

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 2011 calendar year, or tax year beginning 07/01, 2011, and ending 06/30, 2012

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	C Name of organization NEW YORK HISTORICAL SOCIETY			D Employer identification number 13-1624124
	Doing Business As			E Telephone number (212) 873-3400
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	
	170 CENTRAL PARK WEST City or town, state or country, and ZIP + 4 NEW YORK, NY 10024-5194			G Gross receipts \$ 47,159,451.
F Name and address of principal officer: LOUISE MIRROR 170 CENTRAL PARK WEST NEW YORK, NY 10024-5194			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status:	<input checked="" type="checkbox"/> 501(c)(3)	<input type="checkbox"/> 501(c) () ◀ (insert no.)	<input type="checkbox"/> 4947(a)(1) or	<input type="checkbox"/> 527
J Website: ▶ WWW.NYHISTORY.ORG			H(c) Group exemption number ▶	
K Form of organization:	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Association	<input type="checkbox"/> Other ▶
			L Year of formation: 1809	M State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: COLLECT, PRESERVE, AND INTERPRET, FOR THE BROADEST POSSIBLE PUBLIC, MATERIAL RELEVANT TO THE HISTORY OF THE UNITED STATES IN GENERAL AND OF NEW YORK STATE AND CITY IN PARTICULAR.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	54.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	52.
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	337.
	6 Total number of volunteers (estimate if necessary)	6	175.
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	27,988.
b Net unrelated business taxable income from Form 990-T, line 34	7b	-30,185.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	25,411,706.
	9 Program service revenue (Part VIII, line 2g)	Current Year	17,323,536.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,515,630.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,350,141.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		405,497.
			661,906.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		28,939,383.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		21,814,005.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		50,000.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,757,653.		0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		8,690,309.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		11,064,619.	
19 Revenue less expenses. Subtract line 18 from line 12		142,500.	
		145,000.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	11,045,500.
	21 Total liabilities (Part X, line 26)	End of Year	16,050,668.
	22 Net assets or fund balances. Subtract line 21 from line 20		19,928,309.
			9,011,074.
		9,011,074.	-5,496,282.
		149,231,250.	143,116,861.
		9,178,435.	9,368,478.
		140,052,815.	133,748,383.

Part II Signature Block

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

Sign Here	▶ Signature of officer	Date			
	▶ Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ KPMG LLP				P01420019
	Firm's address ▶ 345 PARK AVENUE NEW YORK, NY 10154-0102			EIN ▶ 13-5565207	Phone no. ▶ 212-758-9700

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

For Paperwork Reduction Act Notice, see the separate instructions.

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. THE NEW YORK HISTORICAL SOCIETY	Enter filer's identifying number, see instructions Employer identification number (EIN) or
	Number, street, and room or suite no. If a P.O. box, see instructions. 170 CENTRAL PARK WEST	<input type="checkbox"/> 13-1624124 Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10024	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ THE NEW YORK HISTORICAL SOCIETY

Telephone No. ▶ 212-873-3400 FAX No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 20 13, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 20 ____ or
 ▶ tax year beginning 07/01, 20 11, and ending 06/30, 20 12.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

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

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number, see instructions	
	THE NEW YORK HISTORICAL SOCIETY	<input type="checkbox"/>	Employer identification number (EIN) or 13-1624124
	Number, street, and room or suite no. If a P.O. box, see instructions.	<input type="checkbox"/>	Social security number (SSN)
	170 CENTRAL PARK WEST	<input type="checkbox"/>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	NEW YORK, NY 10024		

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

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

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

- The books are in the care of **THE NEW YORK HISTORICAL SOCIETY**.
Telephone No. **212-873-3400** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until 05/15, 2013 .
- For calendar year _____, or other tax year beginning 07/01, 2011, and ending 06/30, 2012 .
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

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

Signature and Verification must be completed for Part II only.

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

Signature  Title **AUTHORIZED AGENT** Date **2/7/13**

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission:

THE MISSION OF THE NEW-YORK HISTORICAL SOCIETY (THE "SOCIETY") IS TO COLLECT, PRESERVE, AND INTERPRET, FOR THE BROADEST POSSIBLE PUBLIC, MATERIAL RELEVANT TO THE HISTORY OF THE UNITED STATES IN GENERAL AND OF NEW YORK STATE AND CITY IN PARTICULAR.

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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 11,280,505. including grants of \$) (Revenue \$ 1,374,875.)

