



2009 Income Tax Return

THE NEW YORK HISTORICAL SOCIETY

PUBLIC INSPECTION COPY

Return of Organization Exempt From Income Tax

2009

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning 07/01, 2009, and ending 06/30, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions. C Name of organization NEW YORK HISTORICAL SOCIETY Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 170 CENTRAL PARK WEST City or town, state or country, and ZIP + 4 NEW YORK, NY 10024-5194	D Employer identification number 13-1624124
	F Name and address of principal officer: LOUISE MIRROR 170 CENTRAL PARK WEST NEW YORK, NY 10024-5194	E Telephone number (212) 873-3400
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	G Gross receipts \$ 53,250,797.
	J Website: ▶ WWW.NYHISTORY.ORG	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1809	M State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE SOCIETY'S MISSION IS TO COLLECT, PRESERVE AND INTERPRET HISTORICAL ARTIFACTS, AMERICAN ART AND OTHER MATERIALS DOCUMENTING THE HISTORY OF THE U.S. AS SEEN THROUGH THE PRISM OF NYC AND STATE.				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	46		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	44		
	5 Total number of employees (Part V, line 2a)	5	283		
	6 Total number of volunteers (estimate if necessary)	6	245		
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	39,661.		
b Net unrelated business taxable income from Form 990-T, line 34	7b	-24,644.			
Revenue	8 Contribution and grants (Part VIII, line 1h)	Prior Year	42,029,646.	Current Year	45,530,214.
	9 Program service revenue (Part VIII, line 2g)		1,365,259.		1,384,859.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-1,736,672.		-382,337.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,077,693.		1,031,451.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		42,735,926.		47,564,187.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		50,000.	
14 Benefits paid to or for members (Part IX, column (A), line 4)			0.		0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			8,966,392.		8,211,713.
16 a Professional fundraising fees (Part IX, column (A), line 11e)			181,250.		100,000.
b Total fundraising expenses, Part IX, column (D), line 25 ▶ 1,306,497.					
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)			9,264,119.		10,021,857.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		18,461,761.		18,383,570.	
19 Revenue less expenses. Subtract line 18 from line 12		24,274,165.		29,180,617.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	102,027,556.	End of Year	134,592,250.
	21 Total liabilities (Part X, line 26)		6,155,617.		7,495,780.
	22 Net assets or fund balances. Subtract line 21 from line 20		95,871,939.		127,096,470.

Part II Signature Block

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

Sign Here

▶ Signature of officer _____ Date _____

▶ Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature ▶ _____ Date _____ Check if self-employed Preparer's identifying number (see instructions) P00741489

Firm's name (or yours if self-employed) address, and ZIP + 4 ▶ KPMG LLP 345 PARK AVENUE NEW YORK, NY 10154-0102 EIN ▶ 13-5565207 Phone no. ▶ 212-758-9700

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. *

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

ATTACHMENT 4

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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 No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 7,462,666. including grants of \$) (Revenue \$ 829,916.)
MUSEUM AND MUSEUM EXHIBITIONS - SEE SCHEDULE O, ATTACHMENT 3

4b (Code:) (Expenses \$ 3,721,711. including grants of \$) (Revenue \$ 40,467.)

LIBRARY:

THE SOCIETY'S LIBRARY IS ONE OF THE OLDEST RESEARCH LIBRARIES IN THE U.S. ITS MISSION IS TO FOSTER AND FACILITATE RESEARCH THAT REVEALS THE DYNAMISM OF HISTORY AND ITS INFLUENCE ON THE WORLD TODAY. EACH YEAR MORE THAN 10,000 RESEARCHERS FROM THROUGHOUT THE U.S. AND THE WORLD, FROM BOTH THE SCHOLARLY COMMUNITY AND THE LAY PUBLIC, VISIT THE LIBRARY OR ARE ASSISTED BY STAFF REMOTELY VIA TELEPHONE, FAX, EMAIL AND POSTAL MAIL. THE LIBRARY'S COLLECTION CONTAINS MORE THAN 3 MILLION ITEMS. (SEE SCH D, PART XIV FOR MORE INFORMATION ABOUT THE COLLECTION.)

4c (Code:) (Expenses \$ 2,559,099. including grants of \$) (Revenue \$ 428,860.)
EDUCATION AND PUBLIC PROGRAMS- SEE SCHEDULE O, ATTACHMENT 3

4d Other program services. (Describe in Schedule O.) ATTACHMENT 5
(Expenses \$ 1,328,367. including grants of \$ 50,000.) (Revenue \$ 1,242,071.)

4e Total program service expenses ► 15,071,843.

Part IV Checklist of Required Schedules

Table with 3 main columns: Question, Yes, No. Rows 1-20 contain various organizational requirements and their completion status (Yes/No/X).

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 21 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and other organizational activities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, description, and Yes/No columns. Includes rows for 1a, 1b, 1c, 2a, 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9, 9a, 9b, 10, 10a, 10b, 11, 11a, 11b, 12a, 12b.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (46), 1b Enter the number of voting members that are independent (44), 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X), 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (X), 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (X), 5 Did the organization become aware during the year of a material diversion of the organization's assets? (X), 6 Does the organization have members or stockholders? (X), 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (X), 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (X), 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (X), 8b Each committee with authority to act on behalf of the governing body? (X), 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (X), 10b 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?, 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (X), 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990., 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (X), 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X), 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (X), 13 Does the organization have a written whistleblower policy? (X), 14 Does the organization have a written document retention and destruction policy? (X), 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (X), 15b Other officers or key employees of the organization (X), 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X), 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA, CT, DC, FL, IL, MA, MI, NJ, NY, VA,
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 [] 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, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: RICHARD A. SHEIN 170 CENTRAL PARK WEST, NEW YORK, NY 10024 212-485-9245

