



# 2010 Income Tax Returns

NEW YORK HISTORICAL SOCIETY

COPY FOR PUBLIC INSPECTION

# Return of Organization Exempt From Income Tax

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

Department of the Treasury  
Internal Revenue Service

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

**A** For the **2010** calendar year, or tax year beginning **07/01, 2010**, and ending **06/30, 2011**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization NEW YORK HISTORICAL SOCIETY			<b>D</b> Employer identification number 13-1624124
	Doing Business As			<b>E</b> Telephone number (212) 873-3400
	Number and street (or P.O. box if mail is not delivered to street address) 170 CENTRAL PARK WEST		Room/suite	<b>G</b> Gross receipts \$ 57,809,164.
	City or town, state or country, and ZIP + 4 NEW YORK, NY 10024-5194			
<b>F</b> Name and address of principal officer: LOUISE MIRRER 170 CENTRAL PARK WEST NEW YORK, NY 10024-5194			<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>H(c)</b> Group exemption number ▶	
<b>J</b> Website: ▶ WWW.NYHISTORY.ORG				
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: 1809 <b>M</b> State of legal domicile: NY	

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> 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.				
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	51.		
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	48.		
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b>	258.		
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	150.		
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	16,488.		
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	-35,556.			
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	45,530,214.	Current Year	25,411,706.
	<b>9</b> Program service revenue (Part VIII, line 2g)		1,384,859.		1,515,630.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-382,337.		1,350,141.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,031,451.		661,906.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		47,564,187.		28,939,383.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		50,000.	
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)			0.		0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			8,211,713.		8,690,309.
<b>16 a</b> Professional fundraising fees (Part IX, column (A), line 11e)			100,000.		142,500.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,727,349.					
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)			10,021,857.		11,045,500.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		18,383,570.		19,928,309.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12		29,180,617.		9,011,074.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	134,592,250.	End of Year	149,231,250.
	<b>21</b> Total liabilities (Part X, line 26)		7,495,780.		9,178,435.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20		127,096,470.		140,052,815.

## Part II Signature Block

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

<b>Sign Here</b>	▶ Signature of officer	Date			
	▶ Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00741489
	Firm's name ▶ KPMG LLP			EIN ▶ 13-5565207	
	Firm's address ▶ 345 PARK AVENUE NEW YORK, NY 10154-0102			Phone no. ▶ 212-758-9700	
May the IRS discuss this return with the preparer shown above? (see instructions)					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

For Paperwork Reduction Act Notice, see the separate instructions.

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III  Yes  No

**1** Briefly describe the organization's mission:

SEE SCHEDULE O

**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 \$ 6,878,973. including grants of \$ 0.) (Revenue \$ 692,682.)

MUSEUM AND MUSEUM EXHIBITIONS - SEE SCHEDULE O

**4b** (Code: \_\_\_\_\_) (Expenses \$ 4,769,859. including grants of \$ 0.) (Revenue \$ 231,425.)

LIBRARY - SEE SCHEDULE O

**4c** (Code: \_\_\_\_\_) (Expenses \$ 2,909,245. including grants of \$ \_\_\_\_\_) (Revenue \$ 498,830.)

EDUCATION AND PUBLIC PROGRAMS - SEE SCHEDULE O

**4d** Other program services. (Describe in Schedule O.) ATTACHMENT 1  
(Expenses \$ 1,448,530. including grants of \$ 50,000.) (Revenue \$ 502,852.)

**4e** Total program service expenses ► 16,006,607.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Contains 20 main questions and sub-questions (a-f) regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 21-38 detailing various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response to any question in this Part V.

Table with columns for question number, description, and Yes/No checkboxes. Rows include questions 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, and 14a-14b.

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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (51); 1b Enter the number of voting members included in line 1a, above, who are independent (48); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Does the organization have members or stockholders? (X); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (X); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a 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?; 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a 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? a The organization's CEO, Executive Director, or top management official (X); b 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. [X] 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**

