		ds or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		
	. g	(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 writin	a that the assets held in donor adv	rised funds
Ū	are the organization's property, subject to the organization's exclu	_	
6	Did the organization inform all grantees, donors, and donor advisor		
•	for charitable purposes and not for the benefit of the donor or dor		
Par			
1	Purpose(s) of conservation easements held by the organization (c		
	Preservation of land for public use (e.g., recreation or please		istorically important land area
	Protection of natural habitat	· —	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified c	onservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		
	,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic structur	e included in (a)	2c
d	Number of conservation easements included in (c) acquired after	8/17/06	2d
3	Number of conservation easements modified, transferred, release		
	year >		
4	Number of states where property subject to conservation easeme	ent is located >	_
5	Does the organization have a written policy regarding the periodic	monitoring, inspection, handling o	f
	violations, and enforcement of the conservation easements it hold	ds?	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 enfor	cing conservation easements durir	ng the year ▶ \$
8	Does each conservation easement reported on line 2(d) above sat	tisfy the requirements of section 17	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation ea	asements in its revenue and expen	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's	financial statements that describe	s the organization's accounting for
_	conservation easements.		
Par		-	Otner 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, not to r		
	treasures, or other similar assets held for public exhibition, education of the control of the c		bublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these items		
р	If the organization elected, as permitted under SFAS 116, to repo		
	or other similar assets held for public exhibition, education, or res	earch in furtherance of public servi	ce, provide the following amounts relating to
	these items:		•
	(i) Revenues included in Form 990, Part VIII, line 1		
0		on at other similar assets for finance	· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical treasure	,	ai gain, provide
_	the following amounts required to be reported under SFAS 116 re	_	L ¢
a	Revenues included in Form 990, Part VIII, line 1		
D	Assets included in Form 990, Part X		> \$

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. $\frac{932051}{02-01-10}$

Schedule D (Form 990) 2009

		AST SIDE T) Page 2	
Pai	rt III Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures,	or Othe	er Similar Assets (continued)				
3	Using the organization's acquisition, accession	on, and other record	ds, check	any of the	following tha	at are a si	gnificant use	of its co	ollection	items	
	(check all that apply):										
а											
b											
С	X Preservation for future generations										
4	Provide a description of the organization's co	llections and explai	n how th	ey further tl	ne organizat	ion's exen	npt purpose	in Part X	VV.		
5	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?										
Pai	Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or										
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	s or other as	sets not	included				
	on Form 990, Part X?							🔲 '	Yes	☐ No	
b	If "Yes," explain the arrangement in Part XIV										
									Amount		
С	Beginning balance						1c				
d	Additions during the year										
е	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?						Yes	□ No	
	If "Yes," explain the arrangement in Part XIV.										
	rt V Endowment Funds. Complete if		swered	"Yes" to Fo	rm 990, Part	IV, line 10).				
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (d) Three years	back ((e) Four	years back	
1a	Beginning of year balance	2,600,170.	3,16	9,199.							
b	[20,000.									
С	Net investment earnings, gains, and losses	9,049.	-56	9,029.							
d											
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance	2,629,219.	2,60	0,170.							
2	Provide the estimated percentage of the year		•	•							
_ a			%								
b	_ 100 00 -	%	— /~								
	Are there endowment funds not in the posses	=	ation tha	it are held a	nd administe	ered for th	e organizatio	n			
	by:						ga <u>-</u> a		Г	Yes No	
	(i) unrelated organizations							ŀ	3a(i)	X	
	(ii) related organizations								3a(ii)	X	
b	If "Yes" to 3a(ii), are the related organizations								3b		
4	Describe in Part XIV the intended uses of the								0.0		
	rt VI Investments - Land, Building				Part X line	10					
1 (1)	Description of investment	(a) Cost or o			or other		cumulated	T 4	d) Book	. value	
	Description of investment	basis (investr		` '	(other)		c) Accumulated depreciation		u) Door	value	
12	Land	<u> </u>	,		5,000.	339		1	. 035	5,000.	
	Land				3,024.	2 1	01,301			723.	
	Buildings				$\frac{5,024.}{6,130.}$		51,441			1,689.	
	Leasehold improvements			= 3	0,130.		J + ,	\div	205	.,007.	
	Equipment Other			1 2	3,156.	1	34,637	_	18	3,519.	
е	VALUEL	i i		± 0	J , ± J U •		J = 1 U J /	- I	L	,, J + J •	

▶ 14,879,931. Schedule D (Form 990) 2009

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Part VII Investments - Other Securities. Se	e Form 990, Part X, line 12	2.		<u> </u>			
(a) Description of security or category (including name of security)	(b) Book value		c) Method of valua or end-of-year mar				
Financial derivatives							
Closely-held equity interests							
Other							
CASH AND CASH EQUIVALENT	2,629,219.	END-OF-YEA	AR MARKET	VALUE			
BNY MELLON FEDERATED GOV'T							
OBLIG TAX MGD	2,151,037.	END-OF-YEA	AR MARKET	VALUE			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	4,780,256.						
Part VIII Investments - Program Related. Se							
) Method of valua	tion:			
(a) Description of investment type	(b) Book value		Cost or end-of-year market value				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)							
Part IX Other Assets. See Form 990, Part X, line	15						
	Description			(b) Book value			
Total. (Column (b) must equal Form 990, Part X, col (B) line	15)						
Part X Other Liabilities. See Form 990, Part X,							
(-) December 11 - 1 - 11 - 11 - 11 - 11 - 11 - 11	III le 23.	(b) Amount					
1. (7) 1		(b) / tiriodire					
Federal income taxes TENANT SECURITY DEPOSIT		18,239.					
LONG TERM LEASE OBLIGATION		8,550,458.					
HONG TERM HEASE OBLIGATION		0,330,430.					
		0 500 507					
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 25.)	8,568,697.					

2. FIN 48 Footnote. In Part XIV, 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.

932053 02-01-10

	dule D (Form 990) 2009 LOWER EAST SIDE TENEMENT MU				3475390	Page
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited	Financial Stat	ement		0.4.0
1	Total revenue (Form 990, Part VIII, column (A), line 12)				7,209	
2	Total expenses (Form 990, Part IX, column (A), line 25)				6,018	
3	Excess or (deficit) for the year. Subtract line 2 from line 1				1,190	
4	Net unrealized gains (losses) on investments				2	,422
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV.)					100
9	Total adjustments (net). Add lines 4 through 8					<u>, 422</u>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and				1,192	,666
Par	t XII Reconciliation of Revenue per Audited Financial Statemen		-			<u> </u>
1	Total revenue, gains, and other support per audited financial statements			1	7,211	,66∠
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	2 422			
а	Net unrealized gains on investments	2a	2,422	<u>-</u>		
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants					
d	Other (Describe in Part XIV.)	2d			0	400
е	Add lines 2a through 2d			2e	2	<u>, 422</u>
3	Subtract line 2e from line 1			3	7,209	,240
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIV.)	4b				•
	Add lines 4a and 4b					0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5_	7,209	,240
Par	t XIII Reconciliation of Expenses per Audited Financial Stateme					006
1	Total expenses and losses per audited financial statements			1	6,018	,996
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIV.)	2d				•
е	Add lines 2a through 2d			2e	6 010	000
3	Subtract line 2e from line 1			3	6,018	,996
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIV.)	4b				•
	Add lines 4a and 4b			4c		0
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	6,018	,996
Par	t XIV Supplemental Information					
	plete this part to provide the descriptions required for Part II, lines $3,5,$ and $9;$ Part III					4; Part
	2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compl					_
PAF	T III, LINE 1A: THE MUSEUM MAINTAINS COLLE	CLION	S OF OVER	8,0	00 TTEMS	3
	# 1111F 1 DIDEGE 166651#TON 11FW 0F 0D611		DEEE OD 01			- ~
THA	T HAVE A DIRECT ASSOCIATION WITH 97 ORCHA	ARD ST	REET OR O	THER	HISTOR.	I.C.
~					~	
SIT	ES AND OTHER OBJECTS THAT ARE SUITABLE FOR	REXHI	BITION OR	TEA	CHING	
PUF	POSES. THE MUSEUM ALSO MAINTAINS A LIBRARY	AND	AN ARCHIV	E OF	OTHER	
HIS	TORICAL MATERIALS. THESE OBJECTS AND RESOU	JRCES	ARE MAINT	AINE	D FOR TI	ΗE
PUF	LIC BENEFIT TO BE USED FOR EDUCATION AND F	RESEAR	CH ACTIVI	TY.		
	CONFORMITY WITH ACCOUNTING POLICIES GENERA				SEIIMS 1	- ייי
<u> </u>	COMPONENTIAL MITTI ACCOUNTING FORICIES GENERA	TULL F	CTTCMED D	1 110,	JEOMO, .	نلند

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VALUE OF THESE RESOURCES HAS BEEN EXCLUDED FROM THE STATEMENT OF FINANCIAL

Part XIV Supplemental Information (continued)

POSITION, AND GIFTS OF OBJECTS FOR THE COLLECTION AND LIBRARY ARE EXCLUDED FROM THE STATEMENT OF ACTIVITIES. ACQUISITIONS FOR THE COLLECTIONS ARE REFLECTED AS DECREASES IN THE MUSEUM'S UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED.

CONTRIBUTED COLLECTION ITEMS ARE NOT REFLECTED.

PART III, LINE 4: FOR OUR COLLECTION WE COLLECT MATERIALS THAT RELATE TO

OUR HISTORIC PROPERTIES, HAVE SIGNIFICANCE TO THE FAMILIES THAT LIVED

THERE OR ANY BUSINESSES THAT EXISTED THERE AND/OR MATERIALS THAT WE CAN

USE TO EDUCATE THE PUBLIC THROUGH EXHIBITION AND/OR STUDY. OUR COLLECTION

PROVIDES A STARTING POINT FOR MUSEUM VISITORS TO UNDERSTAND HOW THE

EXPERIENCES OF EARLIER WAVES OF IMMIGRANTS COMPARE AND CONTRAST WITH

NEWCOMERS TODAY.

PART	V,	LINE	4:	то	PROVIDE	Α	PREDICTABLE	STREAM	OF	FUNDING	то	PROGRAMS	
SUPP	ORTI	ED BY	THE	E	NDOWMENT	•							

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

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.

Inspection

Employer identification number

Schedule G (Form 990 or 990-EZ) 2009

Name of the organization	Employer identification number						
LOWER E	13-3475390						
Part I Fundraising Activities required to complete this par	 Complete if the organization answers. 	ered "\	es" to	Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
Indicate whether the organization rais A	e Solicita	tion of	non-g gover	overnment grants	•		
 d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P 						or Yes	☐ No
b If "Yes," list the ten highest paid ind compensated at least \$5,000 by the		uant to	agre	ements under which	the f	undraiser is to	be
(i) Name of individual or entity (fundraiser)	(ii) Activity have or c			(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				
Total	>						
3 List all states in which the organization		funds	or has	been notified it is ex	empt	t from registrati	on or licensing.

932081 02-03-10

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

LOWER EAST SIDE TENEMENT MUSEUM 13-3475390 Page 2 Schedule G (Form 990 or 990-EZ) 2009 Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events GALA DINNER NONE (add col. (a) through **MAY 24** col. (c)) (total number) (event type) (event type) Revenue 337,920. 337,920. 1 Gross receipts 210,635 210,635. 2 Less: Charitable contributions 127,285. 127,285. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes **Direct Expenses** 6 Rent/facility costs 45,750. 45,750. 7 Food and beverages 8 Entertainment 81,535. 81,535. Other direct expenses 127,285, 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10 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. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes Yes No 6 Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column (d), and line 7 Yes No **9** Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? 9a b If "No," explain:

932082 02-03-10

b If "Yes," explain:

11

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to

administer charitable gaming?

Does the organization operate gaming activities with nonmembers?

Independent contractor

Employee

organization's own exempt activities during the tax year ▶ \$

a Is the organization required under state law to make charitable distributions from the gaming proceeds to

retain the state gaming license? **b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the

Schedule G (Form 990 or 990-EZ) 2009

17a

Director/officer

Mandatory distributions:

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

LOWER EAST SIDE TENEMENT MUSEUM

Employer identification number 13-3475390

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

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

Schedule J (Form 990) 2009

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

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

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

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ
(i)	197,433.	0.	0.	6,000.	8,358.	211,791.	0.
MORRIS J. VOGEL (ii)	0.	0.	0.	0.	0.	0.	0.
DARRY ROGEMAN	154,648. 0.	0.	0.	4,680.	0.	159,328. 0.	0.
BARRY ROSEMAN (ii)	0.	0.	0.	0.	0.	0.	0.
(i) (ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
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(i)							
(ii)							
(i) (ii)							
(i)							
(i) (ii)							

	(
Part III	Supp	olemental	Informa	ation							
Comple	e this	part to pro	ovide the	e informati	on, exp	olanation, or	descriptions requ	ired for Part I, lines 1	a, 1b, 4c, 5a, 5b, 6a	a, 6b, 7	7, and 8. Also complete this part for any additional information.
PART	I,	LINE	4A:	RUTH	J.	ABRAM	RECEIVED	SEVERANCE	AMOUNTING	то	\$20,625.

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

➤ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

➤ Attach to Form 990. See separate instructions.

OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization

LOWER EAST SIDE TENEMENT MUSEUM

Employer identification number 13-3475390

LOWER EAST SIDE	TENEM	ENT MUSE	UM						13-	34753	90	
Part I Bond Issues												
(a) Issuer name (b) Iss	uer EIN	(c) CUSIP#	(d)	Date issued	(e) Issue	price	(f) Descript	ion of purpose	e (g) D	efeased		behalf suer
									Yes	No	Yes	No
NEW YORK CITY INDUSTRIAL							BUILDING	ACO. &	1.00	''	100	
A DEVELOPMENT AGENCY 13-29	906040	NONE	12	/22/07	8,900		PURCHASE			X		X
В												
С												
D												
E												
Part II Proceeds												
		Α		В			С)		E	
1 Total proceeds of issue												
2 Gross proceeds in reserve funds												
3 Proceeds in refunding or defeasance escrows												
4 Other unspent proceeds												
5 Issuance costs from proceeds												
6 Working capital expenditures from proceeds												
7 Capital expenditures from proceeds												
8 Year of substantial completion				ļ .								
	_	Yes	No	Yes	No	Ye	s No	Yes	No	Yes		No
9 Were the bonds issued as part of a current refunding is			X									
10 Were the bonds issued as part of an advance refunding												
issue?			X									
11 Has the final allocation of proceeds been made?			X									
12 Does the organization maintain adequate books and re-												
to support the final allocation of proceeds?			X									
Part III Private Business Use				1				1				
	.	A		B		-	<u> </u>				<u> </u>	
1 Was the organization a partner in a partnership, or a me	_	Yes	No	Yes	No	Ye	s No	Yes	No	Yes	_	No
of an LLC, which owned property financed by tax-exem	· I		v									
bonds?			X			1					_	
2 Are there any lease arrangements with respect to the file	nanced		X									
property which may result in private business use?			Λ									

	t III Private Business Use (Continued)										
			Ą	E	3	(;)	E	
За	Are there any management or service contracts with respect	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	to the financed property which may result in private business										
	use?		X								
b	Are there any research agreements with respect to the										
	financed property which may result in private business use?		X								
С	Does the organization routinely engage bond counsel or										
	other outside counsel to review any management or service										
	contracts or research agreements relating to the financed										
	property?		X								
4	Enter the percentage of financed property used in a private										
	business use by entities other than a section 501(c)(3)										
	organization or a state or local government		%		%		%		%		%
5	Enter the percentage of financed property used in a private										
	business use as a result of unrelated trade or business activity										
	carried on by your organization, another section 501(c)(3)										
	organization, or a state or local government		%		%		%		%		%
_6	Total of lines 4 and 5		%		%		%		%		%
7	Has the organization adopted management practices and										
	procedures to ensure the post-issuance compliance of its										
_	tax-exempt bond liabilities?	Х									
	t IV Arbitrage										
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and			_							
	· · · · · · · · · · · · · · · · · · ·		4	E)	E	
	Penalty in Lieu of Arbitrage Rebate, been filed with respect	Yes	No	Yes	No No	Yes	No No	Yes	No No	Yes	No
	Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		No X								
2	Penalty in Lieu of Arbitrage Rebate, been filed with respect		No								
	Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		No X								
	Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? Is the bond issue a variable rate issue? Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and		No X X								
	Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? Is the bond issue a variable rate issue? Has the organization or the governmental issuer identified		No X								
	Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? Is the bond issue a variable rate issue? Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and		No X X								
3a	Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? Is the bond issue a variable rate issue? Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records? Name of provider		No X X								
3a	Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? Is the bond issue a variable rate issue? Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records? Name of provider Term of hedge		No X X								
3a	Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? Is the bond issue a variable rate issue? Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records? Name of provider		No X X								
3a	Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? Is the bond issue a variable rate issue? Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records? Name of provider Term of hedge		No X X								
3a	Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? Is the bond issue a variable rate issue? Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records? Name of provider Term of hedge		No X X								
3a b c 4a b c	Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? Is the bond issue a variable rate issue? Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records? Name of provider Term of hedge Were gross proceeds invested in a GIC? Name of provider Term of GIC		No X X								
3a b c 4a b c	Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? Is the bond issue a variable rate issue? Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records? Name of provider Term of hedge Were gross proceeds invested in a GIC? Name of provider Term of GIC Was the regulatory safe harbor for establishing the fair market		No X X								
3a	Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? Is the bond issue a variable rate issue? Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records? Name of provider Term of hedge Were gross proceeds invested in a GIC? Name of provider Term of GIC Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		No X X								
3a	Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? Is the bond issue a variable rate issue? Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records? Name of provider Term of hedge Were gross proceeds invested in a GIC? Name of provider Term of GIC Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Were any gross proceeds invested beyond an available		X X X								
3a	Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? Is the bond issue a variable rate issue? Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records? Name of provider Term of hedge Were gross proceeds invested in a GIC? Name of provider Term of GIC Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		No X X								

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

LOWER EAST SIDE TENEMENT MUSEUM

Employer identification number 13-3475390

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

PRESENTATION AND INTERPRETATION OF THE VARIETY OF IMMIGRANT

EXPERIENCES.

FORM 990, PART VI, SECTION A, LINE 7B: ONLY TO THE EXTENT THAT THE NYS ATTORNEY GENERAL MUST APPROVE ACTIONS OF ALL NOT FOR PROFITS.

FORM 990, PART VI, SECTION B, LINE 11: INDEPENDENT AUDITOR PREPARES FORM
990. THE MUSEUM SUBMITS FORM 990 TO THE BOARD'S FINANCE COMMITTEE AND FULL
BOARD FOR REVIEW AND APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C: THE MUSEUM PROVIDES A CONFLICT OF INTEREST POLICY IN ITS EMPLOYEE HANDBOOK AS IT APPLIES TO TRUSTEES, STAFF AND VOLUNTEERS. IT REVIEWS POTENTIAL CONFLICTS OF INTEREST WITH TRUSTEES ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15A: IN 2008, THE BOARD ESTABLISHED A

SEARCH COMMITTEE WHO WORKED WITH AN EXECUTIVE SEARCH FIRM TO INTERVIEW

CANDIDATES FOR THE PRESIDENT'S POSITION. THE BOARD PICKED, FROM THE POOL OF

CANDIDATES, THE BEST OPTION FOR THE MUSEUM.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION DOES NOT MAKE ITS

GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC. THE FINANCIAL STATEMENT IS

POSTED ON GUIDESTAR.

FORM 990, PART XI, LINE 2C

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10

Schedule O (Form 990) 2009

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization	LOWER EAST SIDE TENEMENT MUSEUM	Employer identification number 13–3475390
THE PROCESS FOR	OVERSIGHT OF THE AUDIT OF OUR FINANCIAL STA	ATEMENTS AND
SELECTION OF AN	INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM	M THE PRIOR
YEAR.		

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
	BUILDINGS											
	DEFERRED FINANCING	773 D T II	~	1.034	4.2	476 126			476 126	02 040		47 (14
'	COST	VARIE	5	10M	43	476,136.			476,136.	93,849.		47,614.
1		VARIE	SSL	40.00	16	9520090.			9520090.	997,921.		238,001.
2	TENEMENT BUILDING IMPROVEMENTS AND RE	VARIE:	SSL	40.00	16	4569355.			4569355.	533,596.		94,907.
	ADMINISTRATIVE OFFICE BUILDING IMP	VAR TE:	SST.	40.00	16	1503578.			1503578.	201,099.		35,778.
	* 990 PAGE 10 TOTAL			10.00								
	BUILDINGS					16069159.		0.	16069159.	1826465.	0.	416,300.
	* 990 PAGE 10 TOTAL -					16069159.		0.	16069159.	1826465.	0.	416,300.
	OTHER											
	LEASEHOLD											
1	IMPROVEMENT	VARIE	SSL	15.00	16	456,130.			456,130.	121,032.		30,408.
	* 990 PAGE 10 TOTAL OTHER					456,130.		0.	456,130.	121,032.	0.	30,408.
	* 990 PAGE 10 TOTAL											
	-					456,130.		0.	456,130.	121,032.	0.	30,408.
	LAND											
6	LAND		L			1035000.			1035000.			0.
	* 990 PAGE 10 TOTAL											
	LAND * 990 PAGE 10 TOTAL					1035000.		0.	1035000.	0.	0.	0.
	- 990 PAGE 10 TOTAL					1035000.		0.	1035000.	0.	0.	0.
	OTHER											
	FURNITURE AND											
5	OFFICE EQUIPMENT * 990 PAGE 10 TOTAL	VARIE	SSL	7.00	16	183,157.			183,157.	103,260.		31,377.
	OTHER					183,157.		0.	183,157.	103,260.	0.	31,377.

928102 06-24-09

⁽D) - Asset disposed

FORM 990 PAGE 10

Asset No.	Description	Da ⁱ Acqu	te ired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* 990 PAGE 10 TOTAL - * GRAND TOTAL 990						183,157.		0.	183,157.	103,260.	0.	31,377.
	PAGE 10 DEPR & AMOR						17743446.		0.	17743446.	2050757.	0.	478,085.

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

benefit trust or private foundation)

OMB No. 1545-0047

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

Open to Public Inspection

Α	For the	2010 calendar year, or tax year beginning $\mathrm{JUL}1,2010$	JUN :	30, 2011	
_	Check if	C Name of organization	D En	nployer identific	cation number
ŧ	applicable:			. ,	
Г	Address change	LOWER EAST SIDE TENEMENT MUSEUM			
F	Name change	Doing Business As		13-3	475390
F	Initial return		uite F Te	lephone number	
F	Termin- ated	91 ORCHARD STREET		212-	431-0233
F	Amende Ireturn		G Gro	ss receipts \$	8,343,437.
	Applica-			s this a group re	
	pending	F Name and address of principal officer: MORRIS VOGEL		or affiliates?	Yes X No
		SAME AS C ABOVE			luded? Yes No
$\overline{\Gamma}$	Tax-exer	mpt status: X 501(c)(3)	— ` ´		list. (see instructions)
		WWW.TENEMENT.ORG		Group exemption	
					State of legal domicile: NY
		Summary			<u> </u>
		riefly describe the organization's mission or most significant activities: THE MUSE	UM'S	PURPOSE	IS TO
Activities & Governance	. Ē	PROMOTE TOLERANCE AND HISTORICAL PERSPECTIVE	THROU	JGH THE	
na.		Check this box if the organization discontinued its operations or disposed of r			sets
Ve	1	lumber of voting members of the governing body (Part VI, line 1a)		1 - 1	22
Ö	1	lumber of independent voting members of the governing body (Part VI, line 1b)			21
ο V		otal number of individuals employed in calendar year 2010 (Part V, line 2a)			112
ij		otal number of volunteers (estimate if necessary)			33
ċ		otal unrelated business revenue from Part VIII, column (C), line 12			86,907.
Ă	1	let unrelated business taxable income from Form 990-T, line 34			-13,021.
				or Year	Current Year
•	8 0	Contributions and grants (Part VIII, line 1h)		665,212.	4,400,357.
Jue	1	Program service revenue (Part VIII, line 2g)		291,005.	3,553,601.
Revenue		ovestment income (Part VIII, column (A), lines 3, 4, and 7d)		8,176.	8,708.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		244,847.	230,904.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		209,240.	8,193,570.
_	-	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	.,.	0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	1	salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3.3	294,996.	3,547,484.
Expenses	16a B	Professional fundraising fees (Part IX, column (A), line 11e)	- 7	0.	0.
per	h T	otal fundraising expenses (Part IX, column (D), line 25) 662,664.		-	•
Ж	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2.	724,000.	2,991,126.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		018,996.	6,538,610.
	1	Revenue less expenses. Subtract line 18 from line 12		190,244.	1,654,960.
or es	3			of Current Year	End of Year
Net Assets or Fund Balances	20 T	otal assets (Part X, line 16)		134,335.	25,420,044.
Ass	21 T	otal liabilities (Part X, line 26)		605,038.	12,235,787.
Net	22 N	let assets or fund balances. Subtract line 21 from line 20		529,297.	13,184,257.
P	art II	Signature Block		· ·	· · ·
Und	ler penalt	ies of perjury, I declare that I have examined this return, including accompanying schedules and sta	itements, an	d to the best of my	knowledge and belief, it is
		and complete. Declaration of preparer (other than officer) is based on all information of which prep		-	•
Sig	ın	Signature of officer		Date	
Hei		■ BARRY ROSEMAN, EXECUTIVE VICE PRESIDENT			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	Date	Check	PTIN
Pai		MARTIN BERKOWITZ		if self-employe	d
	- ⊢	Firm's name LUTZ AND CARR, CPAS LLP		Firm's EIN	<u> </u>
		Firm's address 300 EAST 42ND STREET		1	
	· [NEW YORK, NY 10017		Phone no. 2	12-697-2299
Ma	v the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No
	•				

Pai	t 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 TENEMENT MUSEUM PRESERVES AND INTERPRETS THE HISTORY OF
	IMMIGRATION THROUGH THE PERSONAL EXPERIENCES OF THE GENERATIONS OF
	NEWCOMERS WHO SETTLED IN AND BUILT LIVES ON MANHATTAN'S LOWER EAST
	SIDE, AMERICA'S ICONIC IMMIGRANT NEIGHBORHOOD; FORGES EMOTIONAL
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
7	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
42	(Code: (C
74	PUBLIC PROGRAMS - TOURS AND PRESENTATIONS TO IMPART KNOWLEDGE TO THE
	GENERAL PUBLIC CONCERNING THE HISTORY OF THE EMIGRATION MOVEMENT IN
	AMERICA. SUCH KNOWLEDGE IS DIRECTLY RELATED TO THE PURPOSE OF THE
	EXEMPT ACTIVITY - THE OPERATION OF A HISTORICAL MUSEUM. DURING THE YEAR
	ENDED JUNE 30, 2011, THERE WERE 12,480 TOURS, 72 TENEMENT TALKS AND A
	TOTAL OF 171,953 VISITORS TO THE MUSEUM.
	TOTAL OF TATABLE TO THE MODEON.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	/ (Local) / (Loc
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 , 780 , 972 .