MUSEUM AND MUSEUM EXHIBITIONS - THE MISSION OF THE NEW-YORK HISTORICAL 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. EXHIBITIONS, BOTH PERMANENT AND CHANGING, ENABLE THE NEW-YORK HISTORICAL SOCIETY TO INTERPRET AND SHOWCASE THESE MATERIALS TO THE BROADEST POSSIBLE PUBLIC. FOR MORE INFORMATION, SEE SCHEDULE O.

4b (Code:) (Expenses \$ 4,831,643. including grants of \$) (Revenue \$ 294,128.)

LIBRARY - THE NEW-YORK HISTORICAL SOCIETY'S LIBRARY (PATRICIA D. KLINGENSTEIN LIBRARY) IS ONE OF THE OLDEST RESEARCH LIBRARIES IN THE UNITED STATES. ITS MISSION IS TO FOSTER AND FACILITATE RESEARCH THAT REVEALS THE DYNAMISM OF HISTORY AND ITS INFLUENCE ON THE WORLD TODAY. THE LIBRARY'S COLLECTION CONTAINS MORE THAN 3 MILLION ITEMS. FOR MORE INFORMATION, SEE SCHEDULE O.

4c (Code:) (Expenses \$ 4,668,790. including grants of \$) (Revenue \$ 838,188.)

EDUCATION AND PUBLIC PROGRAMS - THE NEW-YORK HISTORICAL SOCIETY INFORMS AND EDUCATES THE PUBLIC THROUGH ITS SCHOOL PROGRAMS, ADULT PUBLIC PROGRAMS, AND ITS WEB SITE. FOR MORE INFORMATION, SEE SCHEDULE O.

4d Other program services (Describe in Schedule O.) (Expenses \$ 2,332,239. including grants of \$ 50,000.) (Revenue \$ 173,006.)

4e Total program service expenses 23,113,177.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 21 through 38 regarding grants, compensation, tax-exempt bonds, and controlled entities.

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. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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... 1b Enter the number of voting members... 2 Did any officer, director, trustee... 3 Did the organization delegate control... 4 Did the organization make any significant changes... 5 Did the organization become aware... 6 Did the organization have members... 7a Did the organization have members... 7b Are any governance decisions... 8 Did the organization contemporaneously document... 8a The governing body... 8b Each committee... 9 Is there any officer, director, trustee...

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters... 10b If "Yes," did the organization have written policies... 11a Has the organization provided a complete copy... 11b Describe in Schedule O the process... 12a Did the organization have a written conflict of interest policy... 12b Were officers, directors, or trustees... 12c Did the organization regularly and consistently monitor... 13 Did the organization have a written whistleblower policy... 14 Did the organization have a written document retention... 15 Did the process for determining compensation... 15a The organization's CEO... 15b Other officers or key employees... 16a Did the organization invest in, contribute assets to... 16b If "Yes," did the organization follow a written policy...

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 1
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LOUISE MIRRER TRUSTEE, PRESIDENT & CEO	35.00	X	X					365,519.	0	44,158.
(2) HELEN APPEL TRUSTEE	1.00	X						0	0	0
(3) JAMES BASKER TRUSTEE	1.00	X						0	0	0
(4) WILLIAM. BEEKMAN TRUSTEE	1.00	X						0	0	0
(5) NORMAN BENZAQUEN TRUSTEE - JOINED 9/19/11	1.00	X						0	0	0
(6) JUDITH ROTH BERKOWITZ TRUSTEE	1.00	X						0	0	0
(7) DAVID BLIGHT TRUSTEE	1.00	X						0	0	0
(8) RIC BURNS TRUSTEE	1.00	X						0	0	0
(9) JAMES S. CHANOS TRUSTEE	1.00	X						0	0	0
(10) RAVENEL B. CURRY III TRUSTEE	1.00	X						0	0	0
(11) SUSAN FRIER DANILOW TRUSTEE	1.00	X						0	0	0
(12) ELIZABETH B. DATER TRUSTEE	1.00	X						0	0	0
(13) BARBARA KNOWLES DEBS TRUSTEE	1.00	X						0	0	0
(14) JOSEPH A. DIMENNA 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) CHARLES DORKEY III TRUSTEE	1.00	X						0	0	0
16) NIALL FERGUSON TRUSTEE	1.00	X						0	0	0
17) HENRY LOUIS GATES, JR. TRUSTEE	1.00	X						0	0	0
18) EMANUEL E. GEDULD TRUSTEE	1.00	X						0	0	0
19) RICHARD GELFOND TRUSTEE - RESIGNED OCT 2011	1.00	X						0	0	0
20) RICHARD GILDER TRUSTEE	1.00	X						0	0	0
21) JAMES GRANT TRUSTEE	1.00	X						0	0	0
22) MARTIN J. GROSS TRUSTEE	1.00	X						0	0	0
23) ROGER HERTOOG CHAIRMAN	1.00	X		X				0	0	0
24) ROBERTA P. HUBER TRUSTEE - RESIGNED OCT 2011	1.00	X						0	0	0
25) KENNETH T. JACKSON TRUSTEE AND SR HISTORIAN	1.00	X						25,591.	0	2,565.
1b Sub-total								365,519.	0	44,158.
c Total from continuation sheets to Part VII, Section A								1,151,848.	0	161,406.
d Total (add lines 1b and 1c)								1,517,367.	0	205,564.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **9**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