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) LOUISE MIRRER TRUSTEE, PRESIDENT & CEO	35.00	X		X				365,362.	0.	35,682.
(2) HELEN APPEL TRUSTEE	1.00	X						0.	0.	0.
(3) JAMES BASKER TRUSTEE-JOINED 12/2010	1.00	X						0.	0.	0.
(4) WILLIAM. BEEKMAN TRUSTEE	1.00	X						0.	0.	0.
(5) JUDITH ROTH BERKOWITZ TRUSTEE	1.00	X						0.	0.	0.
(6) DAVID BLIGHT TRUSTEE	1.00	X						0.	0.	0.
(7) RIC BURNS TRUSTEE	1.00	X						0.	0.	0.
(8) JAMES S. CHANOS TRUSTEE	1.00	X						0.	0.	0.
(9) RAVENEL B. CURRY III TRUSTEE	1.00	X						0.	0.	0.
(10) SUSAN FRIER DANILOW TRUSTEE	1.00	X						0.	0.	0.
(11) ELIZABETH B. DATER TRUSTEE	1.00	X						0.	0.	0.
(12) BARBARA KNOWLES DEBS TRUSTEE	1.00	X						0.	0.	0.
(13) JOSEPH A. DIMENNA TRUSTEE	1.00	X						0.	0.	0.
(14) CHARLES DORKEY III TRUSTEE	1.00	X						0.	0.	0.
(15) NIALL FERGUSON TRUSTEE	1.00	X						0.	0.	0.
(16) HENRY LOUIS GATES, JR. TRUSTEE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) EMANUEL E. GEDULD TRUSTEE	1.00	X					0.	0.	0.	
(18) RICHARD GELFOND TRUSTEE	1.00	X					0.	0.	0.	
(19) RICHARD GILDER TRUSTEE	1.00	X					0.	0.	0.	
(20) JAMES GRANT TRUSTEE-JOINED 12/2010	1.00	X					0.	0.	0.	
(21) MARTIN J. GROSS TRUSTEE	1.00	X					0.	0.	0.	
(22) ROGER HERTOOG CHAIRMAN	1.00	X		X			0.	0.	0.	
(23) ROBERTA P. HUBER TRUSTEE	1.00	X					0.	0.	0.	
(24) KENNETH T. JACKSON TRUSTEE AND SR HISTORIAN	14.00	X					27,591.	0.	2,556.	
(25) LAWRENCE JACOBS TRUSTEE	1.00	X					0.	0.	0.	
(26) DAVID M. KENNEDY TRUSTEE	1.00	X					0.	0.	0.	
(27) PATRICIA KLINGENSTEIN TRUSTEE	1.00	X					0.	0.	0.	
(28) SIDNEY LAPIDUS TRUSTEE	1.00	X					0.	0.	0.	
<b>1b Sub-total</b>							392,953.	0.	38,238.	
<b>c Total from continuation sheets to Part VII, Section A ATTACHMENT 2</b>							1,016,197.	0.	125,621.	
<b>d Total (add lines 1b and 1c)</b>							1,409,150.	0.	163,859.	

**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 **▶ 8**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

**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 **▶ 44**

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>	245,707.				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	4,420,359.				
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . .	<b>1e</b>	1,279,683.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	19,465,957.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		4,384,185.				
	<b>h Total.</b> Add lines 1a-1f . . . . .			25,411,706.			
<b>Program Service Revenue</b>		<b>Business Code</b>					
	<b>2a</b> <u>ADMISSIONS</u>		900099	202,169.	202,169.		
	<b>b</b> <u>EDUCATION AND PUBLIC PROGRAM FEES</u>		900099	382,676.	382,676.		
	<b>c</b> <u>TRAVELLING EXHIB &amp; LOAN FEES</u>		900099	604,213.	604,213.		
	<b>d</b> <u>REPRODUCTION FEES</u>		900099	94,129.	94,129.		
	<b>e</b> <u>DIGITIZING FEES</u>		900099	214,793.	214,793.		
	<b>f</b> All other program service revenue . . . . .		900099	17,650.	17,650.		
	<b>g Total.</b> Add lines 2a-2f . . . . .			1,515,630.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			285,000.			285,000.
	<b>4</b> Income from investment of tax-exempt bond proceeds . . .			0.			
	<b>5</b> Royalties . . . . .			174,825.			174,825.
		(i) Real	(ii) Personal				
	<b>6a</b> Gross Rents . . . . .	205,256.					
	<b>b</b> Less: rental expenses . . . . .						
	<b>c</b> Rental income or (loss) . . . . .	205,256.					
	<b>d</b> Net rental income or (loss) . . . . .			205,256.			205,256.
		(i) Securities	(ii) Other				
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	29,522,451.					
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	28,457,310.					
	<b>c</b> Gain or (loss) . . . . .	1,065,141.					
	<b>d</b> Net gain or (loss) . . . . .			1,065,141.			1,065,141.
	<b>8a</b> Gross income from fundraising events (not including \$ <u>4,420,359.</u> of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>		244,700.			
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>		163,362.			
	<b>c</b> Net income or (loss) from fundraising events . . . . .			81,338.			81,338.
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>					
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . .			0.				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>		444,436.				
<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>		249,109.				
<b>c</b> Net income or (loss) from sales of inventory . . . . .		<b>ATCH. 4</b>	195,327.		16,488.	178,839.	
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11a</b> <u>VENDING MACHINE INCOME</u>		900099	5,160.			5,160.	
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			5,160.				
<b>12 Total revenue.</b> See instructions . . . . .			28,939,383.	1,515,630.	16,488.	1,995,559.	