032002 12-21-10

Page 3

Part IV | Checklist of Required Schedules

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 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? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Publication of the organization of the organization services? If "Yes," complete Schedule D, Part IV Publication of the organization of	x x x	x x x x
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B Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9		
Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV9	х	Х
	х	X
	Х	1
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10		
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? If "Yes," complete Schedule D,		
Part VI 11a	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	Х	
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? If "Yes," complete Schedule D, Part VIII		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? If "Yes," complete Schedule D, Part IX		Х
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X	Х	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 12a	х	
b Was the organization included in consolidated, independent audited financial statements for the tax year?		
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 12b		Х
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		Х
14a Did the organization maintain an office, employees, or agents outside of the United States? 14a		Х
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		77
and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		Х
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		х
or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		
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? If "Yes," complete Schedule F, Parts III and IV		Х
located outside the United States? If "Yes," complete Schedule F, Parts III and IV		
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		Х
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		
1c and 8a? If "Yes," complete Schedule G, Part II	х	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		
complete Schedule G, Part III		Х
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		Х
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that		
operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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? If "Yes," complete Schedule I, Parts I and III	22		Х
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? If "Yes," complete Schedule J	23	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Х
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):			77
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
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? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	36			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	112			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		Х
b	If "Yes," enter the name of the foreign country: ►					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	Accou	nts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions c	or gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).				v	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Λ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			_		v
	to file Form 8282?	1	 I	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	10	_		Х
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of qualificative languages and a contribution of qualificative languages.			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di			7h		
0	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			8		
9	Sponsoring organizations maintaining donor advised funds.	arry tiri	ie during the year:	°		
	Did the organization make any taxable distributions under section 4966?			9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
	Did the consciention was in a second of the fact of th			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	эO		14b		
				Form	990 ((2010)

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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			77
	of officers, directors or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	7-		Х
b	governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7a 7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	75	25	
Ü	by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00		
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	Х	77
13	Does the organization have a written whistleblower policy?	13	37	X
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	х	
a	The organization's CEO, Executive Director, or top management official	15a	-	Х
Ь	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	15b		- 21
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
a	taxable entity during the year?	16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	.54		
-	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►NY			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion: 🕨		
	BRIAN MINAHAN, CONTROLLER - 212-431-0233			
	91 ORCHARD STREET, NEW YORK, NY 10002			

032006 12-21-10

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.

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

- 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.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	Position (check all that apply)			Reportable	Reportable	Estimated			
	hours per week	H	neck T	all 1	tnat	app I	ly)	compensation from	compensation from related	amount of other
	(describe	Individual trustee or director						the	organizations	compensation
	hours for	e or d	stee			sated		organization	(W-2/1099-MISC)	from the
	related	truste	al trus)yee	mper		(W-2/1099-MISC)		organization
	organizations in Schedule	vidual	Institutional trustee	er	Key employee	Highest compensated employee	Former			and related organizations
	O)	Indi	Inst	Officer	Key	High	For			5. ga <u>_</u> a5
MORRIS J. VOGEL										
PRESIDENT	40.00	Х		Х				197,509.	0.	12,024.
BRUCE A. MENIN									_	_
TRUSTEE	1.00	Х		Х				0.	0.	0.
LAWRENCE J. LASSER									_	_
TRUSTEE	1.00	Х						0.	0.	0.
PAUL J. MASSEY, JR.										
BOARD CHAIR	1.00	Х						0.	0.	0.
MICHAEL T. REYNOLDS										
EXECUTIVE VICE CHAIR	1.00	Х						0.	0.	0.
STEPHEN B. SIEGEL	1	l								•
VICE CHAIR	1.00	Х		Х				0.	0.	0.
ALAN G. WEILER	1	l								•
VICE CHAIR	1.00	Х		Х				0.	0.	0.
GALIA SOLOMONOFF, AIA TRUSTEE	1.00	x						0.	0.	0
SUZETTE BROOKS MASTER	1.00	^	-					0.	0.	0.
TRUSTEE	1.00	x						0.	0.	0.
SIMON WASSERBERGER	1.00	^						0.	0.	<u> </u>
TRUSTEE	1.00	x						0.	0.	0.
GARY E. HANDEL, AIA	1.00	^						0.	•	
CHAIR, REAL ESTATE COMMITTEE	1.00	X						0.	0.	0.
VIRGINIA M. SERMIER		Ε-								
TREASURER	1.00	x						0.	0.	0.
BETH A. LACEY										
TRUSTEE	1.00	Х						0.	0.	0.
MARY SCHUETTE										
TRUSTEE	1.00	Х						0.	0.	0.
JOHN P. WOLF										
VICE CHAIR, FINANCE COMMITTEE	1.00	Х						0.	0.	0.
JUDITH MESSINA FLEISCHER										_
TRUSTEE	1.00	Х						0.	0.	0.
MARK COSTELLO	1 1 1 1									•
TRUSTEE	1.00	X						0.	0.	0.

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Part VII Section A. Officers, Directors, Tru	ustees, Key Eı	mplo	oyee	s, a	nd I	ligh	est	Compensated Employ	ees (continued)			
(A)	(B)					(D) (E)		(F)				
Name and title	Average	Position						Reportable	Reportable	Es	stimate	ed
	hours per	(cl	heck	call.	that	app	ıly)	compensation	compensation	an	nount	of
	week	_						from	from related		other	
	(describe	irecto						the	organizations		pensa	
	hours for	o o c	ee			sated		organization	(W-2/1099-MISC)		rom the	
	related organizations	trustee or director	l trus		ee ee	n pen		(W-2/1099-MISC)			anizati	
	in Schedule	dualt	rtiona	L	nploy	st col	<u></u>				d relati	
	O)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			loiga	anizatio	JI 15
SCOTT METZNER												
TRUSTEE	1.00	Х						0.	0.			0.
ELEANOR PELTA												
TRUSTEE	1.00	Х						0.	0.			0.
MERRYL SNOW ZEGAR												
TRUSTEE	1.00	х						0.	0.			0.
JILL TOTENBERG												
TRUSTEE	1.00	Х						0.	0.			0.
ALICE YURKE								_	_			_
SECRETARY	1.00	Х						0.	0.			0.
BARRY ROSEMAN									_			
EXECUTIVE VICE PRESIDENT	40.00			Х				155,294.	0.		4,7	<u>27.</u>
DAVID ENG								405 040	•		- 0	
VICE PRESIDENT	40.00					Х		105,343.	0.		5,9	20.
HELENE SILVER	40.00					l		100 660	0			
VICE PRESIDENT	40.00					Х		100,669.	0.		3,0	60.
1b Sub-total		<u> </u>			<u> </u>	_		558,815.	0.	2	5,7	31.
c Total from continuation sheets to Part V								0.	0.		<i>J</i> , ,	0.
d Total (add lines 1b and 1c)								558,815.	0.	2	5,7	
2 Total number of individuals (including but r							20 re	· · · · · · · · · · · · · · · · · · ·			<u> </u>	<u> </u>
compensation from the organization	iot iiiriited to ti	1036	IISLE	su a	DOV	<i>5)</i> WI	10 16	scewed more than \$100	,000 in reportable			Δ
compensation from the organization											Yes	No
3 Did the organization list any former officer.	. director or tru	stee	. ke	v en	olar	vee.	or h	ighest compensated en	nplovee on			
line 1a? If "Yes," complete Schedule J for s										3		X
4 For any individual listed on line 1a, is the si												
and related organizations greater than \$15	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	or such individual		4	Х	
5 Did any person listed on line 1a receive or												
rendered to the organization? If "Yes," con										5		Х
Section B. Independent Contractors									-			

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
KEL-MAR DESIGNS INC	Description of services	Compensation
111 JOHN STREET, NEW YORK, NY 10038	CAPITAL CONSTRUCTION	2,643,479.
MILDER OFFICE INC		
11 HOPE STREET, NEW YORK, NY 11211	CAPITAL EQUIPMENT	122,702.
2 Total number of independent contractors (including but not limited to those list	d above) who received more than	

Form **990** (2010)

\$100,000 in compensation from the organization

Pa	L VII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	All other contributions, gifts, grants, and	214,266. 437,307. 748,784.				
o ₽	h	Total. Add lines 1a-1f		4,400,357.			
Program Service Revenue		PROGRAM REVENUE MUSEUM SHOP SALES	Business Code	2,583,327. 970,274.			
P. P.	е						
P.	f	All other program service revenue					
	a	Total. Add lines 2a-2f		3,553,601.			
	3	Investment income (including dividends, inter other similar amounts)	est, and	8,708.			8,708.
	4	Income from investment of tax-exempt bond					
	5	Royalties					
	b	Gross Rents (i) Real 222,775. Less: rental expenses Rental income or (loss) 222,775.					
	d	Net rental income or (loss)		222,775.		86,907.	135,868.
		Gross amount from sales of assets other than inventory (i) Securities	(ii) Other				
	c d	Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	>				
Other Revenue		/	149,867. 149,867.				
퓝				0			
		Net income or (loss) from fundraising events	>	0.			
		Gross income from gaming activities. See Part IV, line 19 a Less: direct expenses b					
		Gross sales of inventory, less returns					
		and allowances a					
		Less: cost of goods sold b Net income or (loss) from sales of inventory					
L		Miscellaneous Revenue	Business Code				
	11 a	MISCELLANEOUS INCOME	900099	8,129.	8,129.		
	b						
	С						
		All other revenue		0 100			
		Total. Add lines 11a-11d		8,129.		06 007	144 576
03300	12	Total revenue. See instructions.	>	8,193,570.	5,501,/3U.	86,907.	
03200 12-21-	10						Form 990 (2010)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (A) Total expenses (B) (C) Management and general expenses **(D)** Fundraising Do not include amounts reported on lines 6b. Program service 7b. 8b. 9b. and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 399,655. 159,862. 98,062. 141,731. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 284,318. 2,632,194. 2,107,721. 240,155. Other salaries and wages 7 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 41,959. 4,568. 50,591 4,064. 20,886. Other employee benefits 199,219. 150,760. 27,573. 9 265,825. 199,292. 29,418. 37,115. 10 Fees for services (non-employees): Management 26,317. 26,317. Legal 42,229. 42,229. Accounting 55,235. 55,235. Lobbying Professional fundraising services. See Part IV. line 17 Investment management fees _____ 303,332. 279,895. 15,669. 7,768. Other 27,113. 26,691. 422. Advertising and promotion 12 187,398. 25,199. 228,604. 16,007. 13 Office expenses 14 Information technology 15 Royalties 29,253. 491,203 937,335. 416,879. 16 Occupancy 24,257. 8,797. 34,497. 1,443. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 37,725. 37,725. 20 Payments to affiliates 21 452,811. 412,440. 20,797. 19,574. 22 Depreciation, depletion, and amortization 104,946. 70,314. 17,841. 16,791. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) 508,453. 508,453. RETAIL ACTIVITY PURCHAS BANK AND CREDIT CARD CH 177,178. 167,569. 9,392. 217. PROGRAM AND EVENT COSTS 30,246. 14,527. 6,637. 9,082. 17,195. 7,332. 8,433 1,430. **MISCELLANEOUS** 5,623. DUES AND SUBSCRIPTIONS 7,910. 920. 1,367.All other expenses 6,538,610. 4,780,972. 1,094,974. 662,664. Total functional expenses. Add lines 1 through 24f 25 Joint costs. Check here
if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising

Form **990** (2010)

solicitation

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			232,159.		263,464.
	2	Savings and temporary cash investments			1,234,029.	2	938,001.
	3	Pledges and grants receivable, net			1,427,725.	3	2,039,590.
	4	Accounts receivable, net			32,450.	4	2,929.
	5	Receivables from current and former officers, dire					
		employees, and highest compensated employees	s. Cor	mplete Part II			
		of Schedule L				5	
	6	Receivables from other disqualified persons (as o	lefine	d under section			
		4958(f)(1)), persons described in section 4958(c)(
		employers and sponsoring organizations of section	on 50	1(c)(9) voluntary			
S		employees' beneficiary organizations (see instruc		F		6	
Assets	7	Notes and loans receivable, net			00.400	7	07.461
As	8	Inventories for sale or use			89,492.	_	87,461.
	9	Prepaid expenses and deferred charges	123,620.	9	50,913.		
	10a	Land, buildings, and equipment: cost or other		21 150 120			
	١.	basis. Complete Part VI of Schedule D	10a	2,673,883.	14 070 021		10 405 227
		Less: accumulated depreciation	14,879,931.		18,485,237.		
	11	Investments - publicly traded securities	4,780,256.	11	3,265,389.		
	12	Investments - other securities. See Part IV, line 1	4,700,230.		3,203,309.		
	13 14	Investments - program-related. See Part IV, line 1			334,673.	13 14	287,060.
	15	Intangible assets Other assets See Bart IV line 11			334,073	15	201,000
	16	Other assets. See Part IV, line 11			23,134,335.	16	25,420,044.
	17	Accounts payable and accrued expenses		690,504.	17	1,551,364.	
	18	Grants payable	,	18	, ,		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Complete P				21	
Liabilities	22	Payables to current and former officers, directors					
abi		highest compensated employees, and disqualifie					
Ξ		of Schedule L				22	
	23	Secured mortgages and notes payable to unrelat			2,345,837.	23	2,284,190.
	24	Unsecured notes and loans payable to unrelated	third	parties		24	
	25	Other liabilities. Complete Part X of Schedule D			8,568,697.		8,400,233.
	26				11,605,038.	26	12,235,787.
		Organizations that follow SFAS 117, check her	re 🕨	X and complete			
ses		lines 27 through 29, and lines 33 and 34.			T 104 TC4		0 005 001
anc	27	Unrestricted net assets			7,104,764.	_	8,875,721.
Bal	28	Temporarily restricted net assets			1,611,533.	_	1,495,536.
pu	29				2,813,000.	29	2,813,000.
Ę		Organizations that do not follow SFAS 117, ch	eck h	ere 🕨 📖 and			
S		complete lines 30 through 34.				00	
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30	
t As	31	Paid-in or capital surplus, or land, building, or equ		F		31	
Ne.	32	Retained earnings, endowment, accumulated inc			11,529,297.		13,184,257.
	34	Total liabilities and net assets/fund balances			23,134,335.	34	25,420,044.
	J4	Total liabilities and net assets/fund balances			20,101,000	J+	

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI						
1 2 3 4 5 6	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) rt XIII Financial Statements and Reporting	1 2 3 4 5 6	8 6 1 11	,19 ,53 ,65 ,52	8,6 4,9 9,2	10. 60. 97.	
	Check if Schedule O contains a response to any question in this Part XII					X	
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
b	b Were the organization's financial statements audited by an independent accountant?						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				7.7		
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch						
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	•	it		37		
	Act and OMB Circular A-133?			3a	X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?				37		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			3b	X		
				Form	99U (2010)	

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

Open to Public Inspection

Name of the organization

LOWER EAST SIDE TENEMENT MUSEUM

Employer identification number 13-3475390

Pa	rt I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t.) See ins	tructions.				
The	organ	ization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)					
1		A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).				
2				'0(b)(1)(A)(ii). (Attach Sc									
3				tal service organization			170(b)(1)	(A)(iii).					
4		A medical res	search organization	operated in conjunction	with a hos	pital desc	ribed in se	ction 170	(b)(1)(A)(iii	i). Enter th	e hospital	's nam	ne,
		city, and stat	e:										
5		An organizat	ion operated for the	benefit of a college or ur	niversity ov	wned or or	perated by	a governi	mental unit	t describe	d in		
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6		A federal, sta	ate, or local governm	ent or governmental uni	t describe	d in sectio	n 170(b)(I)(A)(v).					
7	X								or from the	general p	ublic desc	ribed i	in
		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				eives: (1) more than 33			rom contri	butions. n	nembershir	o fees, and	d aross red	ceipts	from
				nctions - subject to certa									
				axable income (less sect									
			509(a)(2). (Complete	•		,		•	, ,			,	
10				perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	4).				
11		-	-	perated exclusively for the	•	•			-	out the p	urposes c	of one	or
		more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that											
		describes the type of supporting organization and complete lines 11e through 11h.											
	a Type I b Type II c Type III - Functionally integrated d Type III - Other												
е		By checking	this box, I certify tha	at the organization is not	controlled	directly o	r indirectly	by one o	r more disc	qualified p	ersons oth	ner tha	ın
		foundation m	nanagers and other t	han one or more publicly	y supporte	ed organiza	ations des	cribed in s	ection 509	9(a)(1) or se	ection 509	(a)(2).	
f				ten determination from t									
				nis box									
g				organization accepted ar						sons?			
		(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons o	lescribed	in (ii) and (i	ii) below,		Yes	No
				upported organization?							11g(i)		
				n described in (i) above?							11g(ii)		
				person described in (i) o									
h		Provide the f	ollowing information	about the supported or	ganization	(s).							
(i)	Name	of supported	(ii) EIN	(iii) Type of		organization			(vi) Is organizatio	the	(vii) Am	nount o	f
()	orga	anization		organization (described on lines 1-9		sted in your			(i) organiza U.S.	ed in the	` sup		
				above or IRC section	governing	document?	(I) oi youi	support?	U.S.	.?			
				(see instructions))	Yes	No	Yes	No	Yes	No			
													_
Tota	ıl												
I HA	For F	Paperwork Re	duction Act Notice	, see the Instructions f	or				Schedule	e A (Form	990 or 99	0-EZ)	2010

032021 12-21-10

Form 990 or 990-EZ.

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.)

Calendar year (or fiscal year beginning in) ► (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to	
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities	0751441.
membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities	
include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities	
ization's benefit and either paid to or expended on its behalf The value of services or facilities	
ization's benefit and either paid to or expended on its behalf The value of services or facilities	
3 The value of services or facilities	
the organization without charge	
4 Total. Add lines 1 through 3 5444985. 5105511. 2135376. 3665212. 4400357.20	0751441.
5 The portion of total contributions	
by each person (other than a	
governmental unit or publicly	
supported organization) included	
on line 1 that exceeds 2% of the	
amount shown on line 11,	
column (f)	1395265.
	9356176.
Section B. Total Support	<u> </u>
	(f) Total
Calendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 7 Amounts from line 4 5444985. 5105511. 2135376. 3665212. 4400357.20	0751441
8 Gross income from interest,	0731111
dividends, payments received on	
securities loans, rents, royalties and income from similar sources 152,983. 328,543. 109,032. 115,079. 146,386.	852,023.
···	032,023.
9 Net income from unrelated business	
activities, whether or not the business is regularly carried on 166,631. 89,511. 16,572. 128,713. 86,907.	488,334.
· · · · · · · · · · · · · · · · · · ·	400,334.
10 Other income. Do not include gain	
or loss from the sale of capital assets (Explain in Part IV.) 12,922. 22,699. 2,573. 9,231. 8,129.	55 55 <i>1</i>
	55,554. 2147352.
14	$\frac{2147332.}{130,135.}$
/ / /	130,133.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	. —
organization, check this box and stop here Section C. Computation of Public Support Percentage	P
	87.40 %
11 1 3 (7)	0 7 4 0
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box a	
stop here. The organization qualifies as a publicly supported organization	
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this l	
and stop here. The organization qualifies as a publicly supported organization	
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or	
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization	
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 109	% or
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the	. —
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	

032022 12-21-10

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not						
include any "unusual grants.")						
Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part IV.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3) organi	zation,
•	· ·			•		·
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2010 (li					15	%
16 Public support percentage from 2009					16	%
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 20					17	<u>%</u>
18 Investment income percentage from 2					18	<u>%</u>
19a 33 1/3% support tests - 2010. If the						
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2009. If the	-					
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tl	his box and see in	structions	<u></u> ▶□

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

Department of the Treasury Internal Revenue Service Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

2010

Name of the organization

| 2010

Torm 990 or 990-EZ

Section:

Form 990 or 990-EZ

Section:

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

527 political organization

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

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

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the ${\bf General\ Rule}$ or a ${\bf Special\ Rule}.$

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

General Rule

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

Special Rules

X	For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

LOWER EAST SIDE TENEMENT MUSEUM

13-3475390

Part I	Contributors (see instructions)	1 13	-3473390
(a)	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	INSTITUTE OF MUSEUM LIBRARY SERVICES 1800 M STREET NW, 9TH FLOOR WASHINGTON, DC 20036-5802	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	JEWISH COMMUNAL FUND 575 MADISON AVENUE, SUITE 703 NEW YORK, NY 10022	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	LOWER MANHATTAN DEVELOPMENT CORPORATION ONE LIBERTY PLAZA, 20TH FLOOR NEW YORK, NY 10006	\$ 164,043.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	NEW YORK CITY DEPARTMENT OF CULTURAL AFFAIRS 31 CHAMBERS STREET, 2ND FLOOR NEW YORK, NY 10007	\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	NEW YORK CITY ECONOMIC DEVELOPMENT CORPORATION 110 WILLIAM STREET NEW YORK, NY 10038	\$ 1,211,119.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	U.S. NATIONAL PARK SERVICE 1849 C STREET, NW	\$\$	Person X Payroll Noncash (Complete Part II if there
023452 12-2	WASHINGTON, DC 20240	Schedule B (Form	is a noncash contribution.) 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

LOWER EAST SIDE TENEMENT MUSEUM

13-3475390

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	BLOOMBERG PHILANTHROPIES 25 EAST 78 STREET NEW YORK, NY 10075	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8	NATIONAL ENDOWMENT FOR THE HUMANITIES 1100 PENNSYLVANIA AVENUE NW WASHINGTON, DC 20506	\$\$95,905.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9	SKIRBALL FOUNDATION 31 WEST 52ND STREET 21ST FLOOR NEW YORK, NY 10019	\$150,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
10	ZEGAR FAMILY FOUNDATION 240 RIVERSIDE BLVD 16A AND C NEW YORK, NY 10069	\$510,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

LOWER EAST SIDE TENEMENT MUSEUM

13-3475390

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(see instructions)	Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
000450 10 00	2.10		90 990-F7 or 990-PF\ (2010)