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LOUISE MIRRER TRUSTEE, PRESIDENT & CEO	35.00	X		X				358,189.	0.	36,982.
HELEN APPEL TRUSTEE	1.00	X						0.	0.	0.
WILLIAM BEEKMAN VICE CHAIR	1.00	X		X				0.	0.	0.
JUDITH ROTH BERKOWITZ TRUSTEE	1.00	X						0.	0.	0.
DAVID BLIGHT TRUSTEE	1.00	X						0.	0.	0.
RIC BURNS TRUSTEE	1.00	X						0.	0.	0.
JAMES S. CHANOS TRUSTEE	1.00	X						0.	0.	0.
RAVENEL B. CURRY III TRUSTEE	1.00	X						0.	0.	0.
SUSAN FRIER DANILOW TRUSTEE	1.00	X						0.	0.	0.
ELIZABETH B. DATER TRUSTEE	1.00	X						0.	0.	0.
BARBARA KNOLES DEBS TRUSTEE	1.00	X						0.	0.	0.
JOSEPH A DIMENNA TRUSTEE	1.00	X						0.	0.	0.
CHARLES DORKEY III TRUSTEE	1.00	X						0.	0.	0.
NIALL FERGUSON TRUSTEE - JOINED 12/2009	1.00	X						0.	0.	0.
HENRY LOUIS GATES, JR. TRUSTEE	1.00	X						0.	0.	0.
EMANUEL E. GEDULD TRUSTEE - JOINED 12/2009	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD GELFOND VICE CHAIR	1.00	X		X				0.	0.	0.
RICHARD GILDER TRUSTEE	1.00	X						0.	0.	0.
MARTIN J. GROSS TRUSTEE	1.00	X						0.	0.	0.
ROGER HERTO CHAIRMAN	1.00	X		X				0.	0.	0.
ROBERTA P. HUBER TRUSTEE	1.00	X						0.	0.	0.
KENNETH T. JACKSON TRUSTEE AND SR HISTORIAN	14.00	X					27,954.	0.	2,552.	
LAWRENCE A. JACOBS TRUSTEE - JOINED 5/2010	1.00	X					0.	0.	0.	
DAVID M. KENNEDY TRUSTEE	1.00	X					0.	0.	0.	
PATRICIA KLINGENSTEIN TRUSTEE	1.00	X					0.	0.	0.	
SIDNEY LAPIDUS TRUSTEE	1.00	X					0.	0.	0.	
LEWIS E. LEHRMAN TRUSTEE	1.00	X					0.	0.	0.	
ALAN LEVENSTEIN TRUSTEE	1.00	X					0.	0.	0.	
GLEN S. LEWY TRUSTEE	1.00	X					0.	0.	0.	
1b Total CONTINUED AT SCHEDULE J-2							1,225,529.	0.	167,397.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **7**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 6		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **12**

Part VIII Statement of Revenue

13-1624124

				(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	1a Federated campaigns	1a					
	b Membership dues	1b	423,698.				
	c Fundraising events	1c	3,663,147.				
	d Related organizations	1d					
	e Government grants (contributions) . .	1e	20,716,004.				
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	20,727,365.				
	g Noncash contributions included in lines 1a-1f: \$		381,239.				
	h Total. Add lines 1a-1f ▶			45,530,214.			
Program Service Revenue				Business Code			
	2a <u>ADMISSIONS</u>		900099	516,369.	516,369.		
	b <u>EDUCATION AND PUBLIC PROGRAM FEES</u>		900099	400,770.	400,770.		
	c <u>TRAVELLING EXHIB & LOAN FEES</u>		900099	331,404.	331,404.		
	d <u>REPRODUCTION FEES</u>		900099	94,432.	94,432.		
	e <u>ALL OTHER PROGRAM SERVICE REVENUE</u>		900099	41,884.	41,884.		
	f All other program service revenue						
g Total. Add lines 2a-2f ▶			1,384,859.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			232,916.			232,916.
	4 Income from investment of tax-exempt bond proceeds . . . ▶			0.			
	5 Royalties ▶			133,936.			133,936.
		(i) Real	(ii) Personal				
	6a Gross Rents		466,231.				
	b Less: rental expenses						
	c Rental income or (loss)		466,231.				
	d Net rental income or (loss) ▶			466,231.			466,231.
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory		4,569,341.				
	b Less: cost or other basis and sales expenses		4,709,668.	474,926.			
	c Gain or (loss)		-140,327.	-474,926.			
	d Net gain or (loss) ▶			-615,253.			-615,253.
	8a Gross income from fundraising events (not including \$ <u>3,663,147.</u> of contributions reported on line 1c). See Part IV, line 18 a		221,025.				
	b Less: direct expenses b		179,055.				
c Net income or (loss) from fundraising events ▶			41,970.			41,970.	
9a Gross income from gaming activities. See Part IV, line 19 a							
b Less: direct expenses b							
c Net income or (loss) from gaming activities ▶			0.				
10a Gross sales of inventory, less returns and allowances a		646,851.					
b Less: cost of goods sold b		322,961.					
c Net income or (loss) from sales of inventory ▶			323,890.		39,661.	284,229.	
Miscellaneous Revenue			Business Code				
11a <u>CAFE INCOME</u>		900099	65,424.			65,424.	
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d ▶			65,424.				
12 Total Revenue. See instructions ▶			47,564,187.	1,384,859.	39,661.	609,453.	