**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).

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(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.			
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.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	976,854.	380,723.	594,313.	1,818.
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.			
7 Other salaries and wages . . . . .	6,173,132.	5,005,112.	617,795.	550,225.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	153,099.	123,170.	15,110.	14,819.
9 Other employee benefits . . . . .	746,356.	600,462.	73,661.	72,233.
10 Payroll taxes . . . . .	640,868.	477,549.	109,268.	54,051.
11 Fees for services (non-employees):				
a Management . . . . .	0.			
b Legal . . . . .	63,518.	50,852.	7,884.	4,782.
c Accounting . . . . .	172,835.		172,835.	
d Lobbying . . . . .	0.			
e Professional fundraising services. See Part IV, line 17	142,500.			142,500.
f Investment management fees . . . . .	125,081.		125,081.	
g Other . . . . .	1,597,805.	1,080,817.	166,247.	350,741.
12 Advertising and promotion . . . . .	173,246.	158,910.	9,251.	5,085.
13 Office expenses . . . . .	488,905.	330,571.	76,421.	81,913.
14 Information technology . . . . .	131,983.	94,726.	15,222.	22,035.
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	1,671,116.	1,476,532.	50,053.	144,531.
17 Travel . . . . .	151,283.	108,793.	26,277.	16,213.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	11,880.	11,151.	308.	421.
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	2,213,154.	2,143,912.	46,162.	23,080.
23 Insurance . . . . .	165,385.	158,938.	4,298.	2,149.
24 Other expenses. Itemize expenses not covered 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.)				
a EXHIBITION COSTS (SEE SCH O) -----	1,357,640.	1,357,640.	0.	0.
b EQUIPMENT RENTAL AND REPAIR -----	521,141.	482,447.	25,874.	12,820.
c PRINTING AND PUBLICATIONS -----	297,153.	214,490.	6,955.	75,708.
d OTHER SUPPLIES -----	285,754.	123,482.	30,365.	131,907.
e COLLECTION ACQUISITIONS -----	1,042,827.	1,042,827.	0.	0.
f All other expenses -----	574,794.	533,503.	20,973.	20,318.
25 <b>Total functional expenses.</b> Add lines 1 through 24f	19,928,309.	16,006,607.	2,194,353.	1,727,349.
26 <b>Joint Costs.</b> Check here <input type="checkbox"/> 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 solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	151,587.	<b>1</b>	492,518.
	<b>2</b> Savings and temporary cash investments . . . . .	19,775,406.	<b>2</b>	11,404,125.
	<b>3</b> Pledges and grants receivable, net . . . . .	45,193,546.	<b>3</b>	28,047,485.
	<b>4</b> Accounts receivable, net . . . . .	282,531.	<b>4</b>	174,353.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> 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) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	140,180.	<b>8</b>	120,316.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	2,424,451.	<b>9</b>	2,759,562.
	<b>10 a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 95,579,688.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 26,685,382.	44,032,065.	<b>10c</b> 68,894,306.
	<b>11</b> Investments - publicly traded securities . . . . .	13,152,590.	<b>11</b>	24,823,938.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	9,425,494.	<b>12</b>	12,500,247.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	14,400.	<b>15</b>	14,400.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	134,592,250.	<b>16</b>	149,231,250.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	4,426,375.	<b>17</b>	6,117,188.
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	455,050.	<b>19</b>	575,187.
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	2,614,355.	<b>25</b>	2,486,060.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	7,495,780.	<b>26</b>	9,178,435.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	44,874,381.	<b>27</b>	42,362,498.
	<b>28</b> Temporarily restricted net assets . . . . .	66,169,144.	<b>28</b>	73,565,078.
	<b>29</b> Permanently restricted net assets . . . . .	16,052,945.	<b>29</b>	24,125,239.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	127,096,470.	<b>33</b>	140,052,815.	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	134,592,250.	<b>34</b>	149,231,250.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	28,939,383.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	19,928,309.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	9,011,074.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	127,096,470.
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	3,945,271.
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	140,052,815.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant?	X	
<b>2c</b>	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	
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b>	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>3b</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** (2010)

**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

**2010**

**Open to Public Inspection**

<b>Name of the organization</b> NEW YORK HISTORICAL SOCIETY	<b>Employer identification number</b> 13-1624124
--	---

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

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

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

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

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

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	11g(i)	
(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	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	20,264,816.	36,712,178.	42,029,646.	45,530,214.	25,411,706.	169,948,560.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .	20,264,816.	36,712,178.	42,029,646.	45,530,214.	25,411,706.	169,948,560.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f), . . . . .						37,265,938.
<b>6 Public support.</b> Subtract line 5 from line 4.						132,682,622.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4 . . . . .	20,264,816.	36,712,178.	42,029,646.	45,530,214.	25,411,706.	169,948,560.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	1,010,925.	886,695.	994,442.	833,083.	665,081.	4,390,226.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	84,578.	0.	0.	0.	0.	84,578.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . <b>ATTCH. 1</b> . . . . .	156,139.	526,985.	48,275.	65,424.	5,160.	801,983.
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						175,225,347.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	10,520,688.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	75.72 %
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 . . . . .	<b>15</b>	74.68 %
<b>16a 33 1/3 % support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3 % support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10 a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

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

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

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2010</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19 a 33 1/3 % support tests - 2010.** 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 - 2009.** 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 explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

## SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2006	2007	2008	2009	2010	TOTAL
OTHER INCOME	156,139.	526,985.	48,275.	65,424.	5,160.	801,983.
TOTALS	<u>156,139.</u>	<u>526,985.</u>	<u>48,275.</u>	<u>65,424.</u>	<u>5,160.</u>	<u>801,983.</u>