	EAST SIDE TENEMENT MUSE		13-3475	
Part III	more than \$1,000 for the year. Complete	columns (a) through (e) and the	on 501(c)(7), (8), or (10) organizations aggree following line entry. For organizations com	regating pleting
	Part III, enter the total of exclusively religiou \$1,000 or less for the year. (Enter this infor			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how git	ft is held
Part I				
+		(e) Transfer of gif		
		(5) 1145.5. 5. 3	•	
-	Transferee's name, address, and	I ZIP + 4	Relationship of transferor to transfe	eree
	-			
(a) No.	T			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how git	ft is held
Ī		(e) Transfer of gif	t	
	-	17ID 4		
ł	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transfe	ree
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gif	ft is held
		(e) Transfer of gif	t	
	Transferee's name, address, and	I ZIP + 4	Relationship of transferor to transfe	eree
İ			riciationing of transfer to transfer	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how git	ft is hold
Part I	(b) i dipose oi giit	(c) 03c of gift	(a) Bescription of now gift	
-		/ N =		
		(e) Transfer of git	τ	
	Transferee's name, address, and	I ZIP + 4	Relationship of transferor to transfe	eree

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nan	ne of organization				Employer identification number
		AST SIDE TENEMENT			13-3475390
Pa	art I-A Complete if the org	ganization is exempt unde	r section 501(c) c	r is a section 5	27 organization.
2	Provide a description of the organize Political expenditures Volunteer hours				. > \$
Pa	art I-B Complete if the org	ganization is exempt unde	r section 501(c)(3	3).	
1	Enter the amount of any excise tax	incurred by the organization unde	r section 4955		. • \$
2	Enter the amount of any excise tax	incurred by organization managers	s under section 4955		▶ \$
3	If the organization incurred a section	on 4955 tax, did it file Form 4720 fo	r this year?		Yes No
4a	a Was a correction made?				Yes No
b	If "Yes," describe in Part IV.				
Pa	art I-C Complete if the org	ganization is exempt unde	r section 501(c),	except section	. , , ,
	Enter the amount directly expended				. > \$
2	Enter the amount of the filing organ		-		
	exempt function activities				. • \$
3	Total exempt function expenditures		·		
	line 17b				.▶\$
4	Did the filing organization file Form	1120-POL for this year?			Yes L No
5	Enter the names, addresses and er		•	•	• •
	made payments. For each organiza	•			·
	contributions received that were pr	' '		,	separate segregated fund or a
	political action committee (PAC). If		e information in Part IV		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid t	
				filing organizatio funds. If none, ent	
				Turido: il fiorio, crit	delivered to a separate
					political organization.
					If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2010

LHA

032041 02-02-11

Schedule C (Form 990 or 990-EZ) 2010

d Grassroots nontaxable amounte Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)	
		Yes	No	Amo	ount
ı	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?		X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
С	Media advertisements?		X		
	Mailings to members, legislators, or the public?		X		
е	Publications, or published or broadcast statements?		X		
f	Grants to other organizations for lobbying purposes?		X		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		5.5	,23
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i	Other activities? If "Yes," describe in Part IV		X		
j	Total. Add lines 1c through 1i			55	,23
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
ar	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5), or se	ection	
	501(c)(6).				
				Voc	NI.
	Ways substantially all (000/ or mays) dues received pendeductible by members?			Yes	No
	Were substantially all (90% or more) dues received nondeductible by members?			Yes	No
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	Yes	No
:	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year?		2		No
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	on 501(c)	2 3)(5), or se	ection	
ar	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1	on 501(c t III-A, li	2 3)(5), or seine 3 is a	ection	
ar	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes."	on 501(c) t III-A, li	2 3)(5), or seine 3 is a	ection	
e ar	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes." Dues, assessments and similar amounts from members	on 501(c) t III-A, li	2 3)(5), or seine 3 is a	ection	
ar	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	on 501(c t III-A, li	2 3 0(5), or seine 3 is a	ection	
ar	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	on 501(c t III-A, li	2 3)(5), or se ne 3 is a	ection	
ar	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? Till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year	on 501(c t III-A, li	2 3)(5), or seine 3 is a 1 2a 2b	ection	
ar b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	on 501(c t III-A, li	2 3)(5), or seine 3 is a 1 2a 2b 2c	ection	
ar ar b c	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total	on 501(c) t III-A, li	2 3)(5), or seine 3 is a 1 2a 2b 2c	ection	
ar ar b c	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	on 501(c) t III-A, li	2 3)(5), or seine 3 is a 1 2a 2b 2c	ection	
1 2 a b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3.	ess	2 3 (5), or see ne 3 is a 1 2a 2b 2c 3	ection	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:

Taxable amount of lobbying and political expenditures (see instructions)

THE MUSEUM ENGAGED A CONSULTANT TO PROVIDE SERVICES IN CONNECTION WITH

PUBLIC AND GOVERNMENT RELATIONS.

Schedule C (Form 990 or 990-EZ) 2010

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990. ➤ See separate instructions.

2010
Open to Public Inspection

Name of the organization

LOWER EAST SIDE TENEMENT MUSEUM

 $Employer\ identification\ number\\13-3475390$

Pai	rt I	Organizations Maintaining Donor Advised		s or A	Accounts. Complete if the
		organization answered "Yes" to Form 990, Part IV, line			(h) Funda and other accounts
		 	(a) Donor advised funds	((b) Funds and other accounts
1		number at end of year			
2		gate contributions to (during year)			
3		gate grants from (during year)			
4		gate value at end of year			
5		e organization inform all donors and donor advisors in w	_		
	are the	e organization's property, subject to the organization's e	xclusive legal control?		Yes L No
6	Did th	e organization inform all grantees, donors, and donor ad	visors in writing that grant funds can b	e used (only
	for cha	aritable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	e confei	rring
	imperi	missible private benefit?			
Pai	rt II	Conservation Easements. Complete if the orga	anization answered "Yes" to Form 990,	Part IV,	line 7.
1	Purpo	se(s) of conservation easements held by the organization	n (check all that apply).		
		Preservation of land for public use (e.g., recreation or ed	lucation) Preservation of an h	istorical	lly important land area
		Protection of natural habitat	Preservation of a ce	rtified h	istoric structure
		Preservation of open space			
2	Comp	lete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the forn	of a co	onservation easement on the last
	day of	the tax year.			
					Held at the End of the Tax Year
а	Total r	number of conservation easements			2a
b	Total a	acreage restricted by conservation easements			2b
С	Numb	er of conservation easements on a certified historic struc	cture included in (a)		2c
d	Numb	er of conservation easements included in (c) acquired af	fter 8/17/06, and not on a historic struc	ture	
	listed	in the National Register			2d
3		er of conservation easements modified, transferred, rele		ne orgar	nization during the tax
	year 🕨	•			
4	Numb	er of states where property subject to conservation ease	ement is located >		
5	Does t	the organization have a written policy regarding the perio	odic monitoring, inspection, handling of	:	
	violati	ons, and enforcement of the conservation easements it l	holds?		Yes No
6	Staff a	and volunteer hours devoted to monitoring, inspecting, a	and enforcing conservation easements	during t	he year ►
7	Amou	nt of expenses incurred in monitoring, inspecting, and er	nforcing conservation easements durin	g the ye	ear ▶ \$
8	Does	each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	0(h)(4)(E	B)(i)
	and se	ection 170(h)(4)(B)(ii)?			Yes No
9		t XIV, describe how the organization reports conservatio			
	includ	e, if applicable, the text of the footnote to the organization	on's financial statements that describe	s the or	ganization's accounting for
	conse	rvation easements.			
Pai	rt III	Organizations Maintaining Collections of	Art, Historical Treasures, or 0	Other	Similar Assets.
		Complete if the organization answered "Yes" to Form 9	90, Part IV, line 8.		
1a	If the	organization elected, as permitted under SFAS 116 (ASC	C 958), not to report in its revenue state	ment a	nd balance sheet works of art,
	histori	cal treasures, or other similar assets held for public exhil	bition, education, or research in further	ance of	public service, provide, in Part XIV,
		xt of the footnote to its financial statements that describ			
b	If the	organization elected, as permitted under SFAS 116 (ASC	C 958), to report in its revenue stateme	nt and b	palance sheet works of art, historical
		res, or other similar assets held for public exhibition, edu			
		g to these items:	·		
		evenues included in Form 990, Part VIII, line 1			. \(\sigma
2	٠,	organization received or held works of art, historical treas			
		lowing amounts required to be reported under SFAS 11		J,	•
а		ues included in Form 990, Part VIII, line 1			> \$
		s included in Form 990, Part X			
		/ **			· · · —

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-20-10

Schedule D (Form 990) 2010

24

	t III Organizations Maintaining C	ollections of Ar			Other			tinued)			
	Using the organization's acquisition, accession										
	(check all that apply):	,	-, ,		9						
а	X Public exhibition	d	Loan or exc	hange programs	:						
b	X Scholarly research	e									
c	V _										
4	Provide a description of the organization's co	allections and explain	n how they further t	he organization's	s exemr	nt nurnose in	Part XIV				
5	During the year, did the organization solicit or						rait XIV.				
3	to be sold to raise funds rather than to be ma						Yes	X No			
Pai	t IV Escrow and Custodial Arrange										
	reported an amount on Form 990, Par		ste ii tile organizatio	on answered Te	3 1010	1111 330, 1 ait	10, 1116 3, 0	1			
12	Is the organization an agent, trustee, custodi		liany for contribution	ne or other asset	e not in	cluded					
Ia							Yes	□ No			
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIV						163	INO			
b	ii res, explain the arrangement in Part Aiv	and complete the lo	llowing table.				Amour				
•	Paginning balance					1c	Amou	п.			
	Beginning balance					1d					
	Additions during the year					1e					
4	Distributions during the year					1f					
1	Ending balance	orm 000 Dort V line	010				Yes	□ No			
	Did the organization include an amount on Fo	orm 990, Part A, line	21?				. — res	□□ NO			
	If "Yes," explain the arrangement in Part XIV. t V Endowment Funds. Complete if	the organization an	swored "Ves" to Fe	rm 990 Part IV	lino 10						
ı aı	Endownient Fanas. Complete ii			(c) Two years ba		Three years b	ack (a) For	ır yaare hack			
4.	Danisa in a second balance	(a) Current year 2,629,219.	(b) Prior year 2,600,170.			Tillee years b	(e) 100	ır years back			
	Beginning of year balance	2,029,219.		†	99.						
	Contributions	8,707.	20,000. 9,049.	+	20						
	Net investment earnings, gains, and losses	8,707.	3,043.	-369,0	29.						
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses	0.635.006	0.600.010	0.500.1	70						
g	End of year balance	2,637,926.	2,629,219.	2,600,1	70.						
2	Provide the estimated percentage of the year	r end balance held a									
	Board designated or quasi-endowment		_%								
	Permanent endowment ► 100.00	%									
		%									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	and administered	for the	organization					
	by:							Yes No			
	(i) unrelated organizations										
	(ii) related organizations						3a(ii)	X			
b	If "Yes" to 3a(ii), are the related organizations						3b				
4	Describe in Part XIV the intended uses of the										
Pai	t VI Land, Buildings, and Equipm		' i								
	Description of investment	(a) Cost or of	' '			umulated	(d) Boo	ok value			
		basis (investr	′ I	(other)	depre	ciation	4 00				
	Land			5,000.	<u> </u>			35,000.			
	Buildings					7,277.		30,363.			
С	Leasehold improvements		45	6,130.	18	31,849.	27	4,281.			
d	Equipment										
	Other			0,350.	3	84,757.		5,593.			
Total	I. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, column (B), line	10(c).)		>	18, <u>4</u> 8	35,237.			

Schedule D (Form 990) 2010

Part VIII III Vestillerits - Other Secur	ities. See Form 990, Part X, line	12.		
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valua or end-of-year mar	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A) CASH AND CASH EQUIVA		END-OF-YE	AR MARKET	VALUE
(B) BNY MELLON FEDERATED				
(C) GOV'T OBLIG TAX MGD	627,463	B. END-OF-YE	AR MARKET	VALUE
(D)				
(E)				
(F)				
(G)				
(H)				
(I)	- 40\ >	Δ		
Total. (Col (b) must equal Form 990, Part X, col (B) lin				
Part VIII Investments - Program Re	I See Form 990, Part X, line		(c) Method of valua	tion:
(a) Description of investment type	(b) Book value		or end-of-year mar	
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u>				
(7)				
(8) (9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) lin	e 13) •			
Part IX Other Assets. See Form 990, F				
	(a) Description			(b) Book value
(1)	• • •			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X,			>	
Part X Other Liabilities. See Form 99				
1. (a) Description of liab	ility	(b) Amount		
(1) Federal income taxes	GT.	20 017		
(2) TENANT SECURITY DEPO		22,017.		
(3) LONG TERM LEASE OBLI	GATION	8,3/8,210.		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11) Total (Column (h) must equal Form 990, Part Y	col (R) line 25.)	8,400,233.		
Total. (Column (b) must equal Form 990, Part X, FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of t 2. FIN 48 (ASC 740).	he footnote to the organization's financial sta	tements that reports the organiza	ation's liability for uncertain	n tax positions under
2. FIN 48 (ASC 740).				

2. FIN 4 032053 12-20-10

Schedule D (Form 990) 2010

Sche	edule D (Form 990) 2010	LOWER	EAST	SIDE	TENEMENT	MUSEUM			13-3475390	Page
Pa	rt XI Reconciliat	on of Change	in Net A	Assets f	rom Form 990	to Audited	Financia	ıl S	tatements	
1	Total revenue (Form 99	0, Part VIII, columi	n (A), line 1	12)			1	1	8,193	,570
2	Total expenses (Form 990, Part IX, column (A), line 25)						2	2	6,538	,610
3	Excess or (deficit) for t	he year. Subtract li	ne 2 from	line 1			3	3	1,654	,960
4	Net unrealized gains (le	osses) on investme	nts				4			
_							· ·			

Donated services and use of facilities Prior period adjustments 7 Other (Describe in Part XIV.) R Total adjustments (net). Add lines 4 through 8 9 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 8,193,570. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains on investments Donated services and use of facilities Recoveries of prior year grants 2c Other (Describe in Part XIV.) 2e Add lines 2a through 2d 8,193,570 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) c Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 6,538,610. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990. Part IX. line 25: Donated services and use of facilities 2a Prior year adjustments Other (Describe in Part XIV.) Add lines 2a through 2d 2e 6,538,610 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIV.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information. PART III, LINE 1A: THE MUSEUM MAINTAINS COLLECTIONS OF OVER 8,000 ITEMS

THAT HAVE A DIRECT ASSOCIATION WITH 97 ORCHARD STREET OR OTHER HISTORIC SITES AND OTHER OBJECTS THAT ARE SUITABLE FOR EXHIBITION OR TEACHING PURPOSES. THE MUSEUM ALSO MAINTAINS A LIBRARY AND AN ARCHIVE OF OTHER HISTORICAL MATERIALS. THESE OBJECTS AND RESOURCES ARE MAINTAINED FOR THE PUBLIC BENEFIT TO BE USED FOR EDUCATION AND RESEARCH ACTIVITY. IN CONFORMITY WITH ACCOUNTING POLICIES GENERALLY FOLLOWED BY MUSEUMS,

VALUE OF THESE RESOURCES HAS BEEN EXCLUDED FROM THE STATEMENT OF FINANCIAL

Schedule D (Form 990) 2010

Part XIV Supplemental Information

Part XIV Supplemental Information (continued)

POSITION, AND GIFTS OF OBJECTS FOR THE COLLECTION AND LIBRARY ARE EXCLUDED FROM THE STATEMENT OF ACTIVITIES. ACQUISITIONS FOR THE COLLECTIONS ARE REFLECTED AS DECREASES IN THE MUSEUM'S UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED.

CONTRIBUTED COLLECTION ITEMS ARE NOT REFLECTED.

PART III, LINE 4: FOR OUR COLLECTION WE COLLECT MATERIALS THAT RELATE TO

OUR HISTORIC PROPERTIES, HAVE SIGNIFICANCE TO THE FAMILIES THAT LIVED

THERE OR ANY BUSINESSES THAT EXISTED THERE AND/OR MATERIALS THAT WE CAN

USE TO EDUCATE THE PUBLIC THROUGH EXHIBITION AND/OR STUDY. OUR COLLECTION

PROVIDES A STARTING POINT FOR MUSEUM VISITORS TO UNDERSTAND HOW THE

EXPERIENCES OF EARLIER WAVES OF IMMIGRANTS COMPARE AND CONTRAST WITH

NEWCOMERS TODAY.

PART V, LINE 4: TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY THE ENDOWMENT.

PART X, LINE 2: MANAGEMENT HAS EVALUATED ALL INCOME TAX POSITIONS AND

CONCLUDED THAT NO DISCLOSURES RELATING TO UNCERTAIN TAX POSITIONS ARE

REQUIRED.

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open To Public Inspection

Name of the organization ${ t LOWER} { t E}$	AST SIDE TENEMENT	MUS	EUM	Ī		Employer ide 13-3475	ntification number 390
Part I Fundraising Activities required to complete this par	Complete if the organization answ t.	ered "Y	'es" t	o Form 990, Part IV,	line 1	7. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	e Solicita f Solicita g Special or oral agreement with any individua eart VII) or entity in connection with prividuals or entities (fundraisers) pure	tion of tion of I fundra I (includ professi	non-g gover lising ding o	overnment grants rnment grants events fficers, directors, tru- fundraising services?	stees	Yes Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundra fundra have cu or con contribu	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser red in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total			•				
List all states in which the organization or licensing.			ution	s or has been notified	d it is	exempt from re	egistration
LHA Paperwork Reduction Act Notice,	see the Instructions for Form 990	or 990	-EZ.			Schedule G (Forr	n 990 or 990-EZ) 2010

13-3475390 Page 2 Schedule G (Form 990 or 990-EZ) 2010 LOWER EAST SIDE TENEMENT MUSEUM 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 GALA DINNER NONE (add col. (a) through **MAY 24** col. (c)) (total number) (event type) (event type) Revenue 364,133. 364,133. 1 Gross receipts 214,266. 214,266. 2 Less: Charitable contributions 149,867. 149,867. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes **Direct Expenses** 6 Rent/facility costs 50,875. 50,875. 7 Food and beverages 17,838. 17,838. 8 Entertainment 81,154. 81,154. Other direct expenses 149,867, 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10. 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. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct | 4 Rent/facility costs 5 Other direct expenses Yes Yes No 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 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?

Schedule G (Form 990 or 990-EZ) 2010

b If "No," explain:

b If "Yes," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Sch	edule G (Form 990 or 990 EZ) 2010 LOWER EAST SIDE TENEMENT MUSEUM 13-3	<u> 1475</u>	<u> 390</u>	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity operated in:			
	The organization's facility	13a		%
	An outside facility	13b		<u></u> %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			· ·
•	and the mane and address of the person time propared the organization of gamming, openial events and a second and			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount			
	of gaming revenue retained by the third party >\$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	Ш	Yes	└── No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
_	organization's own exempt activities during the tax year ▶ \$			
Pa	TT IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii)	and (v), and	Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	า (see i	nstruc	tions).

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

Open to Public

Name of the organization

LOWER EAST SIDE TENEMENT MUSEUM

Employer identification number 13-3475390

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

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

Schedule J (Form 990) 2010

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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ
	(i)	197,509.	0.	0.	6,000.	6,024.	209,533.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	155,294.	0.	0.	4,727.	0.	160,021.	0.
2 BARRY ROSEMAN	(ii)	0.	0.	0.	0.	0.	0.	0.
_	(i)							
3	(ii)							
4	(i)							
4	(ii) (i)							
_5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
40	(i)							
10	(ii)							
11	(i) (ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part V.

 OMB No. 1545-0047

2010
Open to Public Inspection

Employer identification number Name of the organization 13-3475390 LOWER EAST SIDE TENEMENT MUSEUM Part I **Bond Issues** (a) Defeased (h) On behalf (i) Pooled (b) Issuer EIN (c) CUSIP# (d) Date issued (f) Description of purpose (a) Issuer name (e) Issue price of issuer financing Yes Yes No No Yes No BUILDING ACQ. & NEW YORK CITY INDUSTRIAL 12/22/07 8,900,000.PURCHASE Х Х A DEVELOPMENT AGENCY 113-2906040 NONE Х D Part II Proceeds В С D Α 1 Amount of bonds retired 2 Amount of bonds legally defeased 3 Total proceeds of issue 4 Gross proceeds in reserve funds 5 Capitalized interest from proceeds 6 Proceeds in refunding escrows 7 Issuance costs from proceeds **8** Credit enhancement from proceeds Working capital expenditures from proceeds Capital expenditures from proceeds Other spent proceeds 11 Other unspent proceeds Year of substantial completion Yes No Yes No Yes No Yes No X Were the bonds issued as part of a current refunding issue? X Were the bonds issued as part of an advance refunding issue? $\overline{\mathbf{x}}$ Has the final allocation of proceeds been made? Does the organization maintain adequate books and records to support the final allocation of proceeds? Part III Private Business Use Was the organization a partner in a partnership, or a member of an LLC, В C D Α which owned property financed by tax-exempt bonds? Yes No Yes No Yes No Yes X 2 Are there any lease arrangements that may result in private business use of Х bond-financed property?

Par	t III Private Business Use (Continued)								
			A	I	3	(0	I	D
За	Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	No	Yes	No
	business use of bond-financed property?		X						
b	Are there any research agreements that may result in private business use of								
	bond-financed property?		X						
С	Does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts or research								
	agreements relating to the financed property?		X						
4	Enter the percentage of financed property used in a private business use by								
	entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5	Enter the percentage of financed property used in a private business use as a								
	result of unrelated trade or business activity carried on by your organization,								
	another section 501(c)(3) organization, or a state or local government		%		%		%		%
_6	Total of lines 4 and 5		%		%		%		. %
7	Has the organization adopted management practices and procedures to								
	ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							
Par	t IV Arbitrage					T			
			Ą	I	3	(Ç	I	<u> </u>
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of	Yes	No	Yes	No	Yes	No	Yes	No
	Arbitrage Rebate, been filed with respect to the bond issue?		X						<u> </u>
	Is the bond issue a variable rate issue?		X						<u> </u>
3а	Has the organization or the governmental issuer entered into a qualified								
	hedge with respect to the bond issue?		X						
	Name of provider								
<u>c</u>	Term of hedge								
	Was the hedge superintergrated?								<u> </u>
	Was the hedge terminated?								<u> </u>
<u>4a</u>	Were gross proceeds invested in a GIC?		X						
	Name of provider								
<u>c</u>	Term of GIC						_		
d	Was the regulatory safe harbor for establishing the fair market value of the								
	GIC satisfied?								<u> </u>
	Were any gross proceeds invested beyond an available temporary period?		X						<u> </u>
6	Did the bond issue qualify for an exception to rebate?		X						
Par	Supplemental Information. Complete this part to provide additional information for re	esponses to	questions on	Schedule K.					

SCHEDULE 0 (Form 990 or 990-EZ)

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. Department of the Treasury Attach to Form 990 or 990-EZ. Internal Revenue Service

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

LOWER EAST SIDE TENEMENT MUSEUM

Employer identification number 13-3475390

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PRESENTATION AND INTERPRETATION OF THE VARIETY OF IMMIGRANT

EXPERIENCES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CONNECTIONS BETWEEN VISITORS AND IMMIGRANTS PAST AND PRESENT; AND ENHANCES APPRECIATION FOR THE PROFOUND ROLE IMMIGRATION HAS PLAYED AND

FORM 990, PART VI, SECTION A, LINE 7B: ONLY TO THE EXTENT THAT THE NYS ATTORNEY GENERAL MUST APPROVE ACTIONS OF ALL NOT FOR PROFITS.

CONTINUES TO PLAY IN SHAPING AMERICA'S EVOLVING NATIONAL IDENTITY.

FORM 990, PART VI, SECTION B, LINE 11: INDEPENDENT AUDITOR PREPARES FORM THE MUSEUM SUBMITS FORM 990 TO THE BOARD'S FINANCE COMMITTEE FOR REVIEW AND APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C: THE MUSEUM PROVIDES A CONFLICT OF INTEREST POLICY IN ITS EMPLOYEE HANDBOOK AS IT APPLIES TO TRUSTEES, STAFF AND VOLUNTEERS. IT REVIEWS POTENTIAL CONFLICTS OF INTEREST WITH TRUSTEES ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15A: IN 2008, THE BOARD ESTABLISHED A SEARCH COMMITTEE WHO WORKED WITH AN EXECUTIVE SEARCH FIRM TO INTERVIEW CANDIDATES FOR THE PRESIDENT'S POSITION. THE BOARD PICKED, FROM THE POOL OF CANDIDATES, THE BEST OPTION FOR THE MUSEUM.