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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	0.	0.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	50,000.	50,000.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.	0.		
4 Benefits paid to or for members	0.	0.		
5 Compensation of current officers, directors, trustees, and key employees	1,088,409.	369,970.	501,534.	216,905.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	0.	0.	0.	0.
7 Other salaries and wages	5,682,655.	4,805,033.	557,199.	320,423.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	202,590.	157,526.	32,602.	12,462.
9 Other employee benefits	643,563.	531,399.	73,976.	38,188.
10 Payroll taxes	594,496.	450,771.	95,402.	48,323.
11 Fees for services (non-employees):				
a Management	0.	0.	0.	0.
b Legal	150,407.	122,630.	19,229.	8,548.
c Accounting	170,673.		170,673.	0.
d Lobbying	0.	0.	0.	0.
e Professional fundraising services. See Part IV, line 17	100,000.			100,000.
f Investment management fees	59,329.		59,329.	
g Other	1,530,575.	1,249,920.	179,524.	101,131.
12 Advertising and promotion	627,295.	617,360.	4,078.	5,857.
13 Office expenses	393,919.	212,647.	103,930.	77,342.
14 Information technology	111,656.	93,140.	9,555.	8,961.
15 Royalties	0.	0.	0.	0.
16 Occupancy	1,616,414.	1,537,447.	52,645.	26,322.
17 Travel	142,319.	118,510.	11,735.	12,074.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.	0.	0.	0.
19 Conferences, conventions, and meetings	10,974.	10,429.	545.	0.
20 Interest	0.	0.	0.	0.
21 Payments to affiliates	0.	0.	0.	0.
22 Depreciation, depletion, and amortization . . .	1,878,688.	1,806,502.	48,123.	24,063.
23 Insurance	239,605.	232,287.	4,879.	2,439.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a EXHIBITION COSTS (SEE SCH O) -----	1,306,908.	1,306,908.	0.	0.
b EQUIPMENT RENTAL AND REPAIR -----	406,636.	379,079.	18,082.	9,475.
c PRINTING AND PUBLICATIONS -----	269,625.	186,448.	7,680.	75,497.
d OTHER SUPPLIES -----	518,045.	379,004.	16,714.	122,327.
e COLLECTION ACQUISITIONS -----	81,874.	81,874.	0.	0.
f All other expenses -----	506,915.	372,959.	37,796.	96,160.
25 Total functional expenses. Add lines 1 through 24f	18,383,570.	15,071,843.	2,005,230.	1,306,497.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	6,400.	1	151,587.
	2 Savings and temporary cash investments	13,594,514.	2	19,775,406.
	3 Pledges and grants receivable, net	33,180,923.	3	45,193,546.
	4 Accounts receivable, net	273,004.	4	282,531.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	164,358.	8	140,180.
	9 Prepaid expenses and deferred charges	2,063,538.	9	2,424,451.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 68,504,293.		
	b Less: accumulated depreciation	10b 24,472,228.		
	11 Investments - publicly traded securities	33,516,042.	10c	44,032,065.
	12 Investments - other securities. See Part IV, line 11	7,965,765.	11	13,152,590.
	13 Investments - program-related. See Part IV, line 11	10,773,686.	12	9,425,494.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	489,326.	14	14,400.
16 Total assets. Add lines 1 through 15 (must equal line 34)	102,027,556.	15	134,592,250.	
17 Accounts payable and accrued expenses	3,255,657.	16	4,426,375.	
18 Grants payable		17		
19 Deferred revenue	187,476.	18	455,050.	
20 Tax-exempt bond liabilities	0.	19	0.	
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21		
23 Secured mortgages and notes payable to unrelated third parties		22		
24 Unsecured notes and loans payable to unrelated third parties		23		
25 Other liabilities. Complete Part X of Schedule D	2,712,484.	24	2,614,355.	
26 Total liabilities. Add lines 17 through 25	6,155,617.	25	7,495,780.	
27 Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		26		
27 Unrestricted net assets	27,006,009.	27	44,874,381.	
28 Temporarily restricted net assets	43,674,468.	28	66,169,144.	
29 Permanently restricted net assets	25,191,462.	29	16,052,945.	
30 Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds		30		
31 Paid-in or capital surplus, or land, building, or equipment fund		31		
32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	95,871,939.	33	127,096,470.	
34 Total liabilities and net assets/fund balances	102,027,556.	34	134,592,250.	

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Form **990** (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization NEW YORK HISTORICAL SOCIETY	Employer identification number 13-1624124
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

h Provide the following information about the supported organization(s).

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

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

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc.; 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

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 74.68%; 15 Public support percentage from 2008 Schedule A, Part II, line 14 65.27%; 16a 33 1/3 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]; 16b 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; 17b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 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.

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

Section A. Public Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support; 14 First five years.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Rows: 15 Public support percentage for 2009; 16 Public support percentage from 2008 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Rows: 17 Investment income percentage for 2009; 18 Investment income percentage from 2008 Schedule A, Part III, line 17.

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

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

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

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

GROSS RECEIPTS FROM RELATED ACTIVITIES

FORM 990, SCH A, PART II, LINE 12

RELATED ACTIVITIES INCLUDE PROGRAM SERVICES, GROSS REVENUES FROM SPECIAL E

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
OTHER INCOME	267,046.	156,139.	526,985.	48,275.	65,424.	1,063,869.
TOTALS	<u>267,046.</u>	<u>156,139.</u>	<u>526,985.</u>	<u>48,275.</u>	<u>65,424.</u>	<u>1,063,869.</u>

Schedule of Contributors

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

2009

Name of the organization NEW YORK HISTORICAL SOCIETY	Employer identification number 13-1624124
--	---

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

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

Name of organization **NEW YORK HISTORICAL SOCIETY**

Employer identification number

13-1624124

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 1,011,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 1,047,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 3,223,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 2,602,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 1,050,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 1,525,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization NEW YORK HISTORICAL SOCIETY	Employer identification number 13-1624124
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	_____	\$ 1,153,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	_____	\$ 1,002,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	_____	\$ 19,815,660.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	_____	\$ 1,050,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	_____	\$ 5,060,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization NEW YORK HISTORICAL SOCIETY

Employer identification number 13-1624124

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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... Yes No, 6 Did the organization inform all grantees... Yes No.

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

Table with 2 columns: Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours devoted to monitoring..., 7 Amount of expenses incurred..., 8 Does each conservation easement reported on line 2(d) above satisfy the requirements..., 9 In Part XIV, describe how the organization reports conservation easements...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Amounts. Rows include: 1a If the organization elected, as permitted under SFAS 116, not to report..., 1b If the organization elected, as permitted under SFAS 116, to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included..., b Assets included...

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

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

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

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

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

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XI V and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XI V.

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

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	20,704,377.	24,881,590.			
b Contributions	8,697,440.	1,963,024.			
c Net investment earnings, gains, and losses	1,564,998.	-5,866,989.			
d Grants or scholarships		0.			
e Other expenditures for facilities and programs	900,731.	273,248.			
f Administrative expenses		0.			
g End of year balance	30,066,084.	20,704,377.			