**Schedule of Contributors**

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

**2010**

<b>Name of the organization</b> NEW YORK HISTORICAL SOCIETY	<b>Employer identification number</b> 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	----- ----- -----	\$ 2,651,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ 1,049,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	----- ----- -----	\$ 1,175,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	----- ----- -----	\$ 777,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	----- ----- -----	\$ 4,280,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	----- ----- -----	\$ 952,950.	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

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	----- ----- -----	\$ 600,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	----- ----- -----	\$ 550,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	----- ----- -----	\$ 1,100,690.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	----- ----- -----	\$ 1,150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization NEW YORK HISTORICAL SOCIETY

Employer identification number

13-1624124

**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
5	SECURITIES: 288,604 SHARES OF TELEFONES DE MEXICO SAB	\$ 4,280,000.	09/22/2010

**SCHEDULE D  
(Form 990)**

**Supplemental Financial Statements**

OMB No. 1545-0047

**2010**

**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.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and 170(h)(4)(B)(ii)? . . . . .  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2010

**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 . . . . .	30,066,084.	20,704,377.	24,881,590.		
b Contributions . . . . .	8,072,294.	8,697,440.	1,963,024.		
c Net investment earnings, gains, and losses . . . . .	5,135,903.	1,564,998.	-5,866,989.		
d Grants or scholarships . . . . .			0.		
e Other expenditures for facilities and programs . . . . .	1,430,097.	900,731.	273,248.		
f Administrative expenses . . . . .			0.		
g End of year balance . . . . .	41,844,184.	30,066,084.	20,704,377.		

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

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  42.3400 %
- c Term endowment  57.6600 %

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

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

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

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

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

**Part VI 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 . . . . .		46,218,864.	20,485,664.	25,733,200.
c Leasehold improvements . . . . .				
d Equipment . . . . .		15,154,701.	6,199,718.	8,955,023.
e Other . . . . .		33,521,419.		33,521,419.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				68,894,306.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other		
(A) DOMESTIC LIMITED PARTNERSHIP	1,388,964.	FMV
(B) FOREIGN CORPORATIONS	11,111,283.	FMV
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	12,500,247.	

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

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

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

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

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

1. (a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2) ASSET RETIREMENT OBLIGATION	2,486,060.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	2,486,060.	

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

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

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	28,939,383.
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	19,928,309.
<b>3</b>	Excess or (deficit) for the year. Subtract line 2 from line 1	<b>3</b>	9,011,074.
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	3,945,271.
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV.)	<b>8</b>	
<b>9</b>	Total adjustments (net). Add lines 4 through 8	<b>9</b>	3,945,271.
<b>10</b>	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	<b>10</b>	12,956,345.

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	32,524,627.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	3,945,271.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV.)	<b>2d</b>	249,109.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	4,194,380.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	28,330,247.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	125,081.
<b>b</b>	Other (Describe in Part XIV.)	<b>4b</b>	484,055.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	609,136.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	28,939,383.

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	19,568,282.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV.)	<b>2d</b>	249,109.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	249,109.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	19,319,173.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	125,081.
<b>b</b>	Other (Describe in Part XIV.)	<b>4b</b>	484,055.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	609,136.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	19,928,309.

**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 HOLDINGS COMPRISE MORE THAN 1.6 MILLION WORKS 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 PATRICIA D. KLINGENSTEIN 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 MILITARY AND NAVAL HISTORY, RELIGIONS AND RELIGIOUS MOVEMENTS, THE ANGLO-AMERICAN SLAVE TRADE AND CONDITIONS OF SLAVERY IN

**Part XIV Supplemental Information** (continued)

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 HOLDINGS CONTAIN MORE THAN 3 MILLION ITEMS.

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. MORE INFORMATION CAN BE OBTAINED ABOUT BOTH COLLECTIONS ON THE SOCIETY WEB SITE AT WWW.NYHISTORY.ORG.

FORM 990, SCH D, PART V, LINE 4

INTENDED USE OF THE ENDOWMENT

THE ENDOWMENT SPONSORS PROGRAMMING IN THE FOLLOWING PERCENTAGES:

LIBRARY	2.4%
MUSEUM	11.8%
PUBLIC AND EDUCATIONAL	16.7%
COLLECTION ACQUISITION	.5%
UNRESTRICTED	68.6%

**Part XIV Supplemental Information (continued)**

FORM 990, SCH D, PART X

TAX STATUS

THE SOCIETY IS A NOT-FOR-PROFIT ORGANIZATION, EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C) (3) OF THE CODE FOR RELATED ACTIVITIES.

CONTRIBUTIONS TO IT ARE TAX DEDUCTIBLE BY DONORS AS PRESCRIBED BY THE CODE. IN ADDITION, THE SOCIETY IS TAX EXEMPT FROM STATE AND LOCAL INCOME TAX FOR RELATED ACTIVITIES, PROPERTY TAXES, AND SALES TAX. DURING THE YEARS ENDED JUNE 30, 2011 AND 2010, THE SOCIETY WAS NOT SUBJECT TO UNRELATED BUSINESS INCOME TAXES. THE SOCIETY RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. THE SOCIETY HAS EVALUATED ITS TAX POSITIONS AND HAS DETERMINED THAT IT IS MORE LIKELY THAN NOT THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS AND THAT IT WILL CONTINUE TO BE EXEMPT FROM TAXES.