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 **61**

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
26) LAWRENCE JACOBS TRUSTEE	1.00	X						0	0	0	
27) DAVID M. KENNEDY TRUSTEE	1.00	X						0	0	0	
28) PATRICIA KLINGENSTEIN TRUSTEE	1.00	X						0	0	0	
29) SIDNEY LAPIDUS TRUSTEE	1.00	X						0	0	0	
30) LEWIS E. LEHRMAN TRUSTEE	1.00	X						0	0	0	
31) ALAN LEVENSTEIN TRUSTEE	1.00	X						0	0	0	
32) GLEN S. LEWY TRUSTEE	1.00	X						0	0	0	
33) IRA A. LIPMAN TRUSTEE	1.00	X						0	0	0	
34) TARKY LOMBARDI, JR TRUSTEE	1.00	X						0	0	0	
35) JON MEACHAM TRUSTEE - JOINED 5/14/12	1.00	X						0	0	0	
36) CARL B. MENGES TRUSTEE	1.00	X						0	0	0	
1b Sub-total											
c Total from continuation sheets to Part VII, Section A											
d Total (add lines 1b and 1c)											

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 9

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

Section B. Independent Contractors

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

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

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 **▶**

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
37) JOHN MONSKY TRUSTEE	1.00	X					0	0	0	
38) SARAH E. NASH TRUSTEE	1.00	X					0	0	0	
39) NANCY NEWCOMB TRUSTEE	1.00	X					0	0	0	
40) MORRIS OFFIT TRUSTEE - JOINED 5/14/12	1.00	X					0	0	0	
41) GEORGE E. PATAKI TRUSTEE	1.00	X					0	0	0	
42) RUSSELL P. PENNOYER TRUSTEE	1.00	X					0	0	0	
43) CHARLES PHILLIPS TRUSTEE - JOINED 5/14/12	1.00	X					0	0	0	
44) STUART J. RABIN TRUSTEE	1.00	X					0	0	0	
45) RICHARD REISS TRUSTEE	1.00	X					0	0	0	
46) CHARLES M. ROYCE TRUSTEE	1.00	X					0	0	0	
47) THOMAS A. SAUNDERS. III TRUSTEE	1.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **9**

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

Section B. Independent Contractors

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

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

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

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
48) PAM B. SCHAFLER VICE CHAIRMAN	1.00	X		X				0	0	0
49) BENNO C. SCHMIDT JR. TRUSTEE	1.00	X						0	0	0
50) BERNARD L. SCHWARTZ TRUSTEE	1.00	X						0	0	0
51) MICHELLE SMITH TRUSTEE	1.00	X						0	0	0
52) ERNEST TOLLERSON TRUSTEE	1.00	X						0	0	0
53) IRA UNSCHULD TRUSTEE - JOINED 9/19/11	1.00	X						0	0	0
54) SUE ANN WEINBERG TRUSTEE	1.00	X						0	0	0
55) MICHAEL WEISBERG TRUSTEE	1.00	X						0	0	0
56) BYRON R. WIEN TRUSTEE	1.00	X						0	0	0
57) JENNIFER SCHANTZ SEC'Y & GEN COUN & CAO	35.00			X				144,335.	0	12,429.
58) RICHARD SHEIN TREAS & CFO	35.00			X				139,357.	0	38,584.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **9**