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

- a Board designated or quasi-endowment 0.0000 %
- b Permanent endowment 53.3922 %
- c Term endowment 46.6078 %

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

	Yes	No
(i) unrelated organizations		<input checked="" type="checkbox"/>
(ii) related organizations		<input checked="" type="checkbox"/>
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		684,664.		684,664.
b Buildings		46,001,269.	18,550,941.	27,450,328.
c Leasehold improvements				
d Equipment		14,882,321.	5,921,287.	8,961,034.
e Other		6,936,039.		6,936,039.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				44,032,065.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	47,564,187.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	18,383,570.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	29,180,617.
4	Net unrealized gains (losses) on investments	4	2,043,914.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	2,043,914.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	31,224,531.

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

1	Total revenue, gains, and other support per audited financial statements	1	49,466,820.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	2,043,914.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	322,961.
e	Add lines 2a through 2d	2e	2,366,875.
3	Subtract line 2e from line 1	3	47,099,945.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	59,329.
b	Other (Describe in Part XIV.)	4b	404,913.
c	Add lines 4a and 4b	4c	464,242.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	47,564,187.

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

1	Total expenses and losses per audited financial statements	1	18,242,289.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	322,961.
e	Add lines 2a through 2d	2e	322,961.
3	Subtract line 2e from line 1	3	17,919,328.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	59,329.
b	Other (Describe in Part XIV.)	4b	404,913.
c	Add lines 4a and 4b	4c	464,242.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	18,383,570.

Part XIV Supplemental Information

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

SEE PAGE 5

Part XIV Supplemental Information (continued)

FORM 990, SCH D, PART III LINE 1A

DESCRIPTION OF COLLECTION PER AUDITED FINANCIAL STATEMENTS

COLLECTIONS ARE NOT CAPITALIZED IN THE SOCIETY'S FINANCIAL STATEMENTS. COLLECTIONS, INCLUDING LIBRARY HOLDINGS, ARE HELD FOR PUBLIC EXHIBITION, EDUCATION AND RESEARCH. THE SOCIETY'S BOARD HAS ADOPTED A POLICY WHEREBY ANY PROCEEDS FROM THE SALE OF COLLECTION ITEMS CAN BE UTILIZED ONLY FOR THE PURCHASE OF ADDITIONAL COLLECTION ITEMS THAT COMPLEMENT THE SOCIETY'S MISSION.

FORM 990, SCH D, PART III LINE 4

DESCRIPTION OF SOCIETY'S COLLECTIONS

THE SOCIETY HAS TWO MAIN COLLECTIONS - A MUSEUM COLLECTION AND A LIBRARY COLLECTION.

THE MUSEUM COLLECTION CONTAINS MORE THAN 60,000 OBJECTS AND WORKS OF ART RELATING TO THE FOUNDING OF THE US, THE HISTORY OF ART IN AMERICA AND THE HISTORY OF NY AND ITS PEOPLE. THE COLLECTION INCLUDES PAINTINGS, DRAWINGS, SCULPTURES, FURNITURE PIECES, DECORATIVE ARTS ITEMS, SHIP MODELS AND CARRIAGES. APPROXIMATELY 40,000 ITEMS IN THE COLLECTION ARE ON PERMANENT VIEW IN THE SOCIETY'S BUILDING AS A "VISIBLE STORAGE" INSTALLATION. THE COLLECTION MAY BE VIEWED ONLINE AT WWW.MUSEUM.NYHISTORY.ORG.

THE LIBRARY AT THE SOCIETY IS ONE OF THE OLDEST INDEPENDENT RESEARCH LIBRARIES IN THE US. COLLECTION STRENGTHS INCLUDE LOCAL HISTORY OF NY CITY AND STATE, COLONIAL HISTORY, THE REVOLUTIONARY WAR, AMERICAN

Part XIV Supplemental Information (continued)

MILITARY AND NAVAL HISTORY, RELIGIONS AND RELIGIOUS MOVEMENTS, THE ANGLO-AMERICAN SLAVE TRADE AND CONDITIONS OF SLAVERY IN THE US, THE CIVIL WAR, AMERICAN BIOGRAPHY AND GENEALOGY, AMERICAN ART AND ART PATRONAGE, THE DEVELOPMENT OF AMERICAN ARCHITECTURE, 19TH AND 20TH CENTURY PORTRAITURE AND DOCUMENTARY PHOTOGRAPHS OF NYC. THE LIBRARY COLLECTIONS INCLUDE 2 MILLION MANUSCRIPTS, 500,000 PHOTOGRAPHS, 400,000 PRINTS, 350,000 BOOKS AND PAMPHLETS, 150,000 ARCHITECTURAL DRAWINGS, 20,000 BROADSIDES, 15,000 PRINTED MAPS, 10,000 NEWSPAPERS AND 10,000 DINING MENUS.

THE COLLECTIONS ARE AN ESSENTIAL PART OF THE SOCIETY'S MISSION TO COLLECT, PRESERVE AND INTERPRET AMERICAN HISTORY AND ART THROUGH ITS MATERIAL CULTURAL LEGACY.

FORM 990, SCH D, PART V, LINE 4

INTENDED USE OF THE ENDOWMENT

THE ENDOWMENT FUNDS ARE USED TO SUPPORT AND SPONSOR THE FOLLOWING EXEMPT PROGRAMS OF THE NYHS IN THE FOLLOWING PERCENTAGES:

LIBRARY	3.2%
MUSEUM	8.7%
PUBLIC AND EDUCATIONAL	13.2%
COLLECTION ACQUISITION	.7%
UNRESTRICTED	74.2%

Part XIV Supplemental Information (continued)

FORM 990, SCH D, PART X

FIN 48 DISCLOSURE

EFFECTIVE JULY 1, 2009, THE SOCIETY ADOPTED FASB ACCOUNTING STANDARDS CODIFICATION (ASC) 740, WHICH ADDRESSES ACCOUNTING FOR, AND DISCLOSURE OF, UNCERTAIN TAX POSITIONS. MANAGEMENT BELIEVES THAT THE SOCIETY WILL CONTINUE TO BE EXEMPT FROM TAXES AND THAT THE SOCIETY HAS TAKEN NO SIGNIFICANT UNCERTAIN TAX POSITIONS.