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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

LOWER EAST SIDE TENEMENT MUSEUM	13-3475390
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION I	OOES NOT MAKE ITS
GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC. THE FINANCIA	AL STATEMENT IS
POSTED ON GUIDESTAR.	
FORM 990, PART XI, LINE 2C	
THE PROCESS FOR OVERSIGHT OF THE AUDIT OF OUR FINANCIAL S	STATEMENTS AND
SELECTION OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED FF	ROM THE PRIOR
YEAR.	

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
	BUILDINGS											
	DEFERRED FINANCING	VARIE	S	10M	43	476,136.			476,136.	141,463.		47,614.
1		VARIE	SSL	40.00	16	9520090.			9520090.	1235937.		238,002.
2	TENEMENT BUILDING IMPROVEMENTS AND RE	VARIE	SSL	40.00	16	8094176.			8094176.	628,485.		75,458.
3	ADMINISTRATIVE OFFICE BUILDING IMP	VARIE	SSL	40.00	16	1723374.			1723374.	236,878.		42,517.
	* 990 PAGE 10 TOTAL BUILDINGS					19813776.		0.	19813776.	2242763.	0.	403,591.
	* 990 PAGE 10 TOTAL -					19813776.		0.	19813776.	2242763.	0.	403,591.
	OTHER											
	LEASEHOLD IMPROVEMENT	VARIE	SSL	15.00	16	456,130.			456,130.	151,440.		30,409.
	* 990 PAGE 10 TOTAL OTHER				_ ,	456,130.		0.		151,440.	0.	30,409.
	* 990 PAGE 10 TOTAL					456,130.		0.			0.	30,409.
	LAND					430,130.			450,150.	131,440.		30,403.
						1025000			1025000			0
	LAND * 990 PAGE 10 TOTAL		ь			1035000.			1035000.			0.
	LAND * 990 PAGE 10 TOTAL					1035000.		0.		0.	0.	0.
	-					1035000.		0.	1035000.	0.	0.	0.
	OTHER FURNITURE AND											
5		VARIE	SSL	7.00	16	330,350.			330,350.	15,945.		18,812.
	OTHER					330,350.		0.	330,350.	15,945.	0.	18,812.

028102 05-01-10

⁽D) - Asset disposed

FORM 990 PAGE 10

Asset No.	Description	Da Acqu	ite iired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* 990 PAGE 10 TOTAL -						330,350.		0.	330,350.	15,945.	0.	18,812.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMOR						21635256.		0.	21635256 .		0.	452,812.

Form	990-T	E	xempt Organization Bus	sine	ss Income T	ax Return	\vdash	OMB No. 1545-0687
	tment of the Treasury		(and proxy tax und		·			Open to Public Inspection for
	Al Revenue Service	For c	alendar year 2010 or other tax year beginning JUL 1					Open to Public Inspection for 01(c)(3) Organizations Only yer identification number
A L	Check box if address changed		Name of organization (Land Check box if name c	hanged	d and see instructions.)		(Emploinstruc	yees' trust, see ctions.)
	cempt under section	Print	LOWER EAST SIDE TENEME					3-3475390
X	501(c)(3)	or Type	Number, street, and room or suite no. If a P.O. box	x, see i	nstructions.			ted business activity codes structions.)
	408(e) 220(e)		91 ORCHARD STREET					
	408A530(a)		City or town, state, and ZIP code	2.0			- 244	1.00
<u>_</u>	529(a)	5 0	NEW YORK, NY 10002-31	.34			5311	L 2 U
C Bo	ok value of all assets end of year		exemption number (See instructions.)	<u> </u>	504/s) tourst	404/-> +		044
	-	G Check	corganization type X 501(c) corporation	n L	501(c) trust	401(a) trust		Other trust
	, 420 , 044 .	n'o prim	ary unrelated business activity. > RENTAL	ΛF	COMMEDCTAT.	סביאו. ביפייות	יםי	
			poration a subsidiary in an affiliated group or a pare				Yes	X No
			infallon a substituary in an anniated group of a parel $tifying$ number of the parent corporation. \blacktriangleright	าเ-รนมร	sidiary controlled group?		1 168	S A INU
			BRIAN MINAHAN, CONTROLL	ER	Telenho	one number > 2	12-4	131-0233
			de or Business Income		(A) Income	(B) Expenses		(C) Net
	Gross receipts or sale		de of Basilicos Illosilic		(1)	(2) 2/40/000		(5)
	Less returns and allo		c Balance	1c				
2			A, line 7)	2				
3			om line 1c	3				
			h Schedule D)	4a				
			art II, line 17) (attach Form 4797)	4b				
			sts	4c				
5			ips and S corporations (attach statement)	5				
6				6				_
			ne (Schedule E)	7	5,171.	18,1	92.	-13,021.
8			and rents from controlled organizations (Sch. F)	8				
9	Investment income o	f a sectio	on 501(c)(7), (9), or (17) organization					
	(Schedule G)			9				
10			me (Schedule I)	10				
11	Advertising income (Schedule	e J)	11				
			ns; attach schedule.)	12				
13	Total. Combine lines	s 3 throu	gh 12	13	5,171.	18,1	92.	-13,021.
Pa			ot Taken Elsewhere (See instructions for					
	(Except for	contribu	utions, deductions must be directly connecte	d with	the unrelated business	s income.)		
14	Compensation of of	ficers, di	rectors, and trustees (Schedule K)				14	
15							15	
16							16	
17							17	
18							18	
19	Taxes and licenses						19	
20			e instructions for limitation rules.)				20	
21			562)					
22			n Schedule A and elsewhere on return				22b	
23			managatian plana				23	
24 25			mpensation plans				24	
			shadula I\				26	
26 27			chedule I) hedule J)				27	
28			nedule)				28	
29			es 14 through 28				29	0.
30			ncome before net operating loss deduction. Subtrac				30	-13,021.
31			(limited to the amount on line 30)				31	0.
32			ncome before specific deduction. Subtract line 31 fr				32	-13,021.
33			y \$1,000, but see instructions for exceptions.)				33	1,000.
34			able income. Subtract line 33 from line 32. If line					<u> </u>
	of zero or line 32			9	,		34	-13,021.

Print/Type preparer's name Preparer's signature Date Check PTIN self- employed

Paid **Preparer Use Only**

MARTIN BERKOWITZ P00154047 Firm's name ► LUTZ AND CARR, CPAS LLP 13-1655065 Firm's EIN ▶ 300 EAST 42ND STREET Firm's address ▶ **NEW YORK** 212-697-2299 NY 10017 Phone no.

Form **990-T** (2010)

Form 990-T (2010) LOWER EA	ST SIDE T	<u>[ENEM]</u> Propert	ENT ty and	MUSEUM Personal	Property	Lease	13-347 ed With Real Pro	5390 Page 3
Description of property		<u> </u>						
(1)								
(2)								
(3)								
(4)								
	2. Rent receiv	ed or accrued						
(a) From personal property (if the rent for personal property is m 10% but not more than 5	nore than		rent for pe	nd personal propertersonal property exist is based on profit	ceeds 50% or i		3(a) Deductions directly columns 2(a) ai	y connected with the income in nd 2(b) (attach schedule)
(1)								
(2)								
(3)								
(4)								
Total	0.	Total				0.		
(c) Total income. Add totals of column here and on page 1, Part I, line 6, colu						0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	• 0.
Schedule E - Unrelated D	ebt-Financed	Incom	e (see i	nstructions)				
							3. Deductions directly cor to debt-finance	
				2. Gross income or allocable	come from e to debt-	(2)	Straight line depreciation	(b) Other deductions
1. Description of deb	t-financed property			financed p	property	(")	(attach schedule)	(attach schedule)
						SI	CATEMENT 2	STATEMENT 3
(1) 103 ORCHARD STR	EET			8	6,907.		79,731	. 226,018.
(2)					•		•	,
(3)								
(4)						 		
4. Amount of average acquisition debt on or allocable to debt-financed	of or a	adjusted bas		6. Column d			7. Gross income reportable (column	8. Allocable deductions (column 6 x total of columns
property (attach schedule) STATEMENT 4	STATE		5		- O-		2 x column 6)	3(a) and 3(b))
(1) 581,398	9	,764,	939.		5.95%		5,171	. 18,192.
_(2)					%			
(3)					%			
(4)					%			
							ter here and on page 1,	Enter here and on page 1,
						"	art I, line 7, column (A).	Part I, line 7, column (B).
Totals						·	5,171	. 18,192.
Total dividends-received deductions							<u></u>	
Schedule F - Interest, Ann	nuities, Royal	ties, an					nizations (see inst	tructions)
			Exemp	t Controlled O	rganization	s		
1. Name of controlled organization	Employer ide numb	entification		3. related income see instructions)	Total of s	specified ts made	5. Part of column 4 th included in the control organization's gross inc	ling connected with income
(1)								
(2)								
(3)								
(4) Nonexempt Controlled Organization	one							
	8. Net unrelated incom	e (loss)	0 Tot	al of specified pay	monto 10) Port of o	olumn 9 that is included	11 Dadustions disastly consected
7. Taxable income	(see instructions		3. 100	made	ments (t	in the cont	rolling organization's ross income	Deductions directly connected with income in column 10
(1)								
(2)								
(3)								
(4)							.h	Add and a control
						Enter here	olumns 5 and 10. and on page 1, Part I, 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Tatala								
Totals					🖊		0.	0.
023721 03-03-11								Form 990-T (2010)

Form 990-1 (2010) LOWER	EAS	T SIDE	TENEME	NT M	USEUM			13-	347539	O Page
Schedule G - Investm			Section !	501(c)(7), (9), or (17) Or	ganiza	tion			
	struction scription of	,			2. Amount of income	directly	ductions connected schedule)		Set-asides tach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)						(attacii	3cricadic)			(coi. 3 pius coi. 4)
(2)										
(3)										
(4)					Enter here and on page 1,					Enter here and on page 1
					Part I, line 9, column (A).					Part I, line 9, column (B).
Totals					0.] 0.
Schedule I - Exploited (see inst		-	/ Income	, Othei	r Than Advertisi	ng Inco	ome			
		,	0 -		4. Net income (loss)					7 -
4		2. Gross	 Expendirectly con 		from unrelated trade or		s income	l 6	. Expenses	7. Excess exempt expenses (column
 Description of exploited activity 		elated business ncome from	with produ	uction	business (column 2 minus column 3). If a		tivity that unrelated		tributable to	6 minus column 5,
,		de or business	of unrela business i		gain, compute cols. 5		ss income		column 5	but not more than column 4).
					through 7.					,
(1)										
(2)										
(3)										
(4)										
()	Ente	er here and on	Enter here	and on						Enter here and
	pa	age 1, Part I, e 10, col. (A).	page 1, F line 10, co	art I,						on page 1, Part II, line 26.
	""		iiile 10, cc							· ·
Totals	<u> </u>	0.		0.						0.
Schedule J - Advertis	sing In	come (see i	nstructions							
Part I Income From	Perio	dicals Rep	orted on	a Con	solidated Basis					
		2. Gross	۰	D: .	4. Advertising gain	. .		. ء ا		7. Excess readership
1. Name of periodical		advertising		Direct sing costs	or (loss) (col. 2 minus col. 3). If a gain, compute		irculation ncome	0.1	Readership costs	costs (column 6 minus column 5, but not more
		income			cols. 5 through 7.					than column 4).
(1)										
(2)										
(3)								 		
					_				$\overline{}$	
(4)										
			_	•						0
Totals (carry to Part II, line (5))	<u></u>		0.	0	<u>· </u>					0.
Part II Income From columns 2 through	Perio	dicals Rep	orted on	a Sepa	arate Basis (For e	ach perio	odical listed	d in Pa	ırt II, fill in	
Columns 2 timoug	JII 7 OII a		1515.)		1 4	_				7
		2. Gross	3.	Direct	4. Advertising gain or (loss) (col. 2 minus	5 . c	irculation	6.	Readership	7. Excess readership costs (column 6 minus
1. Name of periodical		advertising income		sing costs	col. 3). If a gain, compute		ncome	•••	costs	column 5, but not more
					cols. 5 through 7.					than column 4).
(1)										
(2)										
(3)										
(4)										
(5) Totals from Part I			0.	0						0.
(3) Totals Holli Latt		Enter here and o		ere and on	<u>-</u>				-	Enter here and
		page 1, Part I,	page	1, Part I,						on page 1,
		line 11, col. (A)		1, col. (B).						Part II, line 27.
Totals, Part II (lines 1-5)			0.	0						0.
Schedule K - Compe	nsatio	n of Office	rs, Direct	ors, ar	nd Trustees (see	instructio	ons)			
1	Name				2. Title		Percer time devot	ed to		ensation attributable related business
	Numb				L. 1100		busines		to dill	
(1)				<u> </u>				%		
(2)								%		
(3)								%		
(4)								%		
Total. Enter here and on page 1	Part II li	ine 14					1			0.
Town Lintor Horo and On page 1	, i ui i II, II		<u> </u>		<u></u>					

Form **990-T** (2010)

	FOOTNOTES	STATEMENT 1
NET OPERATING LOSS		
CARRYFORWARD FROM	2006	197,303.
CARRYFORWARD FROM	2007	283,593.
CARRYFORWARD FROM	2008	22,903.
CARRYFORWARD FROM	2009	17,338.
TOTAL		521,137.

FORM 990-T SCHEDULE E - DEPRECIA	TION DEDUCT	ION	STATEMENT	2
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
DEPRECIATION - SUBTOTAL -	1	79,731.	79,7	31.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	3(A)		79,73	
FORM 990-T SCHEDULE E - OTHER	DEDUCTIONS		STATEMENT	3
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
SALARIES FRINGE UTILITIES REPAIRS AND MAINTENANCE POSTAGE AND SHIPPING SUPPLIES INTEREST DUES AND SUBSCRIPTIONS CONSULTANTS AND PROFESSIONAL REAL ESTATE TAXES EQUIPMENT AND FURNITURE MAINTENACE TELEPHONE AND FAX		40,081. 7,215. 78,935. 24,727. 442. 987. 37,726. 110. 1,736. 30,000. 3,839. 220.	205 20	
- SUBTOTAL -	1		226,03	18. ——
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	3(B)		226,03	18.
FORM 990-T AVERAGE ACQUISITION ALLOCABLE TO DEBT-FIN			STATEMENT	4
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
AVERAGE ACQUISITION INDEBTEDNESS - SUBTOTAL -	1	581,398.	581,39	98.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	4		581,39	98.

FORM 990-T AVERAGE ADJUSTED ALLOCABLE TO DEBT-E	STATEMENT	5		
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
AVERAGE ADJUSTED BASIS ALLOCABLE - SUBTOTAL	- 1	9,764,939.	9,764,93	39.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	1 5		9,764,93	39.

Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. Attach to your tax return.

990

OMB No. 1545-0172

Name(s) shown on return Business or activity to which this form relates Identifying number FORM 990 PAGE 10 13-3475390 LOWER EAST SIDE TENEMENT MUSEUM Part | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 500,000. Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2,000,000. 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property 6 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 **15** Property subject to section 168(f)(1) election 15 405,198. Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2010 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery period (business/investment use only - see instructions) (a) Classification of property (e) Convention (g) Depreciation deduction 19a 3-year property b 5-year property 7-year property С d 10-year property 15-year property е f 20-year property 25-year property 25 yrs. S/I g 27.5 yrs MM S/L h Residential rental property MM S/L 27.5 yrs. S/L MM i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year S/L 12 yrs. 40 yrs 40-year MM S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr 405,198. 23 For assets shown above and placed in service during the current year, enter the

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2010)

portion of the basis attributable to section 263A costs

23

F 4500 (0040)	T 01:1	TD T3.00	OTDE ME	NIEWENIM	MIGE	TT3.6			12 24	752	00 5
Form 4562 (2010)			SIDE TE					f			90 Page 2
Part V Listed Propert amusement.)	y (include al	utomobiles, cer	tain other vehicl	ies, certain co	mputers	s, and prop	berty usea	for en	itertainment,	recre	eation, or
Note: For any v through (c) of S	rehicle for wi Section A, all	hich you are usi of Section B, a	ing the standard nd Section C if	l mileage rate applicable.	or dedu	cting lease	expense,	comp	lete only 24a	a, 24b	, columns (a)
Section A -	Depreciation	on and Other I	nformation (Ca	ution: See the	e instruc	tions for lii	nits for pa	ssenge	er automobil	es.)	
24a Do you have evidence to s	upport the bu	siness/investmen	t use claimed?	Yes	No	24b If "Y	es," is the	evider	nce written?		Yes No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	Basis for de (business/ir use o	preciation vestment	(f) Recovery period	(g) Metho Conven	d/	(h) Depreciation deduction		(i) Elected section 179 cost
25 Special depreciation allo	wance for q	ualified listed p	roperty placed i	n service duri	ng the ta	ax year an	d				
used more than 50% in	a qualified b	usiness use						25			
26 Property used more than	n 50% in a c	ualified busines	ss use:								
	: :	%									
	: :	%									
	: :	%									
27 Property used 50% or le	ess in a quali	ified business u	ise:								
	: :	%					S/L -				
	: :	%					S/L -				
	: :	%					S/L -				
28 Add amounts in column	(h), lines 25	through 27. En	ter here and on	line 21, page	1			28			
29 Add amounts in column	(i), line 26. E	nter here and c	on line 7, page 1							29	
		Se	ection B - Inforr	nation on Us	e of Veh	icles					
Complete this section for ve If you provided vehicles to y those vehicles.										nis se	ction for
			(a)	(b)		(c)	(d)		(e)		(f)
30 Total business/investment i	miles driven d	uring the	Vehicle	Vehicle	V	ehicle	Vehicl	е	Vehicle		Vehicle
year (do not include comn	nuting miles)	Г									
31 Total commuting miles of	lriven during	the year									
32 Total other personal (no											

33 Total miles driven during the year. Add lines 30 through 32 Yes No Yes Yes No Yes No Yes No Yes **34** Was the vehicle available for personal use No No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? **36** Is another vehicle available for personal

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	Yes	No
	employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your		
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about		
	the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use?		
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.		
D	art VI Amoutication		

Part VI Amortization						
(a) Description of costs	(b) Date amortization begins	(C) Amortizable amount	(d) Code section	(e) Amortizati period or perc		(f) Amortization for this year
42 Amortization of costs that begins during your	2010 tax yea	ır:				
	1 1					
	: :					
43 Amortization of costs that began before your	43	47,614.				
44 Total. Add amounts in column (f). See the inst	tructions for	where to report			44	47,614.

Form **4562** (2010) 016252 12-21-10

Form 8868 (Rev. 1-2011)					Page 2
If you are filing for an Additional (Not Automatic) 3-Mon	th Extension,	complete only Part II and check this be	ох		X
Note. Only complete Part II if you have already been granted	d an automatic	3-month extension on a previously filed			
If you are filing for an Automatic 3-Month Extension, co Additional (Not Automatic) 2 Man				1 1)	
Part II Additional (Not Automatic) 3-Mon	tn Extensio	n of Time. Only file the original (no o	1	· ·	
Type or Name of exempt organization			Emp	loyer identification	n number
Print LOWER EAST SIDE TENEMENT	MUSEUM		1	3-3475390	
File by the extended of due date for 91 ORCHARD STREET	oox, see instruc	etions.			
filing your return. See instructions. City, town or post office, state, and ZIP code. For NEW YORK, NY 10002-3132	or a foreign add	dress, see instructions.			
Enter the Return code for the return that this application is f	or (file a separa	ate application for each return)			0 1
Application	Return	Application			Return
Is For	Code	Is For			Code
Form 990	01				
Form 990-BL	02	Form 1041-A			08
Form 990-EZ			09		
Form 990-PF					
Form 990-T (sec. 401(a) or 408(a) trust)	05			11	
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already gra- BRIAN MINAHA			ısly file	ed Form 8868.	
 The books are in the care of ► 91 ORCHARD STELEPHONE No. ► 212-431-0233 If the organization does not have an office or place of but on the stelephone of the organization of the group, check this box ► 1. If it is for part of the group, check this box ► 1. 	siness in the Uidigit Group Exe	FAX No. ▶	is is fo	r the whole group,	
4 I request an additional 3-month extension of time until		15, 2012			
5 For calendar year, or other tax year beginnin	g <u>JUL 1</u>	, 2010 , and ending	JUN	30, 2011	
6 If the tax year entered in line 5 is for less than 12 mon	ths, check reas	son: Initial return	Final r	return	
Change in accounting period					
7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED T	O COMPI	LE THE INFORMATION N	IECE	SSARY TO	
COMPLETE THE RETURN.					
8a If this application is for Form 990-BL, 990-PF, 990-T, 4	720. or 6069. e	enter the tentative tax. less any	1		
nonrefundable credits. See instructions.	,	,	8a	 	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6	6069, enter any	refundable credits and estimated		·	
tax payments made. Include any prior year overpayme					
previously with Form 8868.		, .	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include yo	our payment wit	th this form, if required, by using			
EFTPS (Electronic Federal Tax Payment System). See	instructions.		8c	\$	0.
S	ignature ar	nd Verification			
Under penalties of perjury, I declare that I have examined this form, it is true, correct, and complete, and that I am authorized to prepare $$	including accomp this form.	panying schedules and statements, and to th	e best o	of my knowledge and	belief,
Signature ► Title	<u> </u>		Date		
				Form 8868 (Rev. 1-2011)

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2010, or fiscal year beginning		•	, 2010, and ending	JUN	30	,20 1
▶ Do not send	d to the l	IRS. K	Ceep for your reco	ords.		

11

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Name of exempt organization

➤ See instructions. Employer identification number

LOWER EAST SIDE TENEMENT MUSEUM

13-3475390

Name and title of officer

BARRY ROSEMAN

EXECUTIVE VICE PRESIDENT

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

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

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	8193570
2a	Form 990-EZ check here D D D Total revenue, if any (Form 990-EZ, line 9)	2 b	
За	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5а	Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 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

X authorize LUTZ AND CARR, CPAS LLP	to enter my PIN 10002
ERO firm name	Enter five numbers, b do not enter all zeros
as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also at 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 2010 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating chaprogram, I will enter my PIN on the return's disclosure consent screen.	•
Officer's signature ▶ Date ▶	/10/12

Certification and Authentication

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

13332110017 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 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 Must Retain This Form - See Instructions

Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions. 12-27-10

Form **8879-EO** (2010)

ERO's signature

New York State Department of Taxation and Finance

Request for Six-Month Extension to File

(for franchise/business taxes, MTA surcharge, or both)

All filers must enter tax period:

Tax Law - Articles 9-A, 13, 32, and 33

Employer identification number 13-3475390

File number Business telephone number MM5 212-431-0233 beginning **■** 07-01-10

Trade name / DBA

ending $\blacksquare 06-30-11$

Legal name of corporation

LOWER EAST SIDE TENEMENT MUSEUM

Mailing name (If different from legal name) and address

Article 9-A

MTA surcharge on line 9. See instructions.

Number and street or PO box

State or country of incorporation

Date received (for Tax Department use only)

Article 33

B. MTA surcharge

NY

Date of incorporation

91 ORCHARD STREET

State ZIP code

Foreign corporations: date began business in NYS

A. Franchise tax

Preparer's NYTPRIN Date

Audit use

NEW YORK

NY 10002

If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. Visit our Web site at www.nystax.gov and look for the change my address option. Otherwise, see Business Information in Form CT-1.

Article 13

Request for extension of time to file the following forms: Mark box(es) for one article only. Submit only one Form CT-5 and mark an X in both boxes in the appropriate article if you are requesting an extension for both the franchise tax and MTA surcharge returns. For example, mark an X in both the CT-3 box and the CT-3M/4M box under Article 9-A if you are requesting an extension of time to file **both** returns.

Article 32

NOTE: Do not use this form if you are a combined filer; use Form CT-5.3 instead.