FORM 990, SCH D, PART XII

RECONCILIATION OF REVENUE WITH AUDIT REPORT

LINE 2D - COST OF INVENTORY SOLD	\$249,109
LINE 4B - INDIRECT COST OF SPECIAL EVENTS	\$484,055

**Part XIV** Supplemental Information (continued)

FORM 990, SCH D, PART XIII

RECONCILIATION OF EXPENSES WITH AUDIT REPORT

LINE 2D - COST OF INVENTORY SOLD	\$249,109
LINE 4B - INDIRECT COST OF SPECIAL EVENTS	\$484,055

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 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 V the organization's procedures for monitoring the use of grant funds outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, 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 for and investments in region
(1) EUROPE			PROGRAM SERVICES	CATALOGUE PUBLISHING	86,741.
(2) EUROPE			PROGRAM SERVICES	GLASS CASE PRODUCTION	41,418.
(3) EUROPE			PROGRAM SERVICES	VARIOUS	36,228.
(4) EUROPE			PROGRAM SERVICES	EXHIBITION TOUR	0.
(5) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		11,111,283.
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .					11,275,670.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					11,275,670.

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

Schedule F (Form 990) 2010

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000  Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

**3** Enter total number of other organizations or entities

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* . . . . .  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . .  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . . . . .  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* . . . . .  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* . . . . .  Yes  No

**Part V Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

FORM 990, SCH F, PART I, LINE 3

ACTIVITIES OUTSIDE THE U.S.

IN MAY 2010 THE SOCIETY ENTERED INTO A TRAVEL AGREEMENT WITH A SPANISH MUSEUM FOR ITS EXHIBITION ENTITLED "THE WORLD OF ASHER B. DURAND: THE ARTIST IN NINETEENTH-CENTURY AMERICA. THE EXHIBITION WAS ON DISPLAY IN MADRID FOR THE PERIOD OF OCTOBER 1, 2010 TO JANUARY 9, 2011. THE SOCIETY EARNED PROGRAM SERVICE FEES OF \$75,000 IN CONNECTION WITH THIS ARRANGEMENT. IT DID NOT INCUR COSTS OUTSIDE THE UNITED STATES IN CONNECTION WITH THIS CONTRACT.

THE SOCIETY ALSO PURCHASES SERVICES AND MATERIALS FROM FOREIGN SOURCES FROM TIME TO TIME. IN THE TAX YEAR 2010, THE SOCIETY:

(1) CONTRACTED WITH TWO EUROPEAN BOOK PUBLISHERS FOR SEVERAL EXHIBITION CATALOGUES. FUND TRANSFERS AGGREGATED \$86,741 DURING THE TAX YEAR.

(2) ENTERED INTO AN EXHIBITION DESIGN CONTRACT WITH A EUROPEAN DESIGN FIRM. INITIAL PAYMENTS OF \$41,418 WERE MADE DURING THE TAX YEAR.

(3) PAID FOR SERVICES OR MATERIALS FROM APPROX 25 OTHER EUROPEAN ENTITIES OR PERSONS TOTALING \$36,228.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

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.

OMB No. 1545-0047

**2010**

**Open To Public  
Inspection**

Name of the organization

NEW YORK HISTORICAL SOCIETY

Employer identification number

13-1624124

**Part I**

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 BARBI ZAKIN EVENTS LLC	SPEC EVENTS		X	4,645,419.	142,500.	4,645,419.
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>				4,645,419.	142,500.	4,645,419.

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

CA, CT, DC, FL, IL, MA, MI, NJ, NY, VA,

**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 (event type)	WEEKEND/HISTOR (event type)	2. (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	2,677,031.	1,789,438.	198,590.	4,665,059.
	<b>2</b> Less: Charitable contributions . . . . .	2,569,031.	1,669,638.	181,690.	4,420,359.
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	108,000.	119,800.	16,900.	244,700.
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .	44,854.	16,526.	64,924.	126,304.
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	13,991.	2,400.	20,667.	37,058.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				( 163,362. )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 . . . . .				81,338.

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

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

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

**a** Is the organization licensed to operate gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_

\_\_\_\_\_

**10 a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

\_\_\_\_\_

- 11 Does the organization 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:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

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?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:
  - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
  - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Complete this part to provide the explanation 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 (see instructions).

FORM 990, SCH G, PART I, LINE 2B

FUNDRAISER

THE SOCIETY CONTRACTED WITH ONE PROFESSIONAL FUNDRAISER DURING THE TAX

YEAR 2010 - BARBI ZAKIN EVENTS LLC.

CONTRACTS WITH BARBI ZAKIN EVENTS LLC RELATED TO CONSULTING WORK FOR

THREE OF THE SOCIETY'S FUNDRAISING EVENTS DURING THE 2010 TAX YEAR. EACH

- 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:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

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?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:
  - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
  - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Complete this part to provide the explanation 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 (see instructions).