FORM 990, SCH D, PART XII

RECONCILIATION OF REVENUE WITH AUDIT REPORT

LINE 2D - COST OF INVENTORY SOLD	\$322,961
LINE 4B - INDIRECT COST OF SPECIAL EVENTS	\$404,913

FORM 990, SCH D, PART XIII

RECONCILIATION OF EXPENSES WITH AUDIT REPORT

LINE 2D - COST OF INVENTORY SOLD	\$322,961
LINE 4B - INDIRECT COST OF SPECIAL EVENTS	\$404,913

**Schedule F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b line 15, or line 16.
- ▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization: NEW YORK HISTORICAL SOCIETY Employer identification number: 13-1624124

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
EUROPE	0	0	PROGRAM SERVICES	TRAVELING, EXHIBITION	111,399.
EUROPE	0	0	PROGRAM SERVICES	CATALOGUES PUBLISHING	65,060.
CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		
Totals ▶	0	0			176,459.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) 2009

JSA 9E1274 2.000

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

FORM 990, SCH F, PART I, LINE 3

ACTIVITIES OUTSIDE THE U.S.

THE SOCIETY ENTERED INTO EXHIBITION TRAVEL AGREEMENTS WITH TWO EUROPEAN MUSEUMS FOR ITS EXHIBITION ENTITLED "A NEW LIGHT ON TIFFANY." ONE OF THE TWO VENUES BEGAN IN THE TAX YEAR 2008 AND CONTINUED INTO TAX YEAR 2009, AND THE SECOND VENUE TOOK PLACE IN TAX YEAR 2009. THE SOCIETY EARNED PROGRAM SERVICE FEES AND EXPENSE REIMBURSEMENTS AGGREGATING \$111,399. \$22,000 OF COSTS WERE PAID TO A EUROPEAN SOURCE; THE REMAINDER OF COSTS WERE PAID TO U.S. SOURCES.

THE SOCIETY CONTRACTED WITH TWO EUROPEAN BOOK PUBLISHERS FOR TWO EXHIBITION CATALOGUES. FUND TRANSFERS AGGREGATED \$65,060 DURING THE TAX YEAR.

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events (add col. (a) through col. (c))		
		WEEKEND/HISTORY (event type)	GALA (event type)	5 (total number)			
Revenue	1	Gross receipts	1,623,282.	1,852,143.	408,747.	3,884,172.	
	2	Less: Charitable contributions	1,510,982.	1,797,343.	354,822.	3,663,147.	
	3	Gross income (line 1 minus line 2)	112,300.	54,800.	53,925.	221,025.	
Direct Expenses	4	Cash prizes					
	5	Noncash prizes					
	6	Rent/facility costs					
	7	Food and beverages	34,861.	73,279.	41,056.	149,196.	
	8	Entertainment					
	9	Other direct expenses	10,033.	13,231.	6,595.	29,859.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)					(179,055.)
	11	Net income summary. Combine line 3, column (d), and line 10					41,970.

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

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

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

13 Indicate the percentage of gaming activity operated in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

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

Name ▶ -----

Address ▶ -----

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

15a

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ----- and the amount of gaming revenue retained by the third party ▶ \$ -----.

c If "Yes," enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

17a

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
AMERICAN HISTORY BOOK CLUB PRIZE	1	50,000.			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

MONITORING THE USE OF GRANT

 FORM 990, SCH I, PART I, LINE 2

 THE AMERICAN HISTORY BOOK CLUB PRIZE IS AWARDED ANNUALLY TO AN AUTHOR FOR

 A NON-FICTION BOOK ON AMERICAN HISTORY OR BIOGRAPHY THAT IS DISTINGUISHED

 BY ITS SCHOLARSHIP, ITS LITERARY STYLE AND ITS APPEAL TO BOTH A GENERAL

 AND AN ACADEMIC AUDIENCE. IN SELECTING THE RECIPIENT OF THE AWARD, A

 WIDE ARRAY OF PUBLISHERS IS INVITED TO MAKE RECOMMENDATIONS FROM WHICH A

 JURY OF FIVE (FROM BOTH ACADEMIA AND LAY) SELECTS THREE AUTHORS. THE

 FINALIST IS SELETED FROM THIS LIST.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

NEW YORK HISTORICAL SOCIETY

Employer identification number

13-1624124

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a** Yes No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** Yes No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** Yes No
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a** Yes No
- b** Any related organization? **5b** Yes No
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a** Yes No
- b** Any related organization? **6b** Yes No
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

	Yes	No
1a		
1b		
2		
3		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

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

Schedule J (Form 990) 2009

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JEAN W ASHTON	(i)	157,647.	0.	618.	4,915.	16,760.	179,940.
	(ii)	0.	0.	0.	0.	0.	0.
ANDREW BUONPASTORE	(i)	155,482.	0.	276.	4,726.	8,502.	168,986.
	(ii)	0.	0.	0.	0.	0.	0.
MARY KILBOURN	(i)	176,565.	0.	516.	647.	21,905.	199,633.
	(ii)	0.	0.	0.	0.	0.	0.
LOUISE MIRRER	(i)	357,673.	0.	516.	11,077.	25,905.	395,171.
	(ii)	0.	0.	0.	0.	0.	0.
RICHARD A SHEIN	(i)	125,811.	0.	470.	4,153.	26,963.	157,397.
	(ii)	0.	0.	0.	0.	0.	0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