CT-3	,		_			37		_				CT-33		CT-33-M	
or CT-4	. ■	CT-3M/4M		CT-13	3 ▮	X	CT-32	2		CT-32-M		CT-33-C	: I	CT-33-NL	I
Α.	Pav ar	mount shown on	line 11. I	Make pava	ble to:	New	York St	tate Cor	rporat	ion Tax			Pa	yment enclosed	
•	-	your payment h							-			Α.			250.
Cor	nputa	tion of estim	nated fr	anchise	tax	•				ŕ		_			
	1	Franchise tax	from the	worksheet	in Forr	n CT-	5-I					1.			250.
	2	First installme	nt of estir	nated tax f	or the	next t	ax year	(see inst	tructio	ns)		2.			
	3	Total franchise	e tax and	first installı	nent (a	add Iir	es 1 and	d 2)				3.			250.
	4	Prepayments	of franchi	se tax (fror	n line 1	16, co	lumn A)					4.			0.
	5	Balance due -	franchise	tax (subtra	act line	4 froi	m line 3)					5.			250.
Cor	nputa	tion of estim	nated M	ITA surc	harg	е									
6	MTA s	surcharge from tl	he worksl	neet in For	n CT-5	i-l						6.			
7	First in	nstallment of est	imated M	TA surcha	ge for							7.			
8	Total N	MTA surcharge a	and first ir	nstallment	add lir	nes 6 a	and 7)					8.			
9	Prepa	yments of MTA	surcharge	(from line	16, co	lumn .	B)					9.			
10	Baland	ce due - MTA su	rcharge (subtract lin	e 9 froi	m line	8)					10.			
11	Total b	oalance due <i>(add</i>	d lines 5 a	and 10 and	enter i	here;	enter the	e payme	ent am	ount on lin	e A abov	⁄e) 11.			250.

Composition of prepayments - Use this worksheet to determine the prepayments of franchise tax on line 4 and the prepayments of the

Date paid

12	Mandatory first installment	12.					
13a	Second installment from Form CT-400	13a.					
13b	Third installment from Form CT-400	13b.					
13c	Fourth installment from Form CT-400	13c.					
14	Overpayment credited from prior years		14.				
15	Overpayment credited from Form CT-	Period	15.				
16	Total prepayments (total all entries in column	A and column B)	16 .				
	Paid Firm's name (or yours if self-employed)				Firm's EIN	Prepa	rer's PTIN or SSN
	use LUTZ AND CARR, CPAS	LLP			13-1655065		
1	Only Signature of individual preparing this document	Address		City		State	ZIP code
		300 EAST	42ND STR	EET NEW	YORK	NY	10017

See instructions for where to file

E-mail address of individual preparing this document

|Staple forms here | New York State Department of Taxation and Finance

		_	
	U	- 1	•
Ω			

Unrelated Business Income

Amended _	I ax Return			nter tax period:	10	06 20 11
return Employer identification number	Tax Law - Article 13	Business telep	beginning ohone number	07-01-1	LU en	ding ■ 06-30-11
' '			1-0233			overpayment, mark
13-3475390 Legal name of corporation	MM5	<u> </u> ∠⊥∠−43	Trade nam	ne/DBA		an X in the box
LOWER EAST SIDE	TENEMENT MUSEU	гм				
Mailing name (if different from legal name		·H	State or co	ountry of incorporation	Data maraina	-d (fee Tee Description of the
c/o			NEW	YORK	Date receive	ed (for Tax Department use only)
Number and street or PO box				corporation	-	
91 ORCHARD STRE	rem					
City		ate ZIP code	Foreign corp	orations: date began	-	
NEW YORK, NY 1	.0002-3132		business in 1			
NAICS business code number (from fed		ne If vou	need to update your	address or phone	Audit (for Ta	ax Department use only)
531120	above is new, mark an X in the	inform	ation for corporation		,	
Principal unrelated business activity	man an X m u	at ww	w.nystax.gov and loo	ok for the change		
RENTAL OF COMME	RCIAL REAL ESTA		dress option. Othervation in Form CT-1.	vise, see Business		
Have you filed New York State F				axes by a Not-For-F	Profit Organia	zation? Yes No X
Mark an X in this box if you are an e						
Mark an X in this box if you ceased (•	, , ,			CT-13 in the instructions)
	e 22. Make payable to: New Yo			iii (see section who i	nust me r onn c	Payment enclosed
	e 22. Make payable to. New 16 e. Detach all check stubs. <i>(See</i>				Α.	
Computation of income		mondonono ror de	, tune.		Λ.	
Federal unrelated business		erating loss doduct	tion and after \$	1 000		
		•		•	1.1	. <13,021.
2 New York State Article 13 a						
3 Additions required for share						
4 Grossed-up taxes for share						
5 Other additions (see instruc			0115)	1	_	
6 Add lines 1 through 5				J		40 004
					b	. \ \15,021.
7 Other income (see instruction						
8 Federal S corporation share						
9 Other subtractions (see inst					- 40	
Total subtractions (add lines						12 22
11 Taxable income before net						
New York net operating loss					12	12 001
Taxable income (subtract lin					13	. \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
14 Allocated taxable income (n	· · · <u> </u>		42; or enter am			<13,021.
irom line 13 if allocation i	is not claimed)				14,	
Tax based on income (multi						•
16 Minimum tax	bayor is larger				16	050
Tax (line 15 or line 16, which						250
18 Total prepayments from line						
Balance (if line 18 is less that						
20 Interest on late payment (se	ee mstructions)				20	
Late filing and late payment						
Balance due (add lines 19, 2						
Overpayment (if line 17 is le.						
Amount of overpayment on					24	
A AIRCUINT OF OVERDAVIMENT ON	IIII 23 TO DO POTUNGOG (SUNTA	CLUDE 24 Trom line			■ つ⊑	. 1

See page 3 for third-party designee, certification, and signature entry areas.

068421 09-23-10

40001101019

Have	you been audited by the Internal Revenue Service in the past	t 5 years	s? Yes 1	Vо <u>X</u>	If Yes, list years:		
Fede	ral return was filed on: 990T X Other:				Attach a complete cop	y of yo	our federal return.
Sch	edule A - Unrelated business allocation						
ware	u did not maintain a regular place of business outside New Yor house, or other space regularly used by the taxpayer in its unr ocation, nature of activities, and number and duties of employe	elated b					
			A A		_ B.		
Ave	rage value of:	_	New York S	tate	Everywhere		
	Real estate owned						
	Gross rents (attach list)						
28	Inventories owned						
29	Other tangible personal property owned						
30	Total (add lines 26 through 29)	30.					
	Percentage in New York State (divide line 30, column A, by line in the control of the state of t	1е 30, с	olumn B)			31.	%
	eipts in the regular course of business from:						
32	Sales of tangible personal property shipped to						
	points within New York State						
	All sales of tangible personal property						
	Services performed						
	Rentals of property						
36	Other business receipts	36.					
	Total (add lines 32 through 36)		olumn D)			100	0/
	Percentage in New York State (divide line 37, column A, by lin	ne 37, c	о <i>штіп в)</i>			38.	%
39	Wages, salaries, and other compensation of employees (except general executive officers)						
40	(except general executive officers) Percentage in New York State (divide line 39, column A, by line		olumn P)			40.	0/
	Total of New York State percentages (add lines 31, 38, and	1.40)					<u>%</u> %
	Business allocation percentage (divide line 41 by three or by					-	% %
	nposition of prepayments claimed on line 18*	tiic man	iber of percentages,	<u>,</u>	Date paid	 12 .	Amount
	Payment with extension request, Form CT-5, line 5			43.	11-15-11		250.
	Second installment from Form CT-400			44a.			
	Third installment from Form CT-400			44b.			
	Fourth installment from Form CT-400			l			
45	Amount of overpayment credited from prior years				45.		
46	Total prepayments (add lines 43 through 45; enter here and c	on line 1	8)		46.		250.
	* Taxpayers subject to the unrelated business income tax a lf you did make these unrequired payments, report them of	re not r	equired to make est		·		
Am	ended return information						
	g an amended return, mark an X in the box for any items that	apply a	nd attach document	tation.			
Final	federal determination • If marked	d, enter	date of determination	on:	•		_
Net o	operating loss (NOL) carryback • Capital k	oss carr	yback			···· • _	_
Fede	ral return filed Form 1139 • Amende	d Form	990T			• _	_
C	68431 09-23-10						

40002101019

Third-party designee (see	Yes X No		Designee's phone number				
,	Designee's e-mail addre	ess				PIN	
Certification	: I certify that this return a	and any attachment	s are to the best of my knowledg	e and b	elief true, correct, and co	omplete.	
Authorized person	- · 9 ········· - · · · · · · · · · · · - · · · ·			Officia EXE	al title CUTIVE VICE	SIDENT	
ponco	E-mail address of autho	rized person				Date	
Paid	Firm's name (or yours if self-employed) LUTZ AND CARR, CPAS LLP				Firm's EIN 13-1655065		s PTIN or SSN 54047
	Signature of individual pre	eparing this return	Address City State ZIP colors 300 EAST 42ND STREET NEW YORK, NY 10017				
	E-mail address of individu	al preparing this ret	urn		Preparer's NYTPRIN	Date	

See instructions for where to file.

068432 09-23-10

	FOOTNOTES	STATEMENT 1
NET OPERATING LOSS		
CARRYFORWARD FROM 2	2006	197,303.
CARRYFORWARD FROM 2	2007	283,593.
CARRYFORWARD FROM 2	2008	22,903.
CARRYFORWARD FROM 2	2009	17,338.
TOTAL		521,137.

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

benefit trust or private foundation)

OMB No. 1545-0047

Open to Public Inspection

Α	For the	2 011 calendar year, or tax year beginning $\mathrm{JUL}1,2011$	JUN 30, 2012	•					
В	Check if	C Name of organization	D Employer identific						
	applicable		' '						
	Addres change	LOWER EAST SIDE TENEMENT MUSEUM							
	Name change	Doing Business As	13-3	475390					
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone numbe	 r					
	Termin ated		212-	431-0233					
	Ameno return	City or town, state or country, and ZIP + 4	G Gross receipts \$	9,107,970.					
	Application	NEW TORK, NI 10002-3132	H(a) Is this a group re	eturn					
	pendin	F Name and address of principal officer: MORRIS VOGEL	for affiliates?	Yes X No					
SAME AS C ABOVE H(b) Are all affiliates included? Yes									
		p: •14.14.15.	527 If "No," attach a	list. (see instructions)					
		e: ▶ WWW.TENEMENT.ORG	H(c) Group exemptio	n number 🕨					
ĸ	Form of	organization: X Corporation Trust Association Other ► L \	/ear of formation: 1988 $_{ extsf{N}}$	f N State of legal domicile: $f NY$					
P	art I	Summary							
Ð	1	Briefly describe the organization's mission or most significant activities: ${ m f THE}$ ${ m f TENE}$	MENT MUSEUM I	NTERPRETS					
auc	1 :	AND PRESERVES THE HISTORY OF IMMIGRATION							
ĸ.	2	Check this box $lacktriangle$ if the organization discontinued its operations or disposed of r	nore than 25% of its net as						
8	3	Number of voting members of the governing body (Part VI, line 1a)	3	21					
<u>ھ</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20					
es	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	141					
₹		Total number of volunteers (estimate if necessary)		22					
Activities & Governance		Total unrelated business revenue from Part VIII, column (C), line 12		95,258.					
_	b	Net unrelated business taxable income from Form 990-T, line 34	7b	-8,336.					
			Prior Year	Current Year					
ē	8	Contributions and grants (Part VIII, line 1h)	4,400,357.	4,723,012.					
enr	9	Program service revenue (Part VIII, line 2g)	3,553,601.	4,095,311.					
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,708.	10,279.					
_	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	230,904.	279,368.					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,193,570.	9,107,970.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.					
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.					
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,547,484.	3,902,858.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	67,500.					
꼾	b b	Total fundraising expenses (Part IX, column (D), line 25) 825,430.	0.001.106	2 005 612					
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,991,126.						
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,538,610.	7,195,971.					
		Revenue less expenses. Subtract line 18 from line 12	1,654,960.	1,911,999.					
Net Assets or Fund Balances			Beginning of Current Year	End of Year					
SSe	20	Total assets (Part X, line 16)	25,420,044.	25,784,828.					
et	21	Total liabilities (Part X, line 26)	12,235,787. 13,184,257.	10,688,572. 15,096,256.					
	art II	Net assets or fund balances. Subtract line 21 from line 20	13,104,237.	13,090,230.					
_		Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta	atomonts, and to the hest of m	v knowledge and belief it is					
		t, and complete. Declaration of preparer (other than officer) is based on all information of which prep		y Kilowieuge allu bellet, it is					
uu	, 001100	t, and complete. Declaration of proparer (other than officer) is based on an information of which prop	And has any knowledge.						
Sig	ın İ	Signature of officer	Date						
He		BARRY ROSEMAN, EXECUTIVE VICE PRESIDENT							
110		Type or print name and title							
		Print/Type preparer's name Preparer's signature	Date Check	PTIN					
Pai	d	MARTIN BERKOWITZ	04/22/13 if self-employ	P00154047					
	parer	Firm's name LUTZ AND CARR, CPAS LLP	Firm's EIN	13-1655065					
	Only	Firm's address 300 EAST 42ND STREET							
		NEW YORK, NY 10017	Phone no. 2	12-697-2299					
— Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)		X Yes No					

Other program services (Describe in Schedule O.)

including grants of \$) (Revenue \$

5,212,088. Total program service expenses

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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		х
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? If "Yes," complete Schedule C, Part III	5		Х
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? If "Yes," complete Schedule D, Part I			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
,	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	х	
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446	X	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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	1.0		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		х
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
13	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
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? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		<u> </u>
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	<u> </u>

Form 990 (2011) LOWER EAST SIDE TE 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? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			37
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete		3.7	
	Schedule J	23	Х	
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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a	х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
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			v
	of any of these persons? If "Yes," complete Schedule L, Part III	27		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):	00-		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b		21
C	William Brown and Control of the Con	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	"		
٠.	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
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? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		\ _{\\\\}	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	44			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	141			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2 b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		Х
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial $\it R$	Accou	nts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					37
	any contributions that were not tax deductible?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	r gifts			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	nione n	rouided to the naver	_	Х	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set			7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	- 22	
·	to file Form 8282?			7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		70		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		rt?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	le a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di	id the s	upporting			
	$organization, or a donor \ advised \ fund \ maintained \ by \ a \ sponsoring \ organization, \ have \ excess \ business \ holdings \ at$	any tim	e during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:		1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	l !				
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
40	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		·	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.			iJa		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
b	organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
	Did the consideration we since any or market for independent or independent of the terror of			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14b		
~					990 (2011)

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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year la 21			
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
~		7b	х	
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.0		
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	tion D. 1 Onoico (mis occision B requests information about policies not required by the internal revenue occis,		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	114		
12a		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C		120		
·	in Schedule O how this was done	12c	Х	
13		13		Х
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
· Ju	taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
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) (3)	availah	ıle	
.5	for public inspection. Indicate how you made these available. Check all that apply.	a v unul		
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
13	statements available to the public during the tax year.	u miai	ioiai	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion: 🖿	•	
0	GUANGLING LONG, CONTROLLER - 212-431-0233			
	91 ORCHARD STREET NEW YORK NY 10002			

01-23-12

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.

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

- 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.

(A) Name and Title	(B) Average hours per week	box	not c , unle cer an	Pos heck ss pe	more rson	than	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MORRIS J. VOGEL PRESIDENT	40.00	х		Х				198,249.	0.	8,232.
(2) BRUCE A. MENIN	40.00	122						100,240.	0.	0,232.
TRUSTEE	1.00	x		x				0.	0.	0.
(3) LAWRENCE J. LASSER	+	 						•	•	•
TRUSTEE	1.00	x						0.	0.	0.
(4) PAUL J. MASSEY, JR.										
BOARD CHAIR	1.00	Х						0.	0.	0.
(5) MICHAEL T. REYNOLDS										
EXECUTIVE VICE CHAIR	1.00	Х						0.	0.	0.
(6) STEPHEN B. SIEGEL										
VICE CHAIR	1.00	Х		Х				0.	0.	0.
(7) ALAN G. WEILER										
VICE CHAIR	1.00	Х		Х				0.	0.	0.
(8) SUZETTE BROOKS MASTER	1	l								
TRUSTEE	1.00	Х				_		0.	0.	0.
(9) SIMON WASSERBERGER	1 00	,,						_	0	0
TRUSTEE	1.00	Х	-					0.	0.	0.
(10) GARY E. HANDEL, AIA CHAIR, REAL ESTATE COMMITTEE	1.00	х						0.	0.	0.
(11) VIRGINIA M. SERMIER									_	
TREASURER	1.00	Х						0.	0.	0.
(12) BETH A. LACEY	1 00							_		•
TRUSTEE	1.00	Х						0.	0.	0.
(13) MARY SCHUETTE	1 00	,,						_	0.	0
TRUSTEE (14A) TOWN D. WOLF	1.00	Х						0.	0.	0.
(14) JOHN P. WOLF VICE CHAIR, FINANCE COMMITTEE	1.00	x						0.	0.	0.
(15) JUDITH MESSINA	1.00	₽						0.	0.	0.
TRUSTEE	1.00	x						0.	0.	0.
(16) MARK COSTELLO	1.00	+		\vdash		\vdash		•	•	<u></u>
TRUSTEE	1.00	x						0.	0.	0.
(17) SCOTT METZNER										
TRUSTEE	1.00	X						0.	0.	0.

132007 01-23-12

ndividual trustee

Х

X

Х

Х

Х

X

X

X

X

(C)

Position

(do not check more than one

box, unless person is both an

officer and a director/trustee)

(ey employee

(D)

Reportable

from

the

organization

(B)

Average

hours per

week

(describe

hours for

related

organizations

in Schedule

O)

1.00

1.00

1.00

1.00

1.00

1.00

40.00

40.00

40.00

1b Sub-total

c Total from continuation sheets to Part VII, Section A

(18) ELEANOR PELTA

(19) MERRYL SNOW ZEGAR

(21) GALIA SOLOMONOFF, AIA

(20) JILL TOTENBERG

(22) SANDRA PANEM

(23) ALICE YURKE

(24) BARRY ROSEMAN

(26) HELENE SILVER

(25) DAVID ENG

VICE PRESIDENT

VICE PRESIDENT

EXECUTIVE VICE PRESIDENT

d Total (add lines 1b and 1c)

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

SECRETARY

(A)

Name and title

13-3475390 Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) (E) Reportable Estimated compensation compensation amount of from related other organizations compensation (W-2/1099-MISC) from the (W-2/1099-MISC) organization and related organizations 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0 0 0. 0. 0. 0. 184,167 0. 33,105. 0. 7,934. 107,060 104,107 0. 7,707. 593,583 0. Ω. 0. 593,583. 0.

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

			163	140
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	3		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	4	Х	
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	5		X

Section B. Independent Contractors

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
KEL-MAR INTERIORS, INC., 111 JOHN STREET, SUITE 400, NEW YORK, NY 10038	CAPITAL CONSTRUCTION	2,653,901.
MILDER OFFICE INC. 1507 S. 13TH, PHILIDELPHIA, PA 19147	CAPITAL EQUIPMENT	168,322.
POTION DESIGN, LLC 265 CANAL ST. SUITE 604, NEW YORK, NY 10013	INTERACTIVE DESIGNS	127,500.

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

95,258.

132009 01-23-12 Total revenue. See instructions.

9,107,970.4,096,061.

Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a respons	se to any question in thi	s Part IX		L
	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and		схреносо	general expenses	СХРОПОСО
	organizations in the United States. See Part IV, line 21				
	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees	395,923.	220,155.	136,176.	39,59
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,965,254.	2,394,831.	231,298.	339,12
	Pension plan accruals and contributions (include				-
	section 401(k) and section 403(b) employer contributions)	53,957.	44,602.	3,126.	6,22
9	Other employee benefits	195,362.	154,553.	18,667.	6,22 22,14
	Payroll taxes	292,362.	227,877.	31,521.	32,96
	Fees for services (non-employees):			-	
	Management				
	Legal	32,024.	19,785.	12,239.	
	Accounting	42,000.		42,000.	
	Lobbying			-	
	Professional fundraising services. See Part IV, line 17	67,500.			67,50
	Investment management fees				•
	Other	299,625.	230,365.		69,26
	Advertising and promotion	23,010.	23,010.		-
	Office expenses	241,145.	168,901.	32,366.	39,87
	Information technology			-	-
	Royalties				
	Occupancy	934,791.	418,287.	499,214.	17,29
7	Travel	25,934.	12,317.	11,628.	1,98
	Payments of travel or entertainment expenses	<u> </u>	,	•	· · · · · · · · · · · · · · · · · · ·
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
0	Interest	27,376.		27,376.	
	Payments to affiliates	·		,	
2	Depreciation, depletion, and amortization	557,217.	500,522.	29,206.	27,48
- 3	Insurance	102,458.	69,969.	30,819.	1,67
	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 0.)				
	RETAIL ACTIVITY PURCHAS	558,910.	558,910.		
	CAPITAL CAMPAIGN EXPENS	129,375.	.,.		129,37
	BANK AND CREDIT CARD CH	115,842.	76,107.	39,735.	- ,
-	PROGRAM AND EVENT COSTS	68,235.	54,686.	5,782.	7,76
	All other expenses	67,671.	37,211.	7,300.	23,16
5	Total functional expenses. Add lines 1 through 24e	7,195,971.	5,212,088.	1,158,453.	825,43
<u>5 </u>	Joint costs. Complete this line only if the organization		. ,	. ,	. ,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2011)

Part X | Balance Sheet (B) (A) Beginning of year End of year 257,418. 263,464. 1 Cash - non-interest-bearing 1 938,001. 791,853. Savings and temporary cash investments 2 2 2,039,590. 1,876,746. 3 Pledges and grants receivable, net 3 2,929. 5,119. 4 Accounts receivable, net 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L 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 instructions) 6 7 Notes and loans receivable, net 7 87,461. 75,185. Inventories for sale or use 8 8 50,913. 156,359. Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other 22,921,092. basis. Complete Part VI of Schedule D ______ 10a 3,183,486. 18,485,237. 19,737,606. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 3,265,389. 2,645,096. 12 12 Investments - program-related. See Part IV, line 11 13 13 287,060. 239,446. 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 25,420,044. 25.784.828. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 1,551,364. 671,783. 17 17 Accounts payable and accrued expenses _____ 18 18 Grants payable 30,652. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 iabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 2,284,190. 1,751,759. 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 8,400,233. 8,234,378. 25 Schedule D 12,235,787. 10,688,572. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here

X

and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 10,002,356. 8,875,721. 27 27 Unrestricted net assets 1,495,536. 2,280,900. Temporarily restricted net assets 28 2,813,000. 2,813,000. Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here

and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund

> 25,784,828. Form **990** (2011)

> 15,096,256.

31

32

33

34

31

32

33

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

13,184,257.

25,420,044.

Form **990** (2011)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
		. 1	0 10	7 0	70
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,10		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,19		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,91		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,18	4,2	<u>57.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5			<u> 0 </u>
_6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	15,09	6,2	<u>56.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				Ш
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?	-	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

Open to Public Inspection

Name of the organization

LOWER EAST SIDE TENEMENT MUSEUM

Employer identification number 13-3475390

Ра	rt I	Reason	for Public Char	ity Status (All organiz	zations mu	ist complet	te this par	t.) See ins	tructions.				
The	organ	ization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	oox.)					
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 hospi	tal 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). (Comple	ete Part II.)									
6		A federal, sta	ate, or local governm	ent or governmental uni	t describe	d in sectio	n 170(b)(1)(A)(v).					
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public of								ublic desc	ribed ir	n			
		section 170(b)(1)(A)(vi). (Complete Part II.)											
8		A community	y trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9				eives: (1) more than 33			rom contri	butions, n	nembershi	p fees, and	d gross red	ceipts 1	from
		activities rela	ated to its exempt fur	nctions - subject to certa	ain excepti	ions, and (2	2) no more	e than 33 1	1/3% of its	support f	rom gross	investi	ment
		income and	unrelated business t	axable income (less sec	tion 511 ta	ax) from bu	sinesses a	acquired b	y the orga	nization a	fter June 3	0, 197	5.
		See section	509(a)(2). (Complete	e Part III.)									
10				perated exclusively to te	st for publ	lic safety. S	See sectio	n 509(a)(4	1).				
11		An organizat	ion organized and or	perated exclusively for the	ne benefit	of, to perfo	orm the fu	nctions of	or to carr	y out the p	ourposes o	f one o	or
		more publicly	y supported organiza	ations described in secti	on 509(a)(1) or section	on 509(a)(2	2). See se	ction 509(a	a)(3). Che	ck the box	that	
		describes the	e type of supporting	organization and compl	ete lines 1	1e through	11h.						
		а П Туре	l b	Type II 💢	с 🔲 тур	e III - Func	tionally in	tegrated		d 🗀	Type III - C	Other	
е		By checking	this box, I certify tha	at the organization is not	controlled	d directly o	r indirectly	by one o	r more disc	qualified p	ersons oth	er thai	n
		foundation m	nanagers and other t	han one or more publicly	y supporte	ed organiza	tions des	cribed in s	ection 509	9(a)(1) or s	ection 509	(a)(2).	
f		If the organiz	zation received a writ	ten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		supporting o	rganization, check th	nis box									
g		Since Augus	t 17, 2006, has the o	organization accepted ar	ny gift or c	ontribution	from any	of the foll	owing pers	sons?			
		(i) A perso	n who directly or ind	irectly controls, either a	lone or tog	ether with	persons o	described	in (ii) and (i	iii) below,		Yes	No
		the gov	erning body of the si	upported organization?							11g(i)		
				n described in (i) above?									
		(iii) A 35%	controlled entity of a	person described in (i)	or (ii) abov	e?					11g(iii)		
h		Provide the f	following information	about the supported or	ganization	(s).							
(i)	Name	of supported	(ii) EIN	(iii) Type of		organization			(vi) Is organizatio		(vii) Am	ount of	f
	org	anization		organization (described on lines 1-9		sted in your		ion in col.	(i) organiz	ed in the	sup	oort	
				above or IRC section		document?		r support?	U.S.	.?			
				(see instructions))	Yes	No	Yes	No	Yes	No			
Tota	ıl												
LHA	For F	Paperwork Re	eduction Act Notice	, see the Instructions f	or				Schedul	e A (Form	990 or 99	0-EZ)	2011

Form 990 or 990-EZ.