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 THREE EVENTS AGGREGATED \$142,500 AND \$6,530, RESPECTIVELY.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

NEW YORK HISTORICAL SOCIETY

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Employer identification number

13-1624124

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

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

**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.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 AMERICAN HISTORY BOOK CLUB PRIZE	1.	50,000.			
2					
3					
4					
5					
6					
7					

**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

Name of the organization

NEW YORK HISTORICAL SOCIETY

**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

**2010**

**Open to Public Inspection**

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 are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 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 from the organization or a related organization? **4a** X
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** X
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** X
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? **5a** X
- b** Any related organization? **5b** X
- If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization? **6a** X
- b** Any related organization? **6b** X
- If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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.

(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					
1 LOUISE MIRRER	(i)	364,846.	0.	516.	7,350.	28,332.	401,044.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 JEAN ASHTON	(i)	162,491.	0.	772.	4,992.	16,738.	184,993.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 ANDREW BUONPASTORE	(i)	158,119.	4,800.	276.	4,944.	9,292.	177,431.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 MARY KILBOURN	(i)	150,569.	0.	47,180.	5,934.	1,865.	205,548.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 RICHARD SHEIN	(i)	126,054.	4,218.	464.	4,349.	32,836.	167,921.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

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

FORM 990, SCH J, PART I, LINE 4A

SEVERANCE

MARY KILBOURN, VP-INSTITUTIONAL ADV RECEIVED A SEVERANCE PAYMENT IN THE  
AMOUNT OF \$46,750.

FORM 990, SCH J, PART I, LINE 7

BONUSES BASED ON PERFORMANCE WERE PAID TO THE VP-OPERATIONS,  
TREASURER/CFO, SECRETARY & GEN COUNSEL & CAO, AND VP-COMMUNICATIONS IN  
THE AMOUNT OF \$4,800, \$4,218, \$3,600 AND \$3,600 RESPECTIVELY.

**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

**2010**

**Open To Public Inspection**

Name of the organization  
NEW YORK HISTORICAL SOCIETY

Employer identification number  
13-1624124

**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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										

Total . . . . . ▶ \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

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

Schedule L (Form 990 or 990-EZ) 2010

**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
(1) STEEPLECHASE FILMS, INC.	PRESIDENT IS TRUSTEE	148,860.	SEE SCH L, PART V FOR DETAILS		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

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 2010, THE SOCIETY PAID STEEPLECHASE FILMS, INC. \$ 148,860 IN COMPLETION OF A TWO-YEAR CONTRACT. THE PROVISIONS OF THE CONFLICT OF INTEREST POLICY WERE FOLLOWED WITH RESPECT TO THIS TRANSACTION.

**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

**2010**

**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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .	X	4 .		
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	14 .	4,384,185 .	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 . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( <u>ATCH 1</u> ) . . . . .		1,235 .		
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** 7 .

	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 an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2010)

**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.

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FORM 990, SCH M, PART I, 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 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
MUSEUM COLLECTION	X	276.		
LIBRARY COLLECTION	X	959.		
TOTALS		<u>1,235.</u>		

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

NEW YORK HISTORICAL SOCIETY

Employer identification number

13-1624124

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 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.

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 NEW YORK. IT HOLDS ONE OF THE WORLD'S GREATEST COLLECTIONS OF HISTORICAL ARTIFACTS, AMERICAN ART, AND OTHER MATERIALS. THE MUSEUM'S COLLECTION HOLDINGS COMPRISE MORE THAN 1.6 MILLION WORKS. (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 OR OFFSITE DURING THE RENOVATION OF THE SOCIETY'S BUILDING IN 2010 AND 2011. IN ADDITION, THROUGH THE SOCIETY'S "SHARING A NATIONAL TREASURE" TRAVELLING EXHIBITION PROGRAM, FIVE EXHIBITIONS TRAVELLED TO SIX OTHER MUSEUMS DURING THE TAX

Name of the organization NEW YORK HISTORICAL SOCIETY	Employer identification number 13-1624124
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YEAR WITH ATTENDANCE TOTALING APPROXIMATELY 170,000 PERSONS. IN ADDITION, THE SOCIETY LENDS COLLECTION OBJECTS TO OTHER INSTITUTION TO FURTHER ITS MISSION.

FORM 990, PART III, LINE 4B

LIBRARY

THE SOCIETY'S LIBRARY (PATRICIA D. KLINGENSTEIN 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 APPROXIMATELY 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.)

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 IN BOTH ITS BUILDING AND OFFSITE.

ADULT PUBLIC PROGRAMS FOSTER LIFELONG LEARNING AND A DEEPER APPRECIATION

Name of the organization NEW YORK HISTORICAL SOCIETY	Employer identification number 13-1624124
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OF THE RELEVANCE OF HISTORY AND UNDERSTANDING OF THE SOCIETY'S PERMANENT AND SPECIAL EXHIBITIONS. DURING THE TAX YEAR, 20,000 PERSONS BENEFITED FROM THE SOCIETY'S ADULT PUBLIC PROGRAMS.