▶ **See the Instructions for Form 990.**

Name of the Organization

NEW YORK HISTORICAL SOCIETY

Employer identification number

13-1624124

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
IRA A. LIPMAN TRUSTEE	1.00	X					0.	0.	0.	
TARKY LOMBARDI, JR VICE CHAIR	1.00	X		X			0.	0.	0.	
CARL B. MENGES TRUSTEE	1.00	X					0.	0.	0.	
SARAH E. NASH TRUSTEE	1.00	X					0.	0.	0.	
NANCY NEWCOMB TRUSTEE	1.00	X					0.	0.	0.	
GEORGE E. PATAKI TRUSTEE	1.00	X					0.	0.	0.	
RUSSELL P. PENNOYER TRUSTEE	1.00	X					0.	0.	0.	
STUART J. RABIN TRUSTEE	1.00	X					0.	0.	0.	
CHARLES M. ROYCE TRUSTEE	1.00	X					0.	0.	0.	
THOMAS A. SAUNDERS. III TRUSTEE	1.00	X					0.	0.	0.	
PAM B. SCHAFLER VICE CHAIR A/O 5/10/10	1.00	X		X			0.	0.	0.	
BENNO C. SCHMIDT JR. TRUSTEE	1.00	X					3,000.	0.	0.	
BERNARD L. SCHWARTZ TRUSTEE	1.00	X					0.	0.	0.	
MICHELLE SMITH TRUSTEE - JOINED 2/2010	1.00	X					0.	0.	0.	
ERNEST TOLLERSON TRUSTEE	1.00	X					0.	0.	0.	
ALICE L. WALTON TRUSTEE - THROUGH 3/2010	1.00	X					0.	0.	0.	
SUE ANN WEINBERG TRUSTEE	1.00	X					0.	0.	0.	
BYRON R. WIEN TRUSTEE	1.00	X					0.	0.	0.	
JENNIFER SCHANTZ SEC'Y & GEN COUN & CAO	35.00			X			114,522.	0.	7,696.	
RICHARD A SHEIN TREASURER & CFO	35.00			X			126,281.	0.	31,116.	
JEAN W ASHTON EXEC VP & DIRECTOR OF LIBRARY	35.00				X		158,265.	0.	21,675.	

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

Schedule J-2 (Form 990) 2009

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization NEW YORK HISTORICAL SOCIETY	Employer identification number 13-1624124
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Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

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

Total ▶ \$ _____

Part III Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
RIC BURNS	TRUSTEE	132,860.	SEE SCH O FOR MORE DETAILS		X

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

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization
NEW YORK HISTORICAL SOCIETY

Employer identification number
13-1624124

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art	X	16		
2 Art-Historical treasures				
3 Art-Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities-Publicly traded	X	9	381,239.	FMV ON DATE RECEIVED
10 Securities-Closely held stock				
11 Securities-Partnership, LLC, or trust interests				
12 Securities-Miscellaneous				
13 Qualified conservation contribution-Historic structures				
14 Qualified conservation contribution-Other				
15 Real estate-Residential				
16 Real estate-Commercial				
17 Real estate-Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts	X	104		
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>ATCH 2</u>)		8,173.		
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 8

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

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

FORM 990, SCH M, LINE 33

THE SOCIETY ACCEPTED NUMEROUS OBJECTS INTO BOTH ITS MUSEUM AND LIBRARY
COLLECTIONS DURING THE FISCAL YEAR. SEE SCH D, PART XIV, LINE 4 FOR A
DESCRIPTION OF THE SOCIETY'S COLLECTIONS.

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

ATTACHMENT 2

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
LIBRARY COLLECTION	X	8161		
MUSEUM COLLECTION	X	12		
TOTALS		<u>8,173.</u>		

**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

NEW YORK HISTORICAL SOCIETY

Employer identification number

13-1624124

ATTACHMENT 3

FORM 990, PART III, LINE 4A

MUSEUM AND MUSEUM EXHIBITIONS:

THE FOUNDING MISSION OF THE SOCIETY'S MUSEUM IS TO GATHER, PRESERVE AND INTERPRET MATERIALS RELATED TO AMERICAN HISTORY SEEN THROUGH THE PRISM OF NY. IT HOLDS ONE OF THE WORLD'S GREATEST COLLECTIONS OF HISTORICAL ARTIFACTS, AMERICAN ART, AND OTHER MATERIALS. THE MUSEUM'S COLLECTION CONTAINS MORE THAN 60,000 OBJECTS OR WORKS OF ART. (SEE SCH D, PART XIV FOR MORE INFORMATION ABOUT THE COLLECTION.) EXHIBITIONS, BOTH PERMANENT AND CHANGING, ENABLE THE SOCIETY TO INTERPRET AND SHOWCASE THESE MATERIALS TO THE BROADEST POSSIBLE PUBLIC. DURING THE TAX YEAR, OVER 100,000 PERSONS ATTENDED EXHIBITIONS IN THE SOCIETY'S BUILDING, AND ADDITIONAL PERSONS ATTENDED N-YHS EXHIBITIONS OR VIEWED OBJECTS LOANED TO OTHER INSTITUTIONS.

FORM 990, PART III, LINE 4C

EDUCATION AND PUBLIC PROGRAMS:

THE EDUCATION DEPARTMENT OF THE SOCIETY ORGANIZES AND PRESENTS SCHOOL PROGRAMS AND TEACHER PROFESSIONAL-DEVELOPMENT PROGRAMS AND DEVELOPS AND DISTRIBUTES CLASSROOM RESOURCES. DURING THE TAX YEAR, OVER 100,000 PERSONS ATTENDED EDUCATION PROGRAMS OFFERED BY THE SOCIETY.

ADULT PUBLIC PROGRAMS FOSTER LIFELONG LEARNING AND A DEEPER APPRECIATION OF THE RELEVANCE OF HISTORY AND UNDERSTANDING OF THE SOCIETY'S PERMANENT AND SPECIAL EXHIBITIONS. DURING THE TAX YEAR, 20,000 PERSONS BENEFITED

Name of the organization NEW YORK HISTORICAL SOCIETY	Employer identification number 13-1624124
<u>ATTACHMENT 3 (CONT'D)</u>	

FROM SOCIETY ADULT PUBLIC PROGRAMS.

FORM 990, PART III, LINE 4D

OTHER PROGRAM SERVICES

OTHER PROGRAMS CONSIST OF THE SOCIETY'S MUSEUM STORE, MUSEUM CAFÉ, EVENT RENTALS AND RIGHTS AND REPRODUCTION SERVICES.

FORM 990, PART VI, LINE 2

FAMILY OR BUSINESS RELATIONSHIPS

TRUSTEE R. GILDER AND A RELATIVE OF TRUSTEE J. BERKOWITZ HAVE A BUSINESS RELATIONSHIP.