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5105511.	2135376.	3665212.	4400357.	4723012.	20029468.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	5405544	0405056	2665212	4400055	4500010	00000160
	Total. Add lines 1 through 3	5105511.	2135376.	3665212.	4400357.	4723012.	20029468.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						4204550
	column (f)						1321750.
	Public support. Subtract line 5 from line 4.						18707718.
	ction B. Total Support	1					
	ndar year (or fiscal year beginning in) 🕨	(a) 2007 5105511.	(b) 2008 2135376.	(c) 2009 3665212.	(d) 2010 4400357.	(e) 2011 4723012.	(f) Total 20029468.
	Amounts from line 4	2102211.	Z1353/6.	3005212.	4400357.	4/23012.	20029468.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	200 542	100 000	115 070	146 206	101 754	000 704
	and income from similar sources	328,543.	109,032.	115,079.	146,386.	181,754.	880,794.
9	Net income from unrelated business						
	activities, whether or not the	00 511	16 570	100 712	06 007	05 050	416 061
	business is regularly carried on	89,511.	16,572.	128,713.	86,907.	95,258.	416,961.
10	Other income. Do not include gain						
	or loss from the sale of capital	22 600	0 570	0 001	0 100	10 605	FF 267
	assets (Explain in Part IV.)	22,699.	2,573.	9,231.	8,129.		
	Total support. Add lines 7 through 10						21382490.
	Gross receipts from related activities,	•					,135,483.
13	First five years. If the Form 990 is for	-			•		
800	organization, check this box and stoperion C. Computation of Publ	here	rcentage				P
				- I (A)		44	87.49 %
	Public support percentage for 2011 (* * * * * * * * * * * * * * * * * * * *		15	0.7.40
	Public support percentage from 2010						
16a	33 1/3% support test - 2011. If the control is a support test - 2011.	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2010. If the o						
	and stop here. The organization qual						
1/a	10% -facts-and-circumstances tes						
	and if the organization meets the "factorial discount to a "factorial discount to a "factorial discount to a set of the organization meets the "factorial discount to a set of the organization meets the "factorial discount to a set of the organization meets the "factorial discount to a set of the organization meets the "factorial discount to a set of the organization meets the "factorial discount to a set of the organization meets the "factorial discount to a set of the organization meets the "factorial discount to a set of the organization meets the "factorial discount to a set of the organization meets the "factorial discount to a set of the organization meets the "factorial discount to a set of the organization meets the organization meets the organization meets and the organization meets ar						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the				-		
40	organization meets the "facts-and-circ						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 160, 1/a, or 1/k			
					Sche	dule A (Form 990	, or aao-⊑Z) 2011

132022 01-24-12

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not						
include any "unusual grants.")						
Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support					•	
Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part IV.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3) organi:	zation,
						>
Section C. Computation of Publi						
15 Public support percentage for 2011 (li					15	<u>%</u>
16 Public support percentage from 2010					16	%
Section D. Computation of Inves					1 1	
17 Investment income percentage for 20					17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2011. If the	-					
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2010. If the line 18 is not more than 33 1/3%, che	-					
20 Private foundation. If the organization						
gai inzation	u		, ,			

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2011

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
KRESGE FOUNDATION	800,000.	372,350.
THE LEON LEVY FOUNDATION	1,050,000.	622,350.
STAVROS NIARCHOS FOUNDATION	500,000.	72,350.
THE LEONA M. & HARRY B. HELMSLEY CHARITABLE TRUST	500,000.	72,350.
ZEGAR FAMILY FOUNDATION	610,000.	182,350.
Total Excess Contributions to Schedule A, Part II, Line 5		1,321,750.

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

Internal Revenue Service

or 990-PF)
Department of the Treasury

Schedule of Contributors

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

OMB No. 1545-0047

2011

Name of the organization **Employer identification number** LOWER EAST SIDE TENEMENT MUSEUM 13-3475390 Organization type (check one): Filers of Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year. contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

LOWER EAST SIDE TENEMENT MUSEUM

13-3475390

LOWER	EAST SIDE TENEMENT MUSEUM		5-34/5390
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	INSTITUTE OF MUSEUM LIBRARY SERVICES 1800 M STREET NW, 9TH FLOOR WASHINGTON, DC 20036-5802	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	LOWER MANHATTAN DEVELOPMENT CORPORATION ONE LIBERTY PLAZA, 20TH FLOOR NEW YORK, NY 10006	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	NEW YORK CITY DEPARTMENT OF CULTURAL AFFAIRS 31 CHAMBERS STREET, 2ND FLOOR NEW YORK, NY 10007	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	NEW YORK CITY ECONOMIC DEVELOPMENT CORPORATION 110 WILLIAM STREET NEW YORK, NY 10038	\$ 637,393.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	U.S. NATIONAL PARK SERVICE 1849 C STREET, NW WASHINGTON, DC 20240	\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	ZEGAR FAMILY FOUNDATION 240 RIVERSIDE BLVD., 16A AND C NEW YORK, NY 10069	\$\$	Person X Payroll
123452 01-2	3-12	Schedule B (Form	990, 990-EZ, or 990-PF) (2011)

Name of organization

Employer identification number

LOWER EAST SIDE TENEMENT MUSEUM

13-3475390

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	WEILER FAMILY FUND 1 WEILER DR	\$\$\$	Person X Payroll
(-)	CRESCO, PA 18326	- (2)	is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	DAVID BERG FOUNDATION 16 E 73RD STREET # 1R	300,000.	Person X Payroll Noncash
	NEW YORK, NY 10021	_ \$300,000.	(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	LEON LEVY FOUNDATION ONE ROCKEFELLER PLAZA, 14 WEST 49TH ST., 20TH FLOOR NEW YORK, NY 10020	\$ 1,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	EDITH & HERBERT LEHMAN FOUNDATION 151 E 79TH ST. NEW YORK, NY 10021	\$ 100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization **Employer identification number**

LOWER EAST SIDE TENEMENT MUSEUM

13-3475390

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		 \$	
3453 01-23	-12		990, 990-EZ, or 990-PF) (201

Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Page 4 Name of organization Employer identification number LOWER EAST SIDE TENEMENT MUSEUM 13-3475390 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter Part III the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. `from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

Name of the organization

LOWER EAST SIDE TENEMENT MUSEUM

Employer identification number 13-3475390

Pai	t I Organizations Maintaining Donor Advised F		s 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	ng that the assets held in donor advis	sed funds
_	are the organization's property, subject to the organization's excl	_	
6	Did the organization inform all grantees, donors, and donor advis		
_	for charitable purposes and not for the benefit of the donor or do		
	impermissible private benefit?		
Pai			
1	Purpose(s) of conservation easements held by the organization (
	Preservation of land for public use (e.g., recreation or educ		storically important land area
	Protection of natural habitat		tified 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
а	Total number of conservation easements		2a
b			1 1
С	Number of conservation easements on a certified historic structu	ure included in (a)	2c
d	Number of conservation easements included in (c) acquired after	r 8/17/06, and not on a historic struct	rure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ed, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation easem	ent is located >	
5	Does the organization have a written policy regarding the periodic	c monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it hold		
6	Staff and volunteer hours devoted to monitoring, inspecting, and		
7	Amount of expenses incurred in monitoring, inspecting, and enfo		
8	Does each conservation easement reported on line 2(d) above sa	atisfy the requirements of section 170	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation e		
	include, if applicable, the text of the footnote to the organization'	s financial statements that describes	the organization's accounting for
Do	conservation easements. t III Organizations Maintaining Collections of Ai	rt Historiaal Trassuras or C	Other Similar Assets
Fai	Complete if the organization answered "Yes" to Form 990	•	riiei Siiilliai Assets.
10	If the organization elected, as permitted under SFAS 116 (ASC 9		ment and balance sheet works of ort
Id	historical treasures, or other similar assets held for public exhibiti		
	the text of the footnote to its financial statements that describes		ance of public service, provide, in Fart XIV,
h	If the organization elected, as permitted under SFAS 116 (ASC 9		t and halance shoot works of art, historical
b	treasures, or other similar assets held for public exhibition, education		
	relating to these items:	ation, or research in furtherance of po	iblic service, provide the following amounts
	(i) Revenues included in Form 990, Part VIII, line 1		• •
2	If the organization received or held works of art, historical treasur		
~	the following amounts required to be reported under SFAS 116 (ai gain, provide
а	Revenues included in Form 990, Part VIII, line 1		> \$
~			

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Schedule D (Form 990) 2011

		AST SIDE T					3475390	
Par	t III Organizations Maintaining C	collections of Ar	t, Historical Tr	easures, or	Other S	Similar As	sets (continue	ed)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that a	re a signi [.]	ficant use of	its collection ite	ems
	(check all that apply):							
а	Public exhibition	d	Loan or excl	hange programs	3			
b	X Scholarly research	е	Other					
С	X Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further th	he organization'	s exempt	purpose in	Part XIV.	
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other s	similar as	sets		
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	ollection?			Yes L	X No
Par	t IV Escrow and Custodial Arran		ete if the organizatio	n answered "Ye	s" to For	m 990, Part	IV, line 9, or	
	reported an amount on Form 990, Par	rt X, line 21.						
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	s or other asset	ts not inc	luded		
	on Form 990, Part X?						└── Yes └	No
b	If "Yes," explain the arrangement in Part XIV				_			
							Amount	
С	Beginning balance					1c		
	Additions during the year					1d		
	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?				└── Yes └	No
	If "Yes," explain the arrangement in Part XIV.							
Par	t V Endowment Funds. Complete i	f the organization an	swered "Yes" to Fo					
		(a) Current year	(b) Prior year	(c) Two years b			ick (e) Four yea	rs back
	Beginning of year balance	2,637,926.	2,629,219.	2,600,1		3,169,19	99.	
b	Contributions			20,0				
	Net investment earnings, gains, and losses	7,170.	8,707.	9,0	049.	-569,02	29.	
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance	2,645,096.	2,637,926.	2,629,2	219.	2,600,1	70.	
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (a	a)) held as:				
	Board designated or quasi-endowment		_%					
	Permanent endowment ► 100.00	%						
С	Temporarily restricted endowment ▶	%						
	The percentages in lines 2a, 2b, and 2c should							
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered	d for the o	organization	_	
	by:						Yes	
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations							X
b	If "Yes" to 3a(ii), are the related organizations						3b	
4	Describe in Part XIV the intended uses of the							
Par	t VI Land, Buildings, and Equipm	i	i					
	Description of property	(a) Cost or of	, , ,		(c) Accur		(d) Book va	lue
		basis (investn		(other)	depred	ciation	1 005	000
	Land			5,000.	2 07	0 145	1,035,	
	Buildings			7,265.		0,145.	18,027,	
	Leasehold improvements		45	6,130.	Z I	2,258.	243,	<u>0/4.</u>
	Equipment			2 607	10	1 002	121	<u> </u>
	Other			2,697.	Τ0	1,083.	431,	
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	x, column (B), line 1	U(C).)			19,737,	<u>• 0 U 0</u>

Schedule D (Form 990) 2011

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 va Cost or end-of-year i	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other	0.645.006		
(A) CASH AND CASH EQUIVALENT	2,645,096	• END-OF-YEAR MARKI	ET VALUE
(B)			
(C)			
(D) (E)			
(F)			
(G)			
(H)			
(I)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	2,645,096		
Part VIII Investments - Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year i	
(1)			
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)			
(9)			
(10)			
Total. (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)			
<u>(4)</u> (5)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) line			<u> </u>
Part X Other Liabilities. See Form 990, Part X, II	ine 25.	(1) D	
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes (2) TENANT SECURITY DEPOSIT		21,416.	
(2) TENANT SECURITY DEPOSIT (3) LONG TERM LEASE OBLIGATION	NI I	8,212,962.	
(4)	•	0,212,302.	
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)		0 224 270	
Total. (Column (b) must equal Form 990, Part X, col (B) line FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to 2. FIN 48 (ASC 740).	25.) the organization's financial stat	8,234,378. ements that reports the organization's liability for unc	certain tax positions under
2. FIN 48 (ASC 740).	=		•

2. FIN 4 132053 01-23-12

	t XI Reconciliation of Change in Net Assets from Form 990 to		cial S		5 4 7 3 3 3 0 F	age
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	tatomont	9,107,9	70
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		7,195,9	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		1,911,9	
4	Net unrealized gains (losses) on investments		-		_,,,,,	
5	Donated services and use of facilities		5			
6			6			
7	Investment expenses Prior pariod adjustments		7			
8	Prior period adjustments Other (Describe in Part XIV.)		-			
9	Total adjustments (net). Add lines 4 through 8					
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10		1,911,9	99
	t XII Reconciliation of Revenue per Audited Financial Statemer			er Return		
1	Total revenue, gains, and other support per audited financial statements				9,107,9	70
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	2a				
b	Donated services and use of facilities					
С	Recoveries of prior year grants	1 1				
	Other (Describe in Part XIV.)					
	Add lines 2a through 2d			2e		0
3	Subtract line 2e from line 1				9,107,9	70
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b				
	Add lines 4a and 4b			4c		0
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	9,107,9	70
Par	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Expe	enses	per Retur		
1	Total expenses and losses per audited financial statements			1	7,195,9	71
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIV.)	2d				
е	Add lines 2a through 2d			2e		0
3	Subtract line 2e from line 1			3	7,195,9	71
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b				_
С	Add lines 4a and 4b			4c		0
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	7,195,9	71
Par	t XIV Supplemental Information					
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,					Part
	2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple					
PAR	T III, LINE 1A: THE MUSEUM MAINTAINS COLLE	CTIONS OF	OVE	ER 8,00	0 ITEMS	
THA	T HAVE A DIRECT ASSOCIATION WITH 97 ORCHAR	D STREET	OR C	OTHER H	IISTORIC	
SIT	ES AND OTHER OBJECTS THAT ARE SUITABLE FOR	EXHIBITI	ON C	OR TEAC	HING	
DITE	DOGEC MIE MIGEIM ALCO MATMEATNE A LIDDADY	, 2011 201 2	חמננ	OE	OMITED	

PURPOSES. THE MUSEUM ALSO MAINTAINS A LIBRARY AND AN ARCHIVE OF OTHER HISTORICAL MATERIALS. THESE OBJECTS AND RESOURCES ARE MAINTAINED FOR THE PUBLIC BENEFIT TO BE USED FOR EDUCATION AND RESEARCH ACTIVITY. IN CONFORMITY WITH ACCOUNTING POLICIES GENERALLY FOLLOWED BY MUSEUMS, THE

VALUE OF THESE RESOURCES HAS BEEN EXCLUDED FROM THE STATEMENT OF FINANCIAL

Schedule D (Form 990) 2011

Part XIV Supplemental Information (continued)

POSITION, AND GIFTS OF OBJECTS FOR THE COLLECTION AND LIBRARY ARE EXCLUDED FROM THE STATEMENT OF ACTIVITIES. ACQUISITIONS FOR THE COLLECTIONS ARE REFLECTED AS DECREASES IN THE MUSEUM'S UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED.

CONTRIBUTED COLLECTION ITEMS ARE NOT REFLECTED.

PART III, LINE 4: FOR OUR COLLECTION WE COLLECT MATERIALS THAT RELATE TO

OUR HISTORIC PROPERTIES, HAVE SIGNIFICANCE TO THE FAMILIES THAT LIVED

THERE OR ANY BUSINESSES THAT EXISTED THERE AND/OR MATERIALS THAT WE CAN

USE TO EDUCATE THE PUBLIC THROUGH EXHIBITION AND/OR STUDY. OUR COLLECTION

PROVIDES A STARTING POINT FOR MUSEUM VISITORS TO UNDERSTAND HOW THE

EXPERIENCES OF EARLIER WAVES OF IMMIGRANTS COMPARE AND CONTRAST WITH

NEWCOMERS TODAY.

PART V, LINE 4: TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS
SUPPORTED BY THE ENDOWMENT.

PART X, LINE 2: MANAGEMENT HAS EVALUATED ALL INCOME TAX POSITIONS AND

CONCLUDED THAT NO DISCLOSURES RELATING TO UNCERTAIN TAX POSITIONS ARE

REQUIRED.

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service 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.

Open To Public Inspection

Employer identification number Name of the organization LOWER EAST SIDE TENEMENT MUSEUM 13-3475390 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants а Internet and email solicitations □ Solicitation of government grants
 □ b Phone solicitations Special fundraising events c In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or X No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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. (iii) Did fundraiser (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) have custody fundraiser or entity (fundraiser) from activity or control of contributions? organization listed in col. (i) MARTS & LUNDY, INC. - 370 Yes No LEXINGTON AVENUE, SUITE 414 Х 0 67,500 -67,500. FUNDRAISING CONSULTING 67.500. -67.500. 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.

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2011

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)) (event type) (event type) (total number) Revenue 1 Gross receipts 2 Less: Charitable contributions Gross income (line 1 minus line 2) Cash prizes 5 Noncash prizes **Direct Expenses** Rent/facility costs 7 Food and beverages 8 Entertainment Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10. 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. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct | Rent/facility costs Other direct expenses Yes Yes No 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 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? **b** If "No," explain: **10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2011

		34/539	0 Page 3
11	Does the organization operate gaming activities with nonmembers?	L Yes	s ∐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes Yes	s ∐ No
13	Indicate the percentage of gaming activity operated in:		
а	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	s No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatony distributions:		
	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to		
а		Yes	s 🗆 No
h	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	103	
U	organization's own exempt activities during the tax year > \$		
Pa	rt IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii)	and (v) a	nd Part III
_	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information		
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISEF	≀S:	
 (I) NAME OF FUNDRAISER: MARTS & LUNDY, INC.		
<u></u>			
<u>(I</u>) ADDRESS OF FUNDRAISER:		
<u>37</u>	0 LEXINGTON AVENUE, SUITE 414, NEW YORK, NY 10017		

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

Open to Public Inspection

Name of the organization

LOWER EAST SIDE TENEMENT MUSEUM

Employer identification number 13-3475390

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director. Explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			37
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		х
b	Any related organization?	5b		Х
_	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2011

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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C)	(D)	(E)	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	reported as deferred in prior Form 990
	(i)	198,249.	0.	0.	6,000.	2,232.	206,481.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	184,167.	0.	0.	29,872.	3,233.	217,272.	0.
2 BARRY ROSEMAN	ii)	0.	0.	0.	0.	0.	0.	0.
	(i) L							
	ii)							
	(i) L							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i) 							
	ii)							
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	(i)							
	'') ii)							
	i) (i)							
	ii)							
	i) (i)							
	ii)							
	i) _							
	ii)							
	(i)							
	ii)							
	(i)		_		_			
	ii)							
	(i)							
16	ii)							

SCHEDULE K (Form 990) Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

 OMB No. 1545-0047

2011
Open to Public
Inspection

Employer identification number Name of the organization 13-3475390 LOWER EAST SIDE TENEMENT MUSEUM Part I **Bond Issues** (a) Defeased (h) On behalf (i) Pooled (b) Issuer EIN (c) CUSIP# (d) Date issued (f) Description of purpose (a) Issuer name (e) Issue price of issuer financing Yes Yes No No Yes No BUILDING ACQ. & NEW YORK CITY INDUSTRIAL 12/22/07 8,900,000.PURCHASE Х Х A DEVELOPMENT AGENCY 113-2906040 NONE Х D Part II Proceeds В С D 1 Amount of bonds retired 2 Amount of bonds legally defeased 8,900,000. 3 Total proceeds of issue **4** Gross proceeds in reserve funds **5** Capitalized interest from proceeds 6 Proceeds in refunding escrows 396,866. 7 Issuance costs from proceeds **8** Credit enhancement from proceeds Working capital expenditures from proceeds 2,400,000. Capital expenditures from proceeds 6,103,134. Other spent proceeds 11 Other unspent proceeds 2011 Year of substantial completion Yes No Yes No Yes No Yes No X Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding issue? X Has the final allocation of proceeds been made? X Does the organization maintain adequate books and records to support the final allocation of proceeds? Part III Private Business Use Was the organization a partner in a partnership, or a member of an LLC, В C D Α which owned property financed by tax-exempt bonds? Yes No Yes No Yes No Yes No X 2 Are there any lease arrangements that may result in private business use of X bond-financed property?

Part III Private Business Use (Continued)								
		A		В		С		D
3a Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	No	Yes	No
business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by								
entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of								
unrelated trade or business activity carried on by your organization, another								
section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Has the organization adopted management practices and procedures to ensure the								
post-issuance compliance of its tax-exempt bond liabilities?	X							
Part IV Arbitrage								
	1	4		В		O		D
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of	Yes	No	Yes	No	Yes	No	Yes	No
Arbitrage Rebate, been filed with respect to the bond issue?		X						
2 Is the bond issue a variable rate issue?		X						
3a Has the organization or the governmental issuer entered into a qualified								
hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintergrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
b Name of provider		•				•		
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?		Х						
6 Did the bond issue qualify for an exception to rebate?		Х						
				•				
Part V Procedures To Undertake Corrective Action	,							,
Check the box if the organization established written procedures to ensure that violations of fed	eral tax requ	irements are t	timely identifi	ied and correc	ted through	the voluntary	closing agre	ement
program if self-remediation is not available under applicable regulations							🗀 Ye	
Part VI Supplemental Information. Complete this part to provide additional information for re	esponses to	questions on	Schedule K.					

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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

2011
Open to Public Inspection

Name of the organization LOWER EAST SIDE TENEMENT MUSEUM	Employer identification number 13-3475390
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION N	MISSION:
CONNECTIONS BETWEEN VISITORS AND IMMIGRANTS PAST AND PRES	SENT; AND
ENHANCES APPRECIATION FOR THE PROFOUND ROLE IMMIGRATION F	HAS PLAYED AND
CONTINUES TO PLAY IN SHAPING AMERICA'S EVOLVING NATIONAL	IDENTITY.
FORM 990, PART VI, SECTION A, LINE 7B: ONLY TO THE EXTENT	THAT THE NYS
ATTORNEY GENERAL MUST APPROVE ACTIONS OF ALL NOT FOR PROPERTY.	FITS.
FORM 990, PART VI, SECTION B, LINE 11: INDEPENDENT AUDITO	OR PREPARES FORM
990. THE MUSEUM SUBMITS FORM 990 TO THE BOARD'S FINANCE (COMMITTEE FOR
REVIEW AND APPROVAL.	
FORM 990, PART VI, SECTION B, LINE 12C: THE MUSEUM PROVI	DES A CONFLICT OF
INTEREST POLICY IN ITS EMPLOYEE HANDBOOK AS IT APPLIES TO	TRUSTEES, STAFF
AND VOLUNTEERS. IT REVIEWS POTENTIAL CONFLICTS OF INTERES	ST WITH TRUSTEES ON
AN ANNUAL BASIS.	
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION I	OOES NOT MAKE ITS
GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC. THE FINANCIA	AL STATEMENT IS
POSTED ON GUIDESTAR.	