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

Section B. Independent Contractors

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

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

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

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(59) SHARON DUNN VP EDUCATION	35.00				X		156,000.	0	4,680.	
(60) JEAN ASHTON EXEC VP & DIR OF LIBRARY	35.00				X		170,267.	0	24,965.	
(61) ANDREW BUONPASTORE VP OPERATIONS	35.00				X		175,059.	0	15,975.	
(62) LAURA WASHINGTON VP COMMUNICATIONS	35.00					X	115,071.	0	38,814.	
(63) MARCI REAVEN-TANIS VP FOR HISTORY EXHIBITIONS	35.00					X	117,873.	0	2,055.	
(64) HEIDI WIRTH DIR OF MUSUEM ADMIN	35.00					X	108,295.	0	21,339.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 9

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

Section B. Independent Contractors

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

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

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 **▶**

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
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b	480,452.				
	c Fundraising events	1c	4,447,807.				
	d Related organizations	1d					
	e Government grants (contributions) . .	1e	2,293,245.				
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	10,102,032.				
	g Noncash contributions included in lines 1a-1f: \$		314,503.				
	h Total. Add lines 1a-1f			17,323,536.			
Program Service Revenue		Business Code					
	2a <u>ADMISSIONS</u>		900099	672,235.	672,235.		
	b <u>EDUCATION AND PUBLIC PROGRAM FEES</u>		900099	838,188.	838,188.		
	c <u>TRAVELLING EXHIB & LOAN FEES</u>		900099	702,641.	702,641.		
	d <u>MEMBERSHIP DUES (NON-DEDUCTIBLE)</u>		900099	42,225.	42,225.		
	e <u>DIGITIZING FEES</u>		900099	282,266.	282,266.		
	f All other program service revenue		900099	142,642.	142,642.		
	g Total. Add lines 2a-2f			2,680,197.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			266,912.			266,912.
	4 Income from investment of tax-exempt bond proceeds . . .			0			
	5 Royalties			123,623.			123,623.
			(i) Real	(ii) Personal			
	6a Gross rents		767,821.				
	b Less: rental expenses						
	c Rental income or (loss)		767,821.				
	d Net rental income or (loss)				767,821.		767,821.
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory		24,920,603.				
	b Less: cost or other basis and sales expenses		24,782,018.				
	c Gain or (loss)		138,585.				
	d Net gain or (loss)				138,585.		138,585.
	8a Gross income from fundraising events (not including \$ <u>4,447,807.</u> of contributions reported on line 1c). See Part IV, line 18	a		310,850.			
	b Less: direct expenses	b		309,227.			
	c Net income or (loss) from fundraising events				1,623.		1,623.
	9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
c Net income or (loss) from gaming activities				0			
10a Gross sales of inventory, less returns and allowances	a		561,226.				
b Less: cost of goods sold	b		254,201.				
c Net income or (loss) from sales of inventory		ATCH . 3 .		307,025.		27,988.	
		Business Code					
11a <u>VENDING MACHINE INCOME</u>		900099		4,970.		4,970.	
b <u>CAFE IMPROVEMENT FEE</u>		900099		8,930.		8,930.	
c <u>CAFE/CATERING FEE INCOME</u>		722100		189,319.		189,319.	
d All other revenue		900099		1,464.		1,464.	
e Total. Add lines 11a-11d				204,683.			
12 Total revenue. See instructions				21,814,005.	2,680,197.	27,988.	1,782,284.

Part IX Statement of Functional Expenses

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

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

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Pension, Advertising, etc.

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	492,518.	1	1,473,009.
	2 Savings and temporary cash investments	11,404,125.	2	1,245,996.
	3 Pledges and grants receivable, net	28,047,485.	3	15,525,403.
	4 Accounts receivable, net	174,353.	4	302,131.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 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)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	120,316.	8	275,087.
	9 Prepaid expenses and deferred charges	2,759,562.	9	2,135,924.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 112,854,516.		
	b Less: accumulated depreciation	10b 27,999,085.	68,894,306.	10c 84,855,431.
	11 Investments - publicly traded securities	24,823,938.	11	20,658,595.
	12 Investments - other securities. See Part IV, line 11	12,500,247.	12	16,630,885.
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	14,400.	15	14,400.
16 Total assets. Add lines 1 through 15 (must equal line 34)	149,231,250.	16	143,116,861.	
Liabilities	17 Accounts payable and accrued expenses	6,117,188.	17	6,440,206.
	18 Grants payable	0	18	0
	19 Deferred revenue	575,187.	19	395,899.
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,486,060.	25	2,532,373.
	26 Total liabilities. Add lines 17 through 25	9,178,435.	26	9,368,478.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	42,362,498.	27	89,539,464.
	28 Temporarily restricted net assets	73,565,078.	28	18,852,680.
	29 Permanently restricted net assets	24,125,239.	29	25,356,239.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	140,052,815.	33	133,748,383.	
34 Total liabilities and net assets/fund balances	149,231,250.	34	143,116,861.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	21,814,005.
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,310,287.
3	Revenue less expenses. Subtract line 2 from line 1	3	-5,496,282.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	140,052,815.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-808,150.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	133,748,383.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization NEW YORK HISTORICAL SOCIETY	Employer identification number 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)									
Total									