FORM 990, PART III, LINE 4D

OTHER PROGRAM SERVICES

OTHER PROGRAMS CONSIST OF THE SOCIETY'S MUSEUM STORE, 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, AND THE GILDER LEHRMAN INSTITUTE OF AMERICAN HISTORY ("GLI"), A NOT-FOR-PROFIT ORGANIZATION INCORPORATED BY THE STATE OF YORK 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 GLC AND GLI (THE "COLLECTION") HAS BEEN PLACED ON DEPOSIT WITH THE SOCIETY. N-YHS TRUSTEES MR. GILDER AND MR. LEHRMAN ARE PARTNERS OF GLC, AND N-YHS TRUSTEES MR. GILDER, MR. LEHRMAN AND MR. BASKER ARE TRUSTEES OF THE GLI. ITEMS IN THE COLLECTION OWNED BY GLC HAVE BEEN LEASED TO GLI. A SEPARATE AREA FOR HOUSING THE COLLECTION WAS CONSTRUCTED BY THE SOCIETY USING FUNDS DONATED TO THE SOCIETY BY MR. GILDER IN 2003. STAFF OF GLC AND GLI MAINTAIN THE

Name of the organization NEW YORK HISTORICAL SOCIETY	Employer identification number 13-1624124
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COLLECTION AND MAKE IT AVAILABLE TO SCHOLARS AND THE PUBLIC. ALSO, GLI CONTRIBUTED \$36,000 TO THE SOCIETY IN THE TAX YEAR 2010 TO SPONSOR ONE OF THE SOCIETY'S EDUCATIONAL PROGRAMS.

FORM 990, PART VI, LINE 4

CHANGES IN BY-LAWS

IN SEPTEMBER 2010, THE BOARD AMENDED THE BY-LAWS TO RESTRICT CERTAIN FUNDS TO BE TREATED AS IF THEY WERE ENDOWMENT IN COMPLIANCE WITH THE SOCIETY'S SPENDING AND INVESTMENT POLICIES.

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, SECTION B, 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

Name of the organization NEW YORK HISTORICAL SOCIETY	Employer identification number 13-1624124
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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, SECTION B, LINE 14

DOCUMENT RETENTION AND DESTRUCTION POLICY

THE BOARD OF TRUSTEES FORMALLY ADOPTED THE N-YHS'S RECORD MANAGEMENT POLICY ON JULY 14, 2011. THIS POLICY HAS BEEN IN EFFECT FOR A NUMBER OF YEARS.

FORM 990, PART VI- LINE 15 A & B

EXECUTIVE COMPENSATION REVIEW PROCESS

LINE 15A

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."

Name of the organization NEW YORK HISTORICAL SOCIETY	Employer identification number 13-1624124
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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 THE SIMILAR GEOGRAPHIC AREA) AND MAKES SALARY RECOMMENDATIONS, TAKING INTO ACCOUNT THE COMPENSATION INFORMATION PRESENTED. THE PRESIDENT AND CEO TAKES CONTEMPORANEOUS MINUTES OF THE MEETING WHICH SHE DEPOSITS ALONGSIDE THE REGULAR MINUTES OF THE MEETING BUT IN A SEALED ENVELOPE MARKED "BOARD CONFIDENTIAL."

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.

FORM 990 PART IX LINE 24A

COMPONENTS OF EXHIBITION COSTS

EXHIBITION AND OBJECT LOAN FEES \$ 18,599

Name of the organization NEW YORK HISTORICAL SOCIETY	Employer identification number 13-1624124
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CONSERVATION	166,745
DESIGN AND INSTALLATION	682,916
GRAPHICS	73,521
AUDIO/VISUAL	3,305
FILM PRODUCTION	274,719
EXHIBITION AND ART SHIPPING COSTS	137,835
<hr/>	
TOTAL	\$ 1,357,640

FORM 990, PART XI, LINE 5

OTHER CHANGES IN NET ASSETS

UNREALIZED NET GAIN ON INVESTMENT \$3,945,271

Name of the organization NEW YORK HISTORICAL SOCIETY	Employer identification number 13-1624124
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ATTACHMENT 1

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

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
OTHER PROGRAMS	50,000.	1,448,530.	502,852.
TOTALS	<u>50,000.</u>	<u>1,448,530.</u>	<u>502,852.</u>