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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
	BUILDINGS											
	DEFERRED FINANCING		_	1 025	4.2	45.6 126			456 126	100 006		45 614
'	COST	VARIE	5	10M	43	476,136.			476,136.	189,076.		47,614.
1		VARIE	SSL	40.00	16	9520090.			9520090.	1473939.		238,003.
2	TENEMENT BUILDING IMPROVEMENTS AND RE	WAR TE:	SST	40.00	16	9530432.			9530432.	703,943.		130,904.
	ADMINISTRATIVE											
3	OFFICE BUILDING IMP * 990 PAGE 10 TOTAL		SSL	40.00	16	1846743.			1846743.	279,395.		43,961.
	BUILDINGS					21373401.		0.	21373401.	2646353.	0.	460,482.
	* 990 PAGE 10 TOTAL					21373401.		0	21373401.	2646353.	0.	460,482.
						213/3401.		0.	213/3401•	2040333.	0.	400,402.
	OTHER											
1	LEASEHOLD IMPROVEMENT	VARIE:	SSL	15.00	16	456,130.			456,130.	181,849.		30,409.
	* 990 PAGE 10 TOTAL							0			0	
	OTHER * 990 PAGE 10 TOTAL					456,130.		0.	456,130.	181,849.	0.	30,409.
	-					456,130.		0.	456,130.	181,849.	0.	30,409.
	LAND											
	חאואם											
6	LAND		L			1035000.			1035000.			0.
	* 990 PAGE 10 TOTAL LAND	1				1035000.		0.	1035000.	0.	0.	0.
	* 990 PAGE 10 TOTAL									0		
	-					1035000.		0.	1035000.	0.	0.	0.
	OTHER											
	FURNITURE AND OFFICE EQUIPMENT	VARIE:	CCT.	7.00	16	532,697.			532,697.	34,757.		66,326.
	* 990 PAGE 10 TOTAL		П	,								
	OTHER					532,697.		0.	532,697.	34,757.	0.	66,326.

128102 05-01-11

⁽D) - Asset disposed

FORM 990 PAGE 10

Asset No.	Description	ate uired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* 990 PAGE 10 TOTAL					532,697.		0.	532,697.	34,757.	0.	66,326.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMOR					23397228.		0.	23397228.	2862959.	0.	557,217.

990

Form	990-T	E	xempt Organization Bus			ax Return	\vdash	OMB No. 1545-0687
	tment of the Treasury		(and proxy tax und					Open to Public Inspection for
	al Revenue Service	For c	alendar year 2011 or other tax year beginning JUL 1					Open to Public Inspection for 01(c)(3) Organizations Only yer identification number
A L	Check box if address changed		Name of organization (Lagrand Check box if name c	hanged	d and see instructions.)		(Emplo instruc	yees' trust, see tions.)
	kempt under section	Print	LOWER EAST SIDE TENEME					3-3475390
X	501(c)(3)	or Type	Number, street, and room or suite no. If a P.O. box	x, see ii	nstructions.			ted business activity codes structions.)
	408(e) 220(e)		91 ORCHARD STREET					
	_408A		City or town, state, and ZIP code					
	」529(a)		NEW YORK, NY 10002-31	.32			5311	L20
	ok value of all assets end of year		exemption number (See instructions.)	<u> </u>	T	T T		T
	•	G Check	corganization type X 501(c) corporation	n L	501(c) trust	401(a) trust		Other trust
	,784,828.		DENIZAT	ΛE	COMMEDCIAI	DENT ECMNO	חדי	
			ary unrelated business activity. RENTAL					x No
			oration a subsidiary in an affiliated group or a parei tifying number of the parent corporation.	nt-subs	adiary controlled group?	▶ ∟	Yes	S A INU
_			GUANGLING LONG, CONTROL	T.FD	Tolonho	one number > 2 :	12-/	131_0233
_			de or Business Income	ИНЦ	(A) Income	(B) Expenses	12 -	(C) Net
	Gross receipts or sale		de or business income	I	(71) 111001110	(b) Exponedo		(0) 1101
	Less returns and allo		c Balance▶	1c				
2			A, line 7)	2				
3			om line 1c	3				
			h Schedule D)	4a				
			art II, line 17) (attach Form 4797)	4b				
			sts	4c				
5			ips and S corporations (attach statement)	5				
6				6				
7			me (Schedule E)	7	3,820.	12,1	56.	-8,336.
8	Interest, annuities, ro	•						
9		-	on 501(c)(7), (9), or (17) organization					_
				9				
10			me (Schedule I)	10				_
11			e J)	11				
12			ns; attach schedule.)	12				
13	Total. Combine lines	s 3 throu	gh 12	13	3,820.	12,1	56.	-8,336.
Pa	rt II Deduction	ns No	ot Taken Elsewhere (See instructions for	or limit	ations on deductions.)			
	(Except for	contrib	utions, deductions must be directly connecte	d with	the unrelated business	s income.)		
14	Compensation of of	ficers, di	rectors, and trustees (Schedule K)				14	
15	Salaries and wages						15	
16						-	16	
17							17	
18							18	
19	Taxes and licenses						19	
20			e instructions for limitation rules.)				20	
21			562)					
22			n Schedule A and elsewhere on return				22b	
23							23	
24			mpensation plans				24	
25 26			shadula I\				25 26	
26 27			chedule I)				27	
28			hedule J)				28	
20 29			nedule) es 14 through 28				29	0.
30			ncome before net operating loss deduction. Subtrac				30	-8,336.
31			i (limited to the amount on line 30)			-	31	0,330.
32			ncome before specific deduction. Subtract line 31 fr				32	-8,336.
33			y \$1,000, but see instructions for exceptions.)				33	1,000.
34			able income. Subtract line 33 from line 32. If line					=,000.
	of zero or line 32	JJU LUA	and modern out and an income of the modern miles	· g		3	34	-8,336.

Part II	T	ax Computation											
35	Organ	izations Taxable as Corpora	tions. See ins	tructions for tax c	omput	ation.							
	Contro	olled group members (section	s 1561 and 1	563) check here J	▶ [🗌 See instru	uctions an	d:					
a	Enter <u>y</u>	your share of the \$50,000, \$2	5,000, and \$9	,925,000 taxable	incom	e brackets (in	that orde	r):					
	(1)	\$	(2) \$			(3) \$							
b	Enter	organization's share of: (1) A	dditional 5%	ax (not more than	\$11,7	50) \$							
	(2) Ac	Iditional 3% tax (not more tha	ın \$100,000)			\$							
C	Incom	e tax on the amount on line 3	4							35c			0.
36	Trusts	Taxable at Trust Rates. See	instructions	or tax computation	n. Inco	me tax on the	e amount	on line 34 fro	m:				
		Tax rate schedule or	Schedule D (F	orm 1041)						36			
37	Proxy	tax. See instructions								37			
38	Altern	ative minimum tax								38			
		Add lines 37 and 38 to line 3	oc or 36, which	hever applies						39			0.
		ax and Payments											
		n tax credit (corporations atta						40a					
b	Other	credits (see instructions)						40b		_			
		al business credit. Attach Fori											
		for prior year minimum tax (a								_			
е	Total	credits. Add lines 40a throug	h 40d							40e			
41	41 Subtract line 40e from line 39 42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)												0.
			rm 4255 L	」Form 8611	For	m 8697 L	Form 88	66 L Oth	IET (attach schedule)	42	-		
								1 1		43	-		0.
		ents: A 2010 overpayment cr						44a		_			
	b 2011 estimated tax payments 44b												
	c Tax deposited with Form 8868 d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (Attach Form 8941)												
	f Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments: Form 2439 Gredit for small employer health insurance premiums (Attach Form 8941) 44f												
9		Form 4136		Other		Т	_ otal	44g					
45		payments. Add lines 44a thro								45			
46	Estima	ated tax penalty (see instruction	ons) Check if	Form 2220 is atta	ched I	\				46			
		ue. If line 45 is less than the to								47			0.
		ayment. If line 45 is larger th								48			0.
		the amount of line 48 you war							Refunded >	49			
Part V		tatements Regardii					ormati	on (see ins	tructions)				
1 At an	y time	during the 2011 calendar ye	ar, did the org	anization have an	interes	st in or a sign	ature or o	ther authority	over a financial ad	count		Yes	No
(banl	k, seci	urities, or other) in a foreign c	ountry? If YE	S, the organization	n may I	nave to file Fo	rm TD F 9	0-22.1, Repo	ort of Foreign Bank	and			
Finar	icial A	ccounts. If YES, enter the nar	ne of the fore	gn country here I	▶								X
If YES	g the ta s, see ir	x year, did the organization receive estructions for other forms the orga	e a distribution f nization may ha	om, or was it the grave to file.	ntor of,	or transferor to,	a foreign tru	ist?					X
		mount of tax-exempt interest											
		A - Cost of Goods S	· · · ·	method of inven						_			
		at beginning of year	1							6			
	hases		2		↓ ⁷	Cost of good				_			
		or	3		١.	from line 5. E			,	7		T., T	
		section 263A costs	4a		-	Do the rules		,	-			Yes	No
_		s (attach schedule)	4b 5		-	the organizat		-	resale) apply to				
5 Tota		lines 1 through 4b		ned this return includ	ling acc	ompanying sche	edules and s		to the best of my kno			s true	
Sign	con	der penalties of perjury, I declare the rect, and complete. Declaration of personal complete.	oreparer (other t	nan taxpayer) is base	d on all	information of w	vhich prepar	er has any kno	wledge.	mougo	a. ra 201101, 11 11	J 11 40,	
Here				1			ESIDE			•	RS discuss the rer shown belo		with
		Signature of officer		Date		Title		-11			ns)? X Y		No
	\dashv	Print/Type preparer's name		Preparer's sig	nature		Da	te	 	if PT			
De!-l		Jpo p. oparor o namo					ا		self- employed				
Paid		MARTIN BERKOW	ITZ				0 4	/22/1			00154	047	
Prepa	rer	Firm's name ► LUTZ		RR, CPAS	LI	ıP			Firm's EIN ▶	▶ 13-1655065			
Use O	ny			42ND STR									
		Firm's address ► NEW	YORK.	NY 1001	7				Phone no.	212	2-697-	229	9

Schedule C - Rent Inc	ome (Fr	om Real	Proper	rty and	l Personal	Proper	rty Lease	ed With Real P	rope	erty)(see instructions)
Description of property										
<u>(1)</u>										
(2)										
(3)										
(4)										
	2.	. Rent receive	ed or accrue	ed				0/)=		
(a) From personal property rent for personal proper 10% but not more	ty is more thar	age of า	(b) ^F	of rent for pe	nd personal proper ersonal property ex is based on profit	ceeds 50%	rcentage or if	3(a) Deductions dire columns 2(a	etly cor a) and 2	nnected with the income in (b) (attach schedule)
(1)										
(2)										
(3)										
(4)										
Total		0.	Total				0.			
(c) Total income. Add totals of cohere and on page 1, Part I, line 6,							0.	(b) Total deductions Enter here and on page Part I, line 6, column (B)	1.	0.
Schedule E - Unrelate				1 e (see i	nstructions)					
					•			3. Deductions directly to debt-fin	connec	ted with or allocable
1. Description of	of debt-finance	ed property			2. Gross ind or allocable financed p	e to debt-	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
					S	TATEMENT 2	5	STATEMENT 3		
(1) 103 ORCHARD S	STREET	1			9	5,25	8.	79,73	1.	223,423.
(2)										
(3)										
(4)										
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) STATEMENT 4 5. Average of or a debt-financed debt-financed schedule) STATEMENT 4 STATEMENT 4			llocable to nced proper	ty	6. Column by colu			7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
454 5	12		744,	-		4.01	0/	3,82	<u></u>	12,156.
	,10.		, / 4 4 ,	200.			%	3,02	 	12,130.
(2)							%		+	
(3)							%		+	
(4)					l		-	to bore and an nage 1	+	Enter have and an name 1
								nter here and on page 1, art I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
Totals								3,82	ا ۽ ٥	12,156.
Total dividends-received deduc										0.
Schedule F - Interest,									netruc	
		 	,		t Controlled O				iotrac	5110110)
1. Name of controlled organiza	ation	2. Employer ide numb		Net un	3. related income see instructions)	Total	4. I of specified ments made	5. Part of column a included in the conorganization's gross	trolling	connected with income
(1)										
(2)								1		
(3)										
(4)										
Nonexempt Controlled Organ	izations									
7. Taxable Income 8. Net unrelated income (kee instructions)			9. Tot	tal of specified pay made	ments	in the cont	column 9 that is included crolling organization's cross income		Deductions directly connected with income in column 10	
(1)										
(2)	1									
(3)										
(4)	<u> </u>									
_1.7	1			1			Enter here	olumns 5 and 10. and on page 1, Part I, 8, column (A).	En	Add columns 6 and 11. ter here and on page 1, Part I, line 8, column (B).
Totale								0.		0.
Totals								0.		<u> </u>

123721 02-24-12

FOIII 990-1 (2011) LOWER	FASI SIDE	TEMEME	TAI TAIC	DECM		13-	34/333	U Page
Schedule G - Investme	ent Income of a tructions)	Section	501(c)(7), (9), or (17) Or	ganizatio	on		
	cription of income			2. Amount of income	3. Deduction directly conditions and the second sec	nnected 4	. Set-asides	5. Total deductions and set-asides
(4)					(attach sch	nedule) .		(col. 3 plus col. 4)
(1)								
(2)								
(3)								
(4)								
			E	Enter here and on page 1, Part I, line 9, column (A).				Enter here and on page 1 Part I, line 9, column (B).
Totals			▶	0.				0.
Schedule I - Exploited (see instr		ty Income	, Other	Than Advertising	ng Incon	ne		
	,	3 5		4. Net income (loss)				7 5
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Experimental directly consistency with production of unrelated business in	nnected uction ated	from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	 Gross in from activities is not unre business in 	ty that elated a	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)				oag				
	1		-			 		
(2)								
(3)								
(4)		ļ <u> </u>						
			and on Part I, ol. (B).					Enter here and on page 1, Part II, line 26.
「otals▶	0.	.	0.					0.
Schedule J - Advertis	ing Income (see	instructions)					•
Part I Income From	Periodicals Re	ported on	a Cons	olidated Basis			,	
				4. Advertising gain				7. Excess readership
1. Name of periodical	2. Gross advertising income	advertising advertis		or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circu inco		Readership costs	costs (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)				-				
(4)								
(7)								
Totals (carry to Part II, line (5))	▶	0.	0.	,				0.
Part II Income From	Periodicals Re	ported on			ach period	ical listed in Pa	art II, fill in	
columns 2 through	n 7 on a line-by-line b	basis.)		4. Advertising gain			T	7. Excess readership
1. Name of periodical	2. Gross advertising income		Direct ising costs	or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circu inco		Readership costs	costs (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)								
(5) Totals from Part I		0.	0.		<u> </u>			0.
(5) Totalo Homi arti	Enter here and		ere and on	-			ŀ	Enter here and
T . 1. D. 1100 (15)	page 1, Part line 11, col. (I, page A). line 1	1, Part I, 1, col. (B).					on page 1, Part II, line 27.
Totals, Part II (lines 1-5) Schedule K - Compen	►∣ sation of Office	0. ers. Direct	ors. an		instructions	s)		0.
	Name	, =		2. Title		3. Percent of time devoted to		ensation attributable elated business
	IVALLE			Z. Hue		business		CIARCU DUSIIIESS
(1)			ļ			%		
(2)						%		
(3)						%	j	
(4)						%)	
Total. Enter here and on page 1,	Part II, line 14					>		0.

123731 02-24-12

Form **990-T** (2011)

FOOTNOTES	STATEMENT 1
NET OPERATING LOSS CARRYFORWARD	407.000
FROM YEAR ENDED 6/30/07	197,303.
FROM YEAR ENDED 6/30/08	283,593.
FROM YEAR ENDED 6/30/09	22,903.
FROM YEAR ENDED 6/30/10	17,338.
FROM YEAR ENDED 6/30/11	13,021.
FROM YEAR ENDED 6/30/12	8,336.
TOTAL	542,494.

FORM 990-T SCHEDULE E - DEPRECE	IATION DEDUCT	ION	STATEMENT	2
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
DEPRECIATION - SUBTOTAL	- 1	79,731.	79,7	31.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	N 3(A)		79,7	31.
FORM 990-T SCHEDULE E - OTHE	ER DEDUCTIONS		STATEMENT	3
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
SALARIES FRINGE		41,620. 7,492.		
UTILITIES		28,921.		
REPAIRS AND MAINTENANCE POSTAGE AND SHIPPING		46,511. 511.		
SUPPLIES		4,163.		
INTEREST DUES AND SUBSCRIPTIONS		27,376. 118.		
CONSULTANTS AND PROFESSIONAL		686.		
REAL ESTATE TAXES EQUIPMENT AND FURNITURE MAINTENACE		50,004. 6,029.		
TELEPHONE AND FAX		240.		
PROGRAMS/EXHIBITS/EVENTS		8,237.		
PRINTING PEETINGS AND TRAVEL		371. 719.		
STAFF TRAINING		25.		
OTHER - SUBTOTAL	_	400.		
- SIIBTOTAL	- 1		223,4	٠,٠,

223,423.

TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)

FORM 990-T	AVERAGE ACQUISITI ALLOCABLE TO DEBT-F			STATEMENT	4
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
AVERAGE ACQUISITE	ON INDEBTEDNESS - SUBTOTAL		471,518	471,5	18.
TOTAL OF FORM 990)-T, SCHEDULE E, COLUM	IN 4		471,5	18.

FORM 990-T AVERAGE ADJUSTED ALLOCABLE TO DEBT-F	STATEMENT			
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
AVERAGE ADJUSTED BASIS ALLOCABLE - SUBTOTAL	- 1	11,744,266.	11,744,26	56.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	5		11,744,26	56.

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return. Business or activity to which this form relates

OMB No. 1545-0172 0044 990

201	7
Attachment	470

Identifying number

L	OWER EAST SIDE TENEM	MENT MUSEU	М	FOR	м 9	90 1	PAGE 10			13-3475390
Р	Part Election To Expense Certain Prop	erty Under Section 1	79 Note: <i>If yo</i>	ou have any lis	ted pro	operty,	complete Part	V be	fore y	ou complete Part I.
1	Maximum amount (see instructions)								1	500,000.
2	Total cost of section 179 property pla	aced in service (see	instructions)					2	
3	Threshold cost of section 179 proper	ty before reduction	in limitation						3	2,000,000.
4	Reduction in limitation. Subtract line	3 from line 2. If zero	or less, ente	er -0					4	
5	Dollar limitation for tax year. Subtract line 4 from I	ine 1. If zero or less, enter	-0 If married fil	ing separately, see	e instruct	ions			5	
6	(a) Description of	property		(b) Cost (busin	ess use	only)	(c) Elected	d cost		
	Listed property. Enter the amount fro					7				
	Total elected cost of section 179 pro								8	
	Tentative deduction. Enter the small								9	
	Carryover of disallowed deduction from								10	
	Business income limitation. Enter the								11	
	Section 179 expense deduction. Add	•			1				12	
	Carryover of disallowed deduction to the control of					13				
_	Part II Special Depreciation Allow	· · · ·			de liste	d pror	perty)			
	Special depreciation allowance for qu			-			• -			
'-	the tax year	1 1 3 (1 1 7/1			9		14	
15	Property subject to section 168(f)(1)								15	
	Other depreciation (including ACRS)								16	509,603.
	Part III MACRS Depreciation (Do									, , , , , , , , , , , , , , , , , , , ,
	·	·		ection A	•					
17	MACRS deductions for assets placed	d in service in tax ye	ears beginnir	ng before 201	1				17	
	If you are electing to group any assets placed in s	-	-	-						
	Section B - Asse	ts Placed in Servic	e During 20	11 Tax Year	Using '	the Ge	neral Deprecia	atior	Syst	em
	(a) Classification of property	(b) Month and year placed in service	(business/i	or depreciation nvestment use e instructions)		Recovery period	(e) Convention	(f) N	lethod	(g) Depreciation deduction
19	a 3-year property									
	b 5-year property									
	c 7-year property									
	d 10-year property									
	e 15-year property									
1	f 20-year property									
9	g 25-year property					5 yrs.		1	S/L	
-	h Residential rental property	/				.5 yrs.	MM	-	S/L	
	. , ,	/			1	.5 yrs.	MM	_	S/L	
i	i Nonresidential real property	/			39	9 yrs.	MM	_	S/L	
	Section C. Accets	Discordin Comico	Di 004	4 Tau Vaar II	- i 4le		MM		S/L	-4
_	Section C - Assets	Placed in Service	During 20 i	i iax Year U	sing tr	ie Aite	rnative Depred	1		stem
20		_			- 4.	0		+	S/L	
_	b 12-year	,			_	2 yrs.	N 4 N 4	+	S/L	
	c 40-year Part IV Summary (See instructions.	<u> </u>			1 4	0 yrs.	MM		S/L	
	Listed property. Enter amount from li								21	
	! Total. Add amounts from line 12, line			n in column (a					21	
	Enter here and on the appropriate line	·							22	509,603.
23	For assets shown above and placed	•	-	=		200 1110	<i>-</i>			2,2,000
	portion of the basis attributable to se	-	-			23				
116	2051									

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

_			on and Other I			ution: S	See the i	nstruc	tions for li	mits for p	asseng	er auton	nobiles.)		
<u>24a</u>	Do you have evidence to s			nt use cla	imed?	<u>Ц</u> Ү	es L	<u> No</u>	24b If "Y			nce writt	ten? L	<u> </u>	<u>No</u>
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag	Oth.	(d) Cost or ner basis		(e) is for depr siness/inve use only	stment	(f) Recovery period		g) hod/ ention	Depre	(h) eciation uction	Ele sectio	(i) cted on 179 ost
<u>25</u>	Special depreciation allo	owance for q	ualified listed p	oroperty	placed	in servic	e durin	g the t	ax year an	d					
	used more than 50% in	a qualified b	usiness use								25				
<u> 26</u>	Property used more that	n 50% in a q	ualified busine	ess use:											
_		1 1	%	ó											
		: :	%												
		1 1	%												
27	Property used 50% or le	ess in a quali							ı						
		1 1	%							S/L -					
		1 1	%	_						S/L -					
_			%							S/L -	T			-	
	Add amounts in column										28				
29	Add amounts in column	ı (i), line 26. E		on line 7									. 29		
If y	mplete this section for ve ou provided vehicles to y se vehicles.			er the qu	estions	in Secti	on C to		you meet a	an excep	tion to	completi		1	
	Tabella de la companya	in a di	(a		-	b)		(c)	(d		1	e)	(1		
30	Total business/investment		Ŭ .	Veh	icle	Ver	nicle	V	'ehicle	Veh	icle	Ver	nicle	Veh	icle
	year (do not include com		Г												
	Total commuting miles														
32	Total other personal (no	-	•												
	driven														
33	Total miles driven during														
24	Add lines 30 through 32		T I	V	NI.	Yes	N.	Yes	N ₂	Yes	NI.	Yes	Na	Yes	Na
34	Was the vehicle availab during off-duty hours?	•	- t	Yes	No	res	No	res	No No	res	No	res	No	res	No
35	Was the vehicle used p		T I												
-	than 5% owner or relate		I												
36	Is another vehicle availa														
	use?	•													
			- Questions fo	or Empl	oyers W	/ho Prov	vide Vel	nicles	for Use b	y Their E	mploye	es			
Ans	swer these questions to	determine if y	ou meet an ex	ception	to com	pleting 9	Section	B for v	ehicles us	ed by en	nployee	s who a ı	re not m	ore than	า 5%
owi	ners or related persons.														
37	Do you maintain a writte	en policy stat	ement that pro	ohibits a	ll persor	nal use c	of vehicl	es, inc	luding cor	nmuting,	by you	r		Yes	No
	employees?														
38	Do you maintain a writte	en policy stat	ement that pro	ohibits p	ersonal	use of v	ehicles,	excep	t commut	ing, by y	our				
	employees? See the ins														
	Do you treat all use of v														
40	Do you provide more th		•					-							
	the use of the vehicles,														_
41	Do you meet the require														
Б	Note: If your answer to	37, 38, 39, 40	0, or 41 is "Yes	s," do no	t compl	ete Sec	tion B to	r the c	covered ve	hicles.					
P	art VI Amortization (a)			(b)		(c)		-1	(4)		(e)			(f)	
	Description of	f costs	Date a	mortization		Amortizab			(d) Code section		Amortiza	tion	Ai	mortization or this year	
<u></u>	Amortization of costs th	at hegine du		tax vea	r·	amount			SECTION	ļŗ	period or per	септаде	IC	n uno yeaí	
+2	AMORIZATION OF COSES IN	iai begiiis uu	11119 your 2011	. an yea											
				: :				_1		-+					
				!				$\neg \neg$							
43	Amortization of costs th	at hegan het		tax vea	r							43		47	614
	Amortization of costs the Total. Add amounts in o		fore your 2011	tax yea								43			614 614