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

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

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2011 (68.69%); 15 Public support percentage from 2010 Schedule A, Part II, line 14 (75.72%); 16a 33 1/3% support test - 2011; 16b 33 1/3% support test - 2010; 17a 10%-facts-and-circumstances test - 2011; 17b 10%-facts-and-circumstances test - 2010; 18 Private foundation.

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

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2011, 2010. Row 15: Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2010 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2011, 2010. Row 17: Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2010 Schedule A, Part III, line 17.

- 19a 33 1/3% support tests - 2011. 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.
19b 33 1/3% support tests - 2010. 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; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2007	2008	2009	2010	2011	TOTAL
OTHER INCOME	526,985.	48,275.	65,424.	5,160.	204,683.	850,527.
TOTALS	<u>526,985.</u>	<u>48,275.</u>	<u>65,424.</u>	<u>5,160.</u>	<u>204,683.</u>	<u>850,527.</u>

Schedule of Contributors

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

2011

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

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization **NEW YORK HISTORICAL SOCIETY**

Employer identification number

13-1624124

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 425,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ 850,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	----- ----- -----	\$ 989,915.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	----- ----- -----	\$ 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.)
5	----- ----- -----	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	----- ----- -----	\$ 1,002,500.	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). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	----- ----- -----	\$ 700,000.	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.)
-----	----- ----- -----	\$ -----	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.)
-----	----- ----- -----	\$ -----	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). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization **NEW YORK HISTORICAL SOCIETY**

Employer identification number
13-1624124

Part III *Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.* Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2011

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for totals, 5-6 for questions about donor advisement.

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

Questions 1-9 regarding conservation easements, including a table for 'Held at the End of the Tax Year' with rows 2a-2d.

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.

Questions 1a-1b and 2a-2b regarding collections of art and historical treasures, including amounts for revenues and assets.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2011

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 [X] Public exhibition
b [X] Scholarly research
c [X] Preservation for future generations
d [X] 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 [X] 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 XIV and complete the following table:

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

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

b If "Yes," explain the arrangement in Part XIV.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a Beginning of year balance, 1b Contributions, 1c Net investment earnings, gains, and losses, 1d Grants or scholarships, 1e Other expenditures for facilities and programs, 1f Administrative expenses, 1g End of year balance.

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

- a Board designated or quasi-endowment -1.0200 %
b Permanent endowment 62.2200 %
c Temporarily restricted endowment 38.8000 %

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

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

- (i) unrelated organizations
(ii) related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 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.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total.

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) ALTERNATIVE INVESTMENTS	16,630,885.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	16,630,885.	

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)		
Total. (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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ASSET RETIREMENT OBLIGATION	2,532,373.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	2,532,373.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	21,814,005.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	27,310,287.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-5,496,282.
4	Net unrealized gains (losses) on investments	4	-808,150.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	-808,150.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-6,304,432.

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

1	Total revenue, gains, and other support per audited financial statements	1	20,697,049.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-808,150.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	254,201.
e	Add lines 2a through 2d	2e	-553,949.
3	Subtract line 2e from line 1	3	21,250,998.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	144,240.
b	Other (Describe in Part XIV.)	4b	418,767.
c	Add lines 4a and 4b	4c	563,007.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	21,814,005.

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

1	Total expenses and losses per audited financial statements	1	27,001,481.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	254,201.
e	Add lines 2a through 2d	2e	254,201.
3	Subtract line 2e from line 1	3	26,747,280.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	144,240.
b	Other (Describe in Part XIV.)	4b	418,767.
c	Add lines 4a and 4b	4c	563,007.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	27,310,287.