THE GILDER LEHRMAN COLLECTION ("GLC"), A DELAWARE PARTNERSHIP, OF WHICH TRUSTEES RICHARD GILDER AND LEWIS LEHRMAN ARE PARTNERS, AND THE GILDER LEHRMAN INSTITUTE OF AMERICAN HISTORY ("GLI"), A NOT-FOR-PROFIT ORGANIZATION INCORPORATED BY THE NEW YORK STATE BOARD OF REGENTS, ARE PARTIES TO AN AGREEMENT WITH THE NEW YORK HISTORICAL SOCIETY (THE "SOCIETY") DATED OCTOBER 10, 2008 PURSUANT TO WHICH A COLLECTION OF AMERICAN HISTORICAL DOCUMENTS AND OTHER ITEMS OWNED BY THE GLC AND THE GLI (THE "COLLECTION") HAS BEEN PLACED ON DEPOSIT WITH THE SOCIETY. MR. GILDER AND MR. LEHMAN ARE TRUSTEES OF THE GLI. ITEMS IN THE COLLECTION OWNED BY THE GLC HAVE BEEN LEASED TO THE GLI. A SEPARATE AREA FOR

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ATTACHMENT 3 (CONT'D)

HOUSING THE COLLECTION WAS CONSTRUCTED BY THE SOCIETY USING FUNDS DONATED TO THE SOCIETY BY MR. GILDER IN 2003. STAFF OF THE GLC AND THE GLI MAINTAIN THE COLLECTION AND MAKE IT AVAILABLE TO SCHOLARS AND THE PUBLIC.

FORM 990, PART VI- LINE 11

APPROVAL PROCESS OF FORM 990

THE COMPLETED FORM 990 AND SCHEDULES ARE PRESENTED FOR REVIEW TO THE AUDIT COMMITTEE. UPON THE AUDIT COMMITTEE'S APPROVAL, THE FULL BOARD OF TRUSTEES IS SENT (VIA EMAIL) A COMPLETE COPY OF THE FORM 990, AS IT WILL BE FILED WITH THE IRS FOR ITS REVIEW. AFTER A COMMENT PERIOD OF A REASONABLE NUMBER OF DAYS, THE PRESIDENT AND CEO IS AUTHORIZED TO SIGN AND THE STAFF IS AUTHORIZED TO FILE THE FORM 990 AND SCHEDULES WITH THE IRS.

FORM 990, PART VI - LINE 12C

MONITORING AND COMPLIANCE WITH CONFLICT OF INTEREST POLICY

THE CONFLICT OF INTEREST POLICY IS MONITORED BY THE SENDING OF A CONFLICT OF INTEREST DISCLOSURE FORM AND QUESTIONNAIRE ON AN ANNUAL BASIS TO ALL TRUSTEES, OFFICERS AND KEY EMPLOYEES. THE GENERAL COUNSEL AND CHIEF ADMINISTRATIVE OFFICER IS CHARGED WITH OBTAINING EXECUTED QUESTIONNAIRES FROM ALL RECIPIENTS, REVIEWING ALL RESPONSES FOR COMPLETENESS AND FOLLOWING UP ON ANY MATTERS THAT ARE PRESENTED IN THE RESPONSES.

FORM 990, PART VI- LINE 15 A & B

EXECUTIVE COMPENSATION REVIEW PROCESS

LINE 15A

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ATTACHMENT 3 (CONT'D)

WHEN THE PRESIDENT AND CEO'S EMPLOYMENT AGREEMENT IS UP FOR RENEWAL, THE COMPENSATION COMMITTEE, COMPRISED OF INDEPENDENT TRUSTEE MEMBERS OF THE EXECUTIVE COMMITTEE, RETAINS AN OUTSIDE CONSULTANT TO UNDERTAKE A FORMAL COMPARABILITY STUDY OF HER COMPENSATION TO FACILITATE REVIEW OF THE PROPOSED SALARY FOR THE PERIOD OF THE UPCOMING CONTRACT. THE OUTSIDE CONSULTANT IS ENGAGED DIRECTLY BY THE CHAIRMAN OF THE BOARD AND NOT BY A STAFF MEMBER. THE CHAIRMAN OF THE BOARD LEADS THE COMPENSATION COMMITTEE'S DISCUSSION OF THE PRESIDENT AND CEO'S COMPENSATION WITHOUT ANY STAFF IN THE ROOM. THE FINAL COMPENSATION ADJUSTMENT IS DETERMINED BY THE ENTIRE COMPENSATION COMMITTEE. THE CHAIRMAN TAKES CONTEMPORANEOUS MINUTES AND DEPOSITS ALONGSIDE THE REGULAR MINUTES OF THE MEETING, BUT IN A SEALED ENVELOPE MARKED "BOARD CONFIDENTIAL."

LINE 15B

IN NOVEMBER OF EACH YEAR, INDEPENDENT TRUSTEE MEMBERS OF THE EXECUTIVE COMMITTEE, ACT AS A COMPENSATION COMMITTEE AND REVIEW THE SALARIES AND PERFORMANCE OF THE OFFICERS AND KEY EMPLOYEES (OTHER THAN THE PRESIDENT AND CEO WHOSE COMPENSATION IS SET BY AGREEMENT AND DESCRIBED ABOVE). AT THE ANNUAL COMPENSATION COMMITTEE MEETING, THE PRESIDENT AND CEO PRESENTS EXISTING STUDIES OF COMPARABLE SALARIES (I.E., EXISTING AND CURRENT COMPENSATION STUDIES PREPARED BY INDEPENDENT FIRMS OR SURVEYS OF COMPENSATION PAID BY SIMILARLY SITUATED ORGANIZATIONS FOR FUNCTIONALLY COMPARABLE POSITIONS IN SIMILAR GEOGRAPHIC AREA) AND MAKES SALARY RECOMMENDATIONS, TAKING INTO ACCOUNT THE COMPENSATION INFORMATION PRESENTED. THE PRESIDENT AND CEO TAKES CONTEMPORANEOUS MINUTES OF THE

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ATTACHMENT 3 (CONT'D)

MEETING WHICH SHE DEPOSITS ALONGSIDE THE REGULAR MINUTES OF THE MEETING
BUT IN A SEALED ENVELOPE MARKED "BOARD CONFIDENTIAL."