ATTACHMENT 2

PART VII - CONTINUATION OF OFFICERS, DIRECTORS, TRUSTEES,  
KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES

(1)=IND.TRUSTEE/DIR. (2)=INS.TRUSTEE (3)=OFFICER (4)=KEY EMP. (5)=HIGHEST COMP. (6)=FORMER

(A) NAME AND TITLE	(B) HOURS	(C) POSITION						COMPENSATION FROM		
		(1)	(2)	(3)	(4)	(5)	(6)	(D) ORG.	(E) REL. ORG.	(F) OTHER
29 LEWIS E. LEHRMAN TRUSTEE	1.00	X						0.	0.	0.
30 ALAN LEVENSTEIN TRUSTEE	1.00	X						0.	0.	0.
31 GLEN S. LEWY TRUSTEE	1.00	X						0.	0.	0.
32 IRA A. LIPMAN TRUSTEE	1.00	X						0.	0.	0.
33 TARKY LOMBARDI, JR TRUSTEE	1.00	X						0.	0.	0.
34 CARL B. MENGES TRUSTEE	1.00	X						0.	0.	0.
35 JOHN MONSKY TRUSTEE-JOINED 02/2011	1.00	X						0.	0.	0.
36 SARAH E. NASH TRUSTEE	1.00	X						0.	0.	0.
37 NANCY NEWCOMB TRUSTEE	1.00	X						0.	0.	0.
38 GEORGE E. PATAKI TRUSTEE	1.00	X						0.	0.	0.
39 RUSSELL P. PENNOYER TRUSTEE	1.00	X						0.	0.	0.
40 STUART J. RABIN TRUSTEE	1.00	X						0.	0.	0.
41 RICHARD REISS TRUSTEE-JOINED 02/2011	1.00	X						0.	0.	0.
42 CHARLES M. ROYCE TRUSTEE	1.00	X						0.	0.	0.
43 THOMAS A. SAUNDERS. III TRUSTEE	1.00	X						0.	0.	0.
44 PAM B. SCHAFLER VICE CHAIRMAN	1.00	X	X					0.	0.	0.
45 BENNO C. SCHMIDT JR. TRUSTEE	1.00	X						0.	0.	0.
46 BERNARD L. SCHWARTZ TRUSTEE	1.00	X						0.	0.	0.
47 MICHELLE SMITH										

Name of the organization NEW YORK HISTORICAL SOCIETY	Employer identification number 13-1624124
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				<u>ATTACHMENT 2 (CONT'D)</u>		
	TRUSTEE	1.00	X	0.	0.	0.
48	ERNEST TOLLERSON					
	TRUSTEE	1.00	X	0.	0.	0.
49	SUE ANN WEINBERG					
	TRUSTEE	1.00	X	0.	0.	0.
50	MICHAEL WEISBERG					
	TRUSTEE-JOINED 02/2011	1.00	X	0.	0.	0.
51	BYRON R. WIEN					
	TRUSTEE	1.00	X	0.	0.	0.
52	JENNIFER SCHANTZ					
	SEC'Y & GEN COUN & CAO	35.00	X	123,232.	0.	7,231.
53	RICHARD SHEIN					
	TREAS & CFO	35.00	X	130,736.	0.	37,185.
54	JEAN ASHTON					
	EXEC VP & DIR OF LIBRARY	35.00	X	163,263.	0.	21,730.
55	ANDREW BUONPASTORE					
	VP OPERATIONS	35.00	X	163,195.	0.	14,236.
56	MARY KILBOURN					
	VP-INSTITUT. ADV THRU OCT 2010	35.00	X	197,749.	0.	7,799.
57	SHARON DUNN					
	VP EDUCATION	35.00	X	129,808.	0.	0.
58	LAURA WASHINGTON					
	VP-COMMUNICATIONS	35.00	X	108,214.	0.	37,440.

ATTACHMENT 3990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
NEAD ELECTRIC 187 EAST UNION AVE. EAST RUTHERFORD, NJ 07073	ELECTR. CONTRACTING	3,472,596.
NELSON AIR DEVICE CORP. 46-28 54TH AVE MASPETH, NY 11378	HVAC CONTRACTING	2,455,650.
CAULDWELL-WINGATE COMPANY, LLC 380 LEXINGTON AVE NEW YORK, NY 10168	CONSTR. SUPERVISION	1,891,270.
AMERICAN ARCHITECTURAL INC. 2260 STATE RD BENSALEM, PA 19020	ARCHITECTS	1,876,277.
DONNA LAWRENCE PRODUCTIONS INC 624 BAXTER AVENUE LOUISVILLE, KY 40204	FILM PRODUCTION	1,800,527.

Name of the organization NEW YORK HISTORICAL SOCIETY	Employer identification number 13-1624124
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ATTACHMENT 3 (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>
TOTAL COMPENSATION		<u>11,496,320.</u>

ATTACHMENT 4

FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD

GROSS SALES LESS RETURNS AND ALLOWANCES .....	
INVENTORY AT BEGINNING OF YEAR .....	
PURCHASES .....	
SALARIES AND WAGES .....	
OTHER COSTS .....	
SUBTOTAL .....	
MINUS ENDING INVENTORY .....	120,316.
COST OF GOODS SOLD .....	<u>-120,316.</u>

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2010, or fiscal year beginning 07/01, 2010, and ending 06/30, 2011

Do not send to the IRS. Keep for your records. See instructions on back.

2010

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 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 28939383
2a Form 990-EZ check here [ ] b Total revenue, if any (Form 990-EZ, line 9) 2b
3a Form 990-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
5a Form 990-B 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 return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the return, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the ERO to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 98-353-4537 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 signature: check one box only

[X]

I authorize KPMG LLP

ERO firm name

to enter my PIN

18040

as my signature

Enter five numbers, but do not enter all zeros

If the organization's tax year 2010 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 mentioned ERO to enter my PIN on the return's disclosure consent screen.

[ ]

If I am an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 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

[Signature]

Date 04/17/2012

Part III Certification and Authentication

ERO's EFIN. Enter your six-digit electronic filing identification number (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 2010 electronically filed return for the organization. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File Application for Authorized IRS e-file Providers for Business Returns.

ERO's signature

[Signature]

Date 04/17/2012

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.

Form 8879-EO (2010)