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 NEW-YORK HISTORICAL SOCIETY'S FINANCIAL STATEMENTS. COLLECTIONS, INCLUDING LIBRARY HOLDINGS, ARE HELD FOR PUBLIC EXHIBITION, EDUCATION AND RESEARCH. THE NEW-YORK HISTORICAL SOCIETY'S BOARD HAS ADOPTED A POLICY WHEREBY ANY PROCEEDS FROM THE SALE OF COLLECTION ITEMS CAN BE UTILIZED ONLY FOR ACQUISITIONS, DIRECT CARE (E.G. CONSERVATION, PRESERVATION, REHOUSING, OR STORAGE), PROCESSING AND/OR CATALOGING OF THE COLLECTIONS AND COLLECTIONS MANAGEMENT.

FORM 990, SCH D, PART III, LINE 4

DESCRIPTION OF SOCIETY'S COLLECTIONS

THE NEW-YORK HISTORICAL 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 UNITED STATES, THE HISTORY OF ART IN AMERICA AND THE HISTORY OF NEW YORK AND ITS PEOPLE. THE COLLECTION INCLUDES PAINTINGS, DRAWINGS, SCULPTURES, FURNITURE, DECORATIVE ARTS ITEMS, SHIP MODELS, AND CARRIAGES. APPROXIMATELY 40,000 ITEMS IN THE COLLECTION ARE ON PERMANENT VIEW IN THE NEW-YORK HISTORICAL SOCIETY'S BUILDING AS A "VISIBLE STORAGE" INSTALLATION IN THE HENRY LUCE III CENTER FOR THE STUDY OF AMERICAN CULTURE.

THE PATRICIA D. KLINGENSTEIN LIBRARY AT THE NEW-YORK HISTORICAL SOCIETY IS ONE OF THE OLDEST INDEPENDENT RESEARCH LIBRARIES IN THE UNITED STATES.

Part XIV Supplemental Information (continued)

COLLECTION STRENGTHS INCLUDE LOCAL HISTORY OF NEW YORK 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 THE UNITED STATES, 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 NEW YORK CITY. THE LIBRARY HOLDINGS CONTAIN MORE THAN 3 MILLION ITEMS.

THE COLLECTIONS ARE AN ESSENTIAL PART OF THE NEW-YORK HISTORICAL 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 NEW-YORK HISTORICAL SOCIETY'S 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 2.5%

MUSEUM 12.7%

PUBLIC AND EDUCATIONAL 15.9%

COLLECTION ACQUISITION .6%

UNRESTRICTED 68.3%

Part XIV Supplemental Information (continued)

FORM 990, SCH D, PART X

TAX STATUS

THE NEW-YORK HISTORICAL 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 NEW-YORK HISTORICAL SOCIETY IS TAX EXEMPT FROM STATE AND LOCAL INCOME TAX FOR RELATED ACTIVITIES, PROPERTY TAXES, AND SALES TAX. DURING THE YEARS ENDED JUNE 30, 2012 AND 2011, THE NEW-YORK HISTORICAL SOCIETY WAS NOT SUBJECT TO UNRELATED BUSINESS INCOME TAXES. THE NEW-YORK HISTORICAL SOCIETY RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. THE NEW-YORK HISTORICAL 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	\$254,201
LINE 4B - INDIRECT COST OF SPECIAL EVENTS	\$418,767

Part XIV Supplemental Information *(continued)*

FORM 990, SCH D, PART XIII

RECONCILIATION OF EXPENSES WITH AUDIT REPORT

LINE 2D - COST OF INVENTORY SOLD \$254,201

LINE 4B - INDIRECT COST OF SPECIAL EVENTS \$418,767

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2011

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

Employer identification number

NEW YORK HISTORICAL SOCIETY

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 its grants and other 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 its grants and other assistance 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	140,008.
(2) EUROPE			PROGRAM SERVICES	EXHIBITION DESIGN	22,675.
(3) EUROPE			PROGRAM SERVICES	EXHIBITION FABRICATION	464,950.
(4) EUROPE			PROGRAM SERVICES	OTHER SERVICES	32,808.
(5) NORTH AMERICA			PROGRAM SERVICES	OTHER SERVICES	42,200.
(6) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	OTHER SERVICES	475.
(7) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		12,149,730.
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					12,852,846.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					12,852,846.

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

Schedule F (Form 990) 2011

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, Information 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; amounts of investments vs. expenditures per region); 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.