FORM 990, PART VI- LINE 19

PUBLIC AVAILABILITY OF DOCUMENTS

THE SOCIETY'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND
AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON WRITTEN
REQUEST. IN ADDITION, THE AUDITED FINANCIAL STATEMENTS ARE FILED WITH
THE CHARITIES BUREAU OF THE NEW YORK STATE ATTORNEY GENERAL'S OFFICE AND
AVAILABLE TO THE PUBLIC FROM THE BUREAU. THE SOCIETY'S RECENT FORM 990
FILINGS CAN BE FOUND ON ITS WEBSITE WWW.NYHISTORY.ORG.

KENNETH T. JACKSON, A CURRENT TRUSTEE, WAS THE PRESIDENT OF THE SOCIETY
FROM MAY 2001 TO MAY 2004.

FORM 990 PART IX LINE 24A

COMPONENTS OF EXHIBITION COSTS

EXHIBITION AND OBJECT LOAN FEES	\$	11,065
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CONSERVATION		64,800
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DESIGN AND INSTALLATION		723,628
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ATTACHMENT 3 (CONT'D)

GRAPHICS	129,709
AUDIO/VISUAL	62,354
FILM PRODUCTION	165,000
EXHIBITION AND ART SHIPPING COSTS	150,352
<hr/>	
TOTAL	\$ 1,306,908
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FORM 990, SCH G, PART I, LINE 2B

FUNDRAISER

THE SOCIETY CONTRACTED WITH ONE PROFESSIONAL FUNDRAISER DURING THE TAX

YEAR 2009 - BARBI ZAKIN EVENTS LLC.

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ATTACHMENT 3 (CONT'D)

CONTRACTS WITH BARBI ZAKIN EVENTS LLC WERE RELATED TO CONSULTING WORK FOR TWO OF THE SOCIETY'S FUNDRAISING EVENTS DURING THE 2009 TAX YEAR. EACH CONTRACT CALLED FOR THE PAYMENT OF A FLAT FEE AND THE REIMBURSEMENT OF OUT-OF-POCKET EXPENSES (I.E. STAMPS, OFFICE SUPPLIES AND COPIES OF MATERIALS). THE SOCIETY DIRECTLY PAID FOR ALL MAJOR COSTS OF THE EVENTS, SUCH AS INVITATION PREPARATION AND MAILING, CATERING COSTS AND DECORATIONS, AND THE SOCIETY DIRECTLY COLLECTED ALL FUNDS RAISED BY THESE EVENTS. THE FEES AND OUT-OF-POCKET REIMBURSEMENT COSTS FOR THE TWO EVENTS AGGREGATED \$100,000 AND \$4,684, RESPECTIVELY.

FORM 990, SCH L, PART IV

TRANSACTION WITH INTERESTED PARTY

THE SOCIETY CONTRACTED WITH STEEPLECHASE FILMS, INC. FOR THE PRODUCTION OF A FILM FOR AN EXHIBITION. RIC BURNS, A TRUSTEE, IS THE PRESIDENT OF THIS FIRM AND A WORLD-RENOWNED DOCUMENTARY FILM PRODUCER. DURING THE TAX YEAR 2009, THE SOCIETY PAID STEEPLECHASE FILMS, INC. \$132,860 TOWARD THE TWO-YEAR CONTRACT. THE PROVISIONS OF THE CONFLICT OF INTEREST POLICY WERE FOLLOWED WITH RESPECT TO THIS TRANSACTION.

ATTACHMENT 4

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE SOCIETY'S MISSION IS TO COLLECT, PRESERVE AND INTERPRET HISTORICAL ARTIFACTS, AMERICAN ART AND OTHER MATERIALS DOCUMENTING

Name of the organization

NEW YORK HISTORICAL SOCIETY

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ATTACHMENT 4 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE HISTORY OF THE UNITED STATES AS SEEN THROUGH THE PRISM OF NEW YORK CITY AND STATE. ITS MISSION IS TO MAKE ITS LIBRARY AND MUSEUM COLLECTIONS ACCESSIBLE TO THE BROADEST PUBLIC THROUGH EXHIBITIONS, STUDENT AND TEACHER EDUCATION PROGRAMS, ADULT PUBLIC PROGRAMS AND SCHOLAR RESEARCH. FOR MORE INFORMATION, SEE THE SOCIETY'S WEB SITE AT WWW.NYHISTORY.ORG.

ATTACHMENT 5FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
OTHER PROGRAMS	50,000.	1328367.	1242071.
TOTALS	<u>50,000.</u>	<u>1328367.</u>	<u>1,242,071.</u>

ATTACHMENT 6990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
BOVIS LEND LEASE LMB INC C/O NYHS 170 CPW NEW YORK, NY 10024	CONSTRUCTION SUPERV	958,573.
PLATT BYARD DOVELL WHITE ARCHITECTS LLP 20 WEST 22ND STREET NEW YORK, NY 10010	ARCHITECT	504,090.
AMERICAN HISTORY WORKSHOP INC 588 7TH AVENUE BROOKLYN, NY 11215	CURATORIAL	450,694.
DONNA LAWRENCE PRODUCTIONS INC 624 BAXTER AVENUE LOUISVILLE, KY 40204	FILM PRODUCER	341,997.
THE DOCUMENTARY GROUP LLC	FILM PRODUCER	275,000.

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ATTACHMENT 6 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
125 WEST END AVENUE NEW YORK, NY 10023		
TOTAL COMPENSATION		<u>2,530,354.</u>

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2009, or fiscal year beginning 07/01, 2009, and ending 06/30, 2010

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

▶ See instructions on back.

2009

Department of the Treasury
Internal Revenue Service

Name of exempt organization

NEW YORK HISTORICAL SOCIETY

Employer identification number

13-1624124

Name and title of officer

RICHARD SHEIN, CHIEF FINANCIAL OFFICER

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 for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>47564187.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	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 2009 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) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize KPMG LLP ERO firm name to enter my PIN 18040 as my signature
Enter five numbers, but do not enter all zeros

on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Richard Shein

Date ▶ 5/2/11

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

13407311646
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Robert A. Robinson

Date ▶ 5/2/11

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

For Paperwork Reduction Act Notice, see back of form.