Form 8868 (Rev. 1-2012)					Page 2
If you are filing for an Additional (Not Automatic) 3-Month Ex	tension, o	complete only Part II and check this	box		► X
Note. Only complete Part II if you have already been granted an a					
 If you are filing for an Automatic 3-Month Extension, comple 	te only Pa	art I (on page 1).			
Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origina	al (no c	opies ne	eded).
		Enter filer's	identifyiı	ng number	, see instructions
Type or Name of exempt organization or other filer, see instru	ctions		Employe	r identificat	ion number (EIN) or
print					
File by the LOWER EAST SIDE TENEMENT MUS	SEUM		X	13-3	475390
due date for filing your return. See 91 ORCHARD STREET	ee instruc	tions.	Social se	curity num	ber (SSN)
instructions. City, town or post office, state, and ZIP code. For a following NEW YORK, NY $10002-3132$	oreign add	dress, see instructions.			
•					[0]1
Enter the Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
Application	Return	Application			Return
Is For	Code	Is For			Code
Form 990	01				
Form 990-BL	02	Form 1041-A			08
Form 990-EZ	01	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 autor	natic 3-month extension on a previ	ously file	ed Form 88	868.
GUANGLING LONG	, CON'	TROLLER			
 The books are in the care of ▶ 91 ORCHARD STRI 	EET -	NEW YORK, NY 10002	2		
Telephone No. ► 212-431-0233		FAX No. ▶			
If the organization does not have an office or place of business	s in the Ur	nited States, check this box			> 🗆
If this is for a Group Return, enter the organization's four digit					
box ▶ . If it is for part of the group, check this box ▶	and atta	ach a list with the names and EINs of	all memb	ers the ext	ension is for.
4 I request an additional 3-month extension of time until		15, 2013			
5 For calendar year, or other tax year beginning	JUL 1	, 2011 , and ending	JUN	30,	2012
6 If the tax year entered in line 5 is for less than 12 months, c	heck reas	on: Initial return	Final r	eturn	_
Change in accounting period					
7 State in detail why you need the extension					
ADDITIONAL TIME IS NEEDED TO (COMPI	LE THE INFORMATION	NECE	SSARY	TO
COMPLETE THE RETURN.					
On Mithig and Section is for Four COO DI COO DE COO T 4700	0000	atomite a trade the state of the state of			
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or proved underly a good the Considerations.	or 6069, e	inter the tentative tax, less any	0-	•	0.
nonrefundable credits. See instructions.			8a	\$	<u></u>
b If this application is for Form 990-PF, 990-T, 4720, or 6069,	•				
tax payments made. Include any prior year overpayment all	owed as a	a credit and any amount paid		_	0.
previously with Form 8868.			8b	\$	<u> </u>
c Balance due. Subtract line 8b from line 8a. Include your pa	•	th this form, if required, by using			0.
EFTPS (Electronic Federal Tax Payment System). See instru		st be completed for Part II o	8c nlv	\$	<u> </u>
Under penalties of perjury, I declare that I have examined this form, includ it is true, correct, and complete, and that I am authorized to prepare this fo	ing accomp	•	•	f my knowle	dge and belief,
			Doto		
Signature Title			Date		8868 (Rev. 1-2012)

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

			J =			
For calendar year 2011, or fiscal year beginning	${\sf JUL}$	1	, 2011, and ending	JUN	30	,20

12

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Name of exempt organization

▶ Do not send to the IRS. Keep for your records. ➤ See instructions. Employer identification number

LOWER EAST SIDE TENEMENT MUSEUM 13-3475390

Name and title of officer

BARRY ROSEMAN

EXECUTIVE VICE PRESIDENT

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

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

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	9107970
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
За	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5а	Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	
		_	

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 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

X lauthorize LUTZ Al	ND CARR,	CPAS L	ıLP	to enter my PIN	10002
		ERC	O firm name	•	Enter five numbers, b do not enter all zeros
, 0	agency(ies) regu	, lating chariti	lectronically filed return. If I have indicated within ies as part of the IRS Fed/State program, I also a en.		. ,
•	rn that a copy of	the return is	my signature on the organization's tax year 201 being filed with a state agency(ies) regulating checonsent screen.	•	
Officer's signature			Date ▶		
Part III Certification ar	nd Authentica	ation			

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

13332110017 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 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.

Date \triangleright 04/22/13 ERO's signature

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

LHA For Paperwork Reduction Act Notice, see instructions. 12-01-11

Form **8879-EO** (2011)

New York State Department of Taxation and Finance

Request for Six-Month Extension to File

(for franchise/business taxes, MTA surcharge, or both)

All filers must enter tax period:

Tax Law - Articles 9-A, 13, 32, and 33

Employer identification number 13-3475390

File number Business telephone number MM5 212-431-0233 beginning **■** 07-01-11

endina ■ 06-30-12

Legal name of corporation

Article 13

LOWER EAST SIDE TENEMENT MUSEUM

Mailing name (If different from legal name) and address

Article 9-A

Number and street or PO box

State or country of incorporation

Trade name / DBA

Date received (for Tax Department use only)

Article 33

04 - 22 - 13

NY

Date of incorporation

Article 32

91 ORCHARD STREET

State ZIP code

Foreign corporations: date began business in NYS

Audit use

NEW YORK

NY 10002

If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See Business Information in Form CT-1.

Request for extension of time to file the following forms: Mark box(es) for one article only. Submit only one Form CT-5 and mark an X in both boxes in the appropriate article if you are requesting an extension for both the franchise tax and MTA surcharge returns. For example, mark an X in both the CT-3 box and the CT-3M/4M box under Article 9-A if you are requesting an extension of time to file **both** returns.

NOTE: Do not use this form if you are a combined filer; use Form CT-5.3 instead.

3	CT-33	CT-33-M	
CT-3M/4M	ст-33-С ▮	CT-33-NL	ı
Pay amount shown on line 11. Make payable to: New York State Cornoration Tax		Payment enclosed	
Attach your payment here. Detach all check stubs. (See instructions for details.)	Α.		250.
· A F III A A III A III F OTEL	1.		250.
	2.		
	3.		250.
	_		0.
5 Balance due - franchise tax (subtract line 4 from line 3)	. 5.		250.
mputation of estimated MTA surcharge			
MTA surcharge from the worksheet in Form CT-5-I	6.		
First installment of estimated MTA surcharge for the next tax year (see instrucions)	7.		
Total MTA surcharge and first installment (add lines 6 and 7)	8.		
Prepayments of MTA surcharge (from line 16, column B)	9.		
Total balance due (add lines 5 and 10 and enter here; enter the payment amount on line A ab	oove) 11.		250.
	Pay amount shown on line 11. Make payable to: New York State Corporation Tax Attach your payment here. Detach all check stubs. (See instructions for details.) mputation of estimated franchise tax 1 Franchise tax from the worksheet in Form CT-5-I 2 First installment of estimated tax for the next tax year (see instructions) 3 Total franchise tax and first installment (add lines 1 and 2) 4 Prepayments of franchise tax (from line 16, column A) 5 Balance due - franchise tax (subtract line 4 from line 3) mputation of estimated MTA surcharge MTA surcharge from the worksheet in Form CT-5-I First installment of estimated MTA surcharge for the next tax year (see instructions) Total MTA surcharge and first installment (add lines 6 and 7) Prepayments of MTA surcharge (from line 16, column B) Balance due - MTA surcharge (subtract line 9 from line 8)	Pay amount shown on line 11. Make payable to: New York State Corporation Tax Attach your payment here. Detach all check stubs. (See instructions for details.) Mputation of estimated franchise tax 1 Franchise tax from the worksheet in Form CT-5-I 2 First installment of estimated tax for the next tax year (see instructions) 3 Total franchise tax and first installment (add lines 1 and 2) 4 Prepayments of franchise tax (from line 16, column A) 5 Balance due - franchise tax (subtract line 4 from line 3) mputation of estimated MTA surcharge MTA surcharge from the worksheet in Form CT-5-I First installment of estimated MTA surcharge for the next tax year (see instrucions) 7. Total MTA surcharge and first installment (add lines 6 and 7) 8. Prepayments of MTA surcharge (from line 16, column B) 9.	CT-3M/4M CT-13 X CT-32 CT-32-M Pay amount shown on line 11. Make payable to: New York State Corporation Tax Attach your payment here. Detach all check stubs, (See instructions for details.) A. I Franchise tax from the worksheet in Form CT-5-I First installment of estimated tax for the next tax year (see instructions) Total franchise tax and first installment (add lines 1 and 2) Prepayments of franchise tax (from line 16, column A) Balance due - franchise tax (subtract line 4 from line 3) Total MTA surcharge from the worksheet in Form CT-5-I First installment of estimated MTA surcharge for the next tax year (see instructions) Total MTA surcharge and first installment (add lines 6 and 7) Prepayments of MTA surcharge (subtract line 9 from line 8) Balance due - MTA surcharge (subtract line 9 from line 8) Total MTA surcharge (subtract line 9 from line 8) Total MTA surcharge (subtract line 9 from line 8)

Composition of prepayments - Use this worksheet to determine the prepayments of franchise tax on line 4 and the prepayments of the

		,	
MTA surcharge on line 9. See instructions.	Date paid	A. Franchise tax	B. MTA surcharge
12 Mandatory first installment	12.		
13a Second installment from Form CT-400	13a.		
13b Third installment from Form CT-400	13b.		
13c Fourth installment from Form CT-400	13c.		
14 Overpayment credited from prior years		14.	
15 Overpayment credited from Form CT-	Period	15.	
16 Total prepayments (total all entries in column Paid Firm's name (or yours if self-employed) preparer use LUTZ AND CARR, CPAS only Signature of individual preparing this document	,	Firm's EIN 13-1655065 City	Preparer's PTIN or SSN P00154047 State ZIP code NY 10017
E-mail address of individual preparing this d	ocument	Preparer's NYTPRI	IN Date

See instructions for where to file

2011 CT-2

Corporation Tax Return Summary

		Payment enclosed	8.	
				1. CT13
1	Return type			4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
2a	Employer ID number (EIN)			
2b	File number (FCC)			
3	Period beginning date (mmddyy)			
4	Period ending date (mmddyy)			
5	Amended $(Y=1; N=0)$			5. 0
6	Address change (Y=1; N=0)			6. 0 7. 0
7	Final (Y=1; N=0)			7. 0
9	NAICS code			9. 531120
10	MTA indicator (None = 0, $Y = 1$, $N = 2$, Both = 3)			10. 0
1a	Type of bank - Clearinghouse $(Y = 1, N = 0)$			11a.
1b	Type of bank - Savings ($Y = 1$, $N = 0$)			11b.
1c	Type of bank - Other commercial $(Y = 1, N = 0)$			11c.
12	Federal 1120-H filed ($Y = 1$, $N = 0$)			12. 0
3	REIT/RIC indicator $(Y = 1, N = 0)$			13. 0
4	QSSS indicator $(Y = 1, N = 0)$			14. 0
15	Form ID number			15. 40001111019
16	Tax sub type			16. 26
17	Tax due/MTA surcharge		17.	250,00
18	Mandatory first installment (MFI) - no extension filed and tax due is over \$1,000		18.	
19	Return a Gift to Wildlife		19.	
20	Breast Cancer Research and Education Fund		20.	
21	Prostate Cancer Research, Detection, and Education Fund		21.	
22	9/11 Memorial		22.	
23	Volunteer Firefighting & EMS Recruitment Fund		23.	
24	Balance due		24.	
25	Amount of overpayment credited to next period - NYS		25.	
26	Refund of overpayment		26.	
27	Refund of unused tax credits		27.	
28	Tax credits to be credited as an overpayment to next year's return		28.	
29	Amount of overpayment credited to next period - MTA		29.	
30	Amount of MTA surcharge retaliatory tax credit to be refunded		30.	
31	Total license fee		31.	
32	Maintenance fee due		32.	
33	Fixed dollar minimum		33.	
34	(Combined) parent's EIN			34.
35	New York receipts		35.	
36	Alternative entire net income (ENI) percentage			36.
	Automativo ontilo not moonie (Era) perocitage			55.

For office use only

39.

13 1655065

184951 12-02-11 **1019**

37

39

Computation of issuer's allocation percentage

Issuer's allocation percentage

Paid preparer's EIN

LOWER EAST SIDE TENEMENT MUSEUM Page 2 of 2 CT-2 (2011)

Form CT-186-E and CT-186-EZ filers only

40	Excise tax on telecommunication services - NYS	40.
41	Tax on gross income · NYS	41.
42	MTA surcharge related to telecommunication services	42.
43	MTA surcharge on gross income	43.
44	No CT-5.9-E filed and line 1 is over \$1,000 - NYS	44.
45	No CT-5.9-E filed and line 1 is over \$1,000 - MTA	45.
46	No CT-5.9-E filed and line 2 is over \$1,000 - NYS	46.
47	No CT-5.9-E filed and line 2 is over \$1,000 - MTA	47.
48	Add lines 8 and 9 - NYS	48.
49	Add lines 8 and 9 - MTA	49.
50	Balance due - NYS	50.
51	Balance due - MTA	51.
52	Provided telecommunication services in the MCTD this year? (None = 0, $Y = 1$, $N = 2$, $Both = 3$)	52.
53	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (Nor	ne = 0, Y = 1, N = 2, Both = 3) 53.
54	Overpayment credited to next year's tax - NYS	54.
55	Overpayment credited to next year's tax - MTA	55.
56	Refund of overpayment - NYS	56.
57	Refund of overpayment - MTA	57.
58	Refund of unused tax credits - NYS	58.
59	Refund of unused tax credits - MTA	59.
60	Refundable tax credits to be credited to next year's tax - NYS	60.
61	Refundable tax credits to be credited to next year's tax - MTA	61.



New York State E-File Signature Authorization for Tax Year 2011 For Form CT-3, CT-3-A, CT-3M/4M, CT-3-S, CT-4, CT-13, CT-240, CT-245, or CT-400

Electronic return originator (ERO)/paid preparer: do not mail this form to the Tax Department. Keep it for your records.

Legal name of corporation: LOWER EAST SIDE TENEMENT	MUSEUM
Return type (mark all that apply): CT-3 CT-3-A CT-3M CT-245 CT-400	4M CT-3-S CT-4X CT-13 CT-240
Purpose Form TR-579-CT must be completed to authorize an ERO to e-file a corporation tax return and to transmit bank account information for the electronic funds withdrawal.	performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Please note that an alternative signature can be used as described in TSB-M-05(1)C, Alternative Methods of Signing for Tax Return Preparers. Go to our Web site at
General instructions	www.tax.ny.gov to find this document.
Part A must be completed by an officer of the corporation who is authorized to sign the corporation's return before the ERO transmits the electronically filed Form CT-3, General Business Corporation Franchise Tax Return; CT-3-A, General Business Corporation Combined Franchise Tax Return; CT-3-M/4M, General Business Corporation MTA Surcharge Return; CT-3-S, New York S Corporation Franchise Tax Return; or CT-4, General Business Corporation Franchise Tax Return Short Form; CT-13, Unrelated Business Income Tax Return; CT-240, Foreign Corporation License Fee Return; CT-245, Maintenance Fee and Activities Return For a Foreign Corporation Disclaiming Tax Liability; or CT-400, Estimated Tax for Corporations. EROs/paid preparers must complete Part B prior to transmitting electronically filed corporation tax returns. Both the paid preparer and the ERO are required to sign Part B. However, if an individual	Do not mail Form TR-579-CT to the Tax Department. EROs/paid preparers must keep this form for three years and present it to the Tax Department upon request. Do not use this form for electronically filed Form CT-5, Request for Six-Month Extension to File (for franchise/business taxes, MTA surcharge, or both), Form CT-5.3, Request for Six-Month Extension to File (for combined franchise tax return, or combined MTA surcharge, or both), Form CT-5.4, Request for Six-Month Extension to File New York S Corporation Franchise Tax Return, or Form CT-5.9-E, Request for Three-Month Extension to File Form CT-186-E or Form CT-186-EZ (short form). Instead use Form CR-579.1-CT, New York State Authorization for Electronic Funds Withdrawal for Tax Year 2011, Form CT-5, Form CT-5.3, Form CT-5.4, Form CT-5.9, or Form CT-5.9-E.
Financial institution information (required if electronic payment is authorized)	
1 Amount of authorized debit 2 Financial institution routing number 3 Financial institution account number Part A - Declaration of authorized corporate officer for Form CT-3, CT-3- Under penalty of perjury, I declare that I have examined the information on the accompanying schedules, attachments, and statements, and certify that this Form DTF-686, Tax Shelter Reportable Transactions, as an authorized officer of provisions of Tax Law sections 202, 211.8, 1467, and 1518 as such provision ERO has my consent to send this 2011 New York State electronic corporate I understand that by executing this Form TR-579-CT, I am authorizing the ERO that the ERO's submission of the corporation's return to the IRS, together with and any authorized payment transaction. If I am paying New York State corponate I and any authorized payment and its designated financial agents to initiate indicated on this 2011 electronic return, and I authorize the financial institution. Signature of authorized officer of the corporation: Print your name and title: BARRY ROSEMAN, EXECUTIVE V	1
Part P. Doelaration of EDO and paid propaga	
Part B - Declaration of ERO and paid preparer Under penalty of perjury, I declare that the information contained in this 2011 furnished to me by the corporation. If the corporation furnished me a complet paid preparer, I declare that the information contained in the corporation's 20 to that contained in the paper return. If I am the paid preparer, under penalty State electronic corporate tax return, and, to the best of my knowledge and be declaration on all information available to me.	ed paper 2011 New York State corporate return signed by a 11 New York State electronic corporate tax return is identical of perjury I declare that I have examined this 2011 New York
ERO's signature:	
Paid preparer's signature:	Date:
Print name:	

TR-579-CT (9/11)

188021 11-23-11

1-23-11 **1019**

CT-13

Staple forms here New York State Department of Taxation and Finance

2011	U
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Unrelated Business Income

Amended	Tax Return	1	All filers e	nter tax period:			
return	Tax Law - Article	13	beginning	07-01-1	.1		06-30-12
Employer identification number	File number	1	elephone number			1 1	rou claim an erpayment, mark
13-3475390	MM 5	212-4	431-0233				X in the box
Legal name of corporation			Trade nar	ne/DBA			
LOWER EAST SIDE		EUM					
Mailing name (if different from legal name	above)		State or c	ountry of incorporation	Date rec	eived (for	Tax Department use only)
c/o				YORK			
Number and street or PO box			Date of in	corporation			
91 ORCHARD STREE	ΞT						
City		State ZIP co	de Foreign corp business in	orations: date began NYS			
	0002-3132						
NAICS business code number (from federa			you need to update		Audit (fo	r Tax Dep	partment use only)
531120	above is no mark an χ	t in the bay	none information for other tax types, you				
Principal unrelated business activity			iline. See <i>Business</i>				
RENTAL OF COMMER	RCIAL REAL ES'	TATE in	Form CT-1.				
Have you filed New York State Fo	orm CT-247, Application for	Exemption from Corp	oration Franchise T	axes by a Not-For-P	rofit Orga	anizatior	? Yes No X
Mark an $_{X}$ in this box if you are an en	nployee trust as defined in Int	ternal Revenue Code	(IRC) section 401(a)			
Mark an $\overset{\lambda}{X}$ in this box if you ceased o					must file Fo	orm CT-1	3 in the instructions)
A. Pay amount shown on line							Payment enclosed
Attach your payment here.	Detach all check stubs. (S	See instructions for	details.)		Α	۱.	
Computation of income a	and tax						
Federal unrelated business ta		operating loss ded	uction and after \$	1,000			
						1.	<8,336.
2 New York State Article 13 and						2.	
3 Additions required for shareh						3.	
4 Grossed-up taxes for shareho						4.	
5 Other additions (see instructions)			,]	······	5.	
6 Add lines 1 through 5					·····	6.	<8,336.
7 Other income (see instruction							-,
8 Federal S corporation shareh							
9 Other subtractions (see instru					$\overline{}$		
10 Total subtractions (add lines)	7 8 and 9)					10.	
11 Taxable income before net op						11.	<8,336.
12 New York net operating loss of	_					12.	10,000
13 Taxable income (subtract line						13.	<8,336.
14 Allocated taxable income (mu	Iltinly line 13 by	% from li	ne 42: or enter an	 nount	}	10.	10,000
from line 13 if allocation is						14.	<8,336.
15 Tax based on income (multiple	ly line 14 by 9% (09)				······• ~ }	15.	0.
						16.	250 • 00
16 Minimum tax	over is larger!						250.
Tax (line 15 or line 16, whiche						17.	250.
18 Total prepayments from line 4	ting 17 gubtrast line 10 f	rom lino 17				18.	230.
Balance (if line 18 is less than						19.	
20 Interest on late payment (see						20.	
Late filing and late payment p						21.	
Balance due (add lines 19, 20					_	22.	
23 Overpayment (if line 17 is less						23.	
24 Amount of overpayment on lin						24.	
25 Amount of overpayment on line	ne 23 to be refunded (sub	otract line 24 from l	ine 23)			25.	

See page 3 for third-party designee, certification, and signature entry areas.

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Sch	edule A - Unrelated business allocation						
ware	did not maintain a regular place of business outside New Yo nouse, or other space regularly used by the taxpayer in its uni cation, nature of activities, and number and duties of employ	related b	leave this schedule usiness. If you claim	olank. A this all	A regular place of bus ocation, attach a list o	iness is of each	any office, factory, place of business,
			A		В		
Ave	rage value of:		New York Sta	ite	Everywhere	,	
	Real estate owned						
	Gross rents (attach list)						
	Inventories owned						
	Other tangible personal property owned						
30	Total (add lines 26 through 29)	30.	- (D)				
	Percentage in New York State (divide line 30, column A, by line in the regular source of hyperson from	ne 30, co	olumn B)			31.	%]
	eipts in the regular course of business from:						
32	Sales of tangible personal property shipped to	20					
22	points within New York State						
	All sales of tangible personal property	···· 					
	Rentals of property	···· 					
36	Other business receipts						
	Total (add lines 32 through 36)						
	Percentage in New York State (divide line 37, column A, by li	····	olumn B)			. 38.	%
	Wages, salaries, and other compensation of employees					551	,,,
	(except general executive officers)	39.					
40	Percentage in New York State (divide line 39, column A, by li	ne 39, cc	olumn B)			40.	%
	Total of New York State percentages (add lines 31, 38, and						%
	Business allocation percentage (divide line 41 by three or by						%
Con	nposition of prepayments claimed on line 18*				Date paid		Amount
43	Payment with extension request, Form CT-5, line 5			43.	11-15-12		250.
44a	Second installment from Form CT-400			44a.			
44b	Third installment from Form CT-400			44b.			
44c	Fourth installment from Form CT-400		L	44c.			
45	Amount of overpayment credited from prior years				45		
46	Total prepayments (add lines 43 through 45; enter here and o	on line 18	3)		46		250.
	* Taxpayers subject to the unrelated business income tax a If you did make these unrequired payments, report them	are not re on lines 4	equired to make estin 14a, 44b, and 44c.	nated t	ax payments.		
Ame	ended return information						
f filin	g an amended return, mark an χ in the box for any items that	t apply ar	nd attach document	ation.			
−inal	federal determination • If marke	d, enter d	date of determinatior	n: •			_
Net c	perating loss (NOL) carryback Capital I	oss carry	/back			• <u>_</u>	<u> </u>
-ede	ral return filed Form 1139 • Amende	ed Form 9	990-T			• <u> </u>	_

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Third-part designee (see instructions	1 1ES 22 INO	Designee's name (pi PREPARER	rint)			L ,	gnee's phone number
			are to the best of my knowledge a	and bel	lief true, correct, and co	omplet	te.
Authorized person	Printed name of authori BARRY ROSEMA	•	Signature of authorized person	E	Official title EXECUTIVE VI	CE	PRESIDENT
рогооп	E-mail address of autho	rized person			Telephone number		Date
Paid	Firm's name (or yours if se		•	11	n's EIN 3–1655065		arer's PTIN or SSN 0154047
preparer use only	Signature of individual pre		Address 300 EAST 42ND STI NEW YORK, NY 1003		,	State	ZIP code
	E-mail address of individu	al preparing this retur	n		Preparer's NYTPRIN	Da	te 04-22-13

See instructions for where to file.

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FOOTNOTES	STATEMENT 1
NET OPERATING LOSS CARRYFORWARD	107 202
FROM YEAR ENDED 6/30/07	197,303.
FROM YEAR ENDED 6/30/08	283,593.
FROM YEAR ENDED 6/30/09	22,903.
FROM YEAR ENDED 6/30/10	17,338.
FROM YEAR ENDED 6/30/11	12,771.
FROM YEAR ENDED 6/30/12	8,086.
TOTAL	541,994.