DURING THE TAX YEAR, THE NEW-YORK HISTORICAL SOCIETY RECEIVED \$15,775 IN ROYALTY OR OTHER PROGRAM SERVICE INCOME FROM EUROPEAN OR NORTH AMERICAN SOURCES. THE NEW-YORK HISTORICAL SOCIETY ALSO PURCHASES SERVICES AND MATERIALS FROM FOREIGN SOURCES FROM TIME TO TIME. DURING THE TAX YEAR, THE NEW-YORK HISTORICAL SOCIETY:

(1) CONTRACTED WITH ONE EUROPEAN BOOK PUBLISHER FOR AN EXHIBITION CATALOGUE. FUND TRANSFERS AGGREGATED \$140,008 DURING THE TAX YEAR.

(2) ENTERED INTO AN EXHIBITION DESIGN CONTRACT WITH A EUROPEAN DESIGN FIRM. PAYMENTS OF \$22,675 WERE MADE DURING THE TAX YEAR.

(3) PAID A EUROPEAN FIRM FOR SPECIALTY GLASS FABRICATION FOR \$464,950.

(4) PAID FOR SERVICES OR MATERIALS FROM SEVERAL FOREIGN ENTITIES AGGREGATING \$75,483.

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

2011

**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	4,679,592.	145,000.	4,534,592.
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				4,679,592.	145,000.	4,534,592.

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.

AR, CA, CO, CT, DC, FL, IL, MD, MA, MI, MS, NJ, NY, NC, OH, PA, RI, SC, TN, 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	1 Gross receipts	2,353,299.	1,996,738.	408,620.	4,758,657.
	2 Less: Charitable contributions	2,226,549.	1,867,038.	354,220.	4,447,807.
	3 Gross income (line 1 minus line 2)	126,750.	129,700.	54,400.	310,850.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	158,243.	77,919.	35,943.	272,105.
	8 Entertainment				
	9 Other direct expenses	13,775.	15,685.	7,662.	37,122.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(309,227.)
	11 Net income summary. Combine line 3, column (d), and line 10				1,623.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary. 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	13a	%
b An outside facility	13b	%

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

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

Part IV Supplemental Information. 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 NEW-YORK HISTORICAL SOCIETY CONTRACTED WITH ONE PROFESSIONAL

FUNDRAISER DURING THE TAX YEAR - BARBI ZAKIN EVENTS LLC.

CONTRACTS WITH BARBI ZAKIN EVENTS LLC RELATED TO CONSULTING WORK FOR

THREE OF THE NEW-YORK HISTORICAL SOCIETY'S FUNDRAISING EVENTS DURING THE

- 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	13a	%
b An outside facility	13b	%

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

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

Part IV Supplemental Information. 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).

2011 TAX YEAR. EACH CONTRACT CALLED FOR THE PAYMENT OF A FLAT FEE AND THE REIMBURSEMENT OF OUT-OF-POCKET EXPENSES (I.E. STAMPS, OFFICE SUPPLIES AND COPIES OF MATERIALS). THE NEW-YORK HISTORICAL SOCIETY DIRECTLY PAID FOR ALL MAJOR COSTS OF THE EVENTS, SUCH AS INVITATION PREPARATION AND MAILING, CATERING COSTS AND DECORATIONS, AND THE NEW-YORK HISTORICAL SOCIETY DIRECTLY COLLECTED ALL FUNDS RAISED BY THESE EVENTS. THE FEES AND OUT-OF-POCKET REIMBURSEMENT COSTS FOR THE THREE EVENTS AGGREGATED

- 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	13a	%
b An outside facility	13b	%

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

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

Part IV Supplemental Information. 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).

 \$145,000 AND \$11,479, RESPECTIVELY.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

NEW YORK HISTORICAL SOCIETY

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 listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2011)

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 SELECTED FROM THIS LIST.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization
NEW YORK HISTORICAL SOCIETY

Employer identification number
13-1624124

Part I Questions Regarding Compensation

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

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

b If any of the boxes on line 1a 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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

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

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

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

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

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

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

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

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

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III **7** Yes No

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** Yes No

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

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

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

Schedule J (Form 990) 2011

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(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 as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 LOUISE MIRRER	(i)	365,003.	0	516.	11,265.	32,893.	409,677.
	(ii)	0	0	0			
2 JENNIFER SCHANTZ	(i)	142,719.	1,500.	116.	4,434.	7,995.	156,764.
	(ii)	0	0	0			
3 RICHARD SHEIN	(i)	137,351.	1,500.	506.	4,517.	34,067.	177,941.
	(ii)	0	0	0			
4 SHARON DUNN	(i)	154,500.	1,500.	0	4,680.		160,680.
	(ii)	0	0	0			
5 LAURA WASHINGTON	(i)	113,435.	1,500.	136.	3,817.	34,997.	153,885.
	(ii)	0	0	0			
6 JEAN ASHTON	(i)	169,430.	0	837.	5,232.	19,733.	195,232.
	(ii)	0	0	0			
7 ANDREW BUONPASTORE	(i)	164,783.	10,000.	276.	5,312.	10,663.	191,034.
	(ii)	0	0	0			
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, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

FORM 990, SCHEDULE J, PART I, LINE 7

NON-FIXED BONUS COMPENSATION

BONUSES BASED ON PERFORMANCE WERE PAID TO THE SECRETARY & GENERAL COUNSEL

& CAO, TREASURER & CFO, VP OF EDUCATION, VP OF COMMUNICATIONS AND VP OF

OPERATIONS IN THE AMOUNTS OF \$1,500, \$1,500, \$1,500, \$1,500 AND \$10,000,

RESPECTIVELY.

**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

2011

**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	54 .	0	
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	13 .	204,159 .	FMV ON DATE RECEIVED
10 Securities - Closely held stock	X	1 .	110,344 .	FMV ON DATE RECEIVED
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>)		122 .	0	
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, lines 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.		

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

FORM 990, SCH M, PART I, LINE 1(B)

NUMBER OF ITEMS CONTRIBUTED

THE NUMBER REPORTED ON LINE 1(B) REPRESENTS THE NUMBER OF ITEMS CONTRIBUTED.

FORM 990, SCH M, PART I, LINE 33

GIFT ACCEPTANCE POLICY

THE NEW-YORK HISTORICAL SOCIETY ACCEPTED NUMEROUS OBJECTS INTO BOTH ITS MUSEUM AND LIBRARY COLLECTIONS DURING THE FISCAL YEAR. (SEE SCHEDULE D, PART III, LINE 4, AND SCHEDULE D, PART XIV, FOR A DESCRIPTION OF THE NEW-YORK HISTORICAL 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	32.	0	
LIBRARY COLLECTION	X	90.	0	
TOTALS		<u>122.</u>	<u>0</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

2011

**Open to Public
Inspection**

Name of the organization

NEW YORK HISTORICAL SOCIETY

Employer identification number

13-1624124

FORM 990, PART III, LINE 4A

MUSEUM AND MUSEUM EXHIBITIONS

THE FOUNDING MISSION OF THE NEW-YORK HISTORICAL 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 SCHEDULE D, PART XIV FOR MORE INFORMATION ABOUT THE COLLECTION.) EXHIBITIONS, BOTH PERMANENT AND CHANGING, ENABLE THE NEW-YORK HISTORICAL SOCIETY TO INTERPRET AND SHOWCASE THESE MATERIALS TO THE BROADEST POSSIBLE PUBLIC.

ON NOVEMBER 11, 2011 THE NEW-YORK HISTORICAL SOCIETY REOPENED ITS BUILDING TO THE PUBLIC AFTER EXTENSIVE RENOVATION, AND OVER 200,000 PERSONS ATTENDED EXHIBITIONS IN THE NEW-YORK HISTORICAL SOCIETY'S BUILDING FOR THE REST OF THE TAX YEAR. IN ADDITION, THROUGH THE NEW-YORK HISTORICAL SOCIETY'S "SHARING A NATIONAL TREASURE" TRAVELLING EXHIBITION PROGRAM, THREE EXHIBITIONS TRAVELLED TO SIX OTHER INSTITUTIONS DURING THE TAX YEAR WITH ATTENDANCE OF ALMOST 200,000 PERSONS. IN ADDITION, THE NEW-YORK HISTORICAL SOCIETY LENDS COLLECTION OBJECTS TO OTHER INSTITUTIONS TO FURTHER ITS MISSION.

FORM 990, PART III, LINE 4B

LIBRARY

THE NEW-YORK HISTORICAL SOCIETY'S LIBRARY (PATRICIA D. KLINGENSTEIN

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

LIBRARY) IS ONE OF THE OLDEST RESEARCH LIBRARIES IN THE UNITED STATES. ITS MISSION IS TO FOSTER AND FACILITATE RESEARCH THAT REVEALS THE DYNAMISM OF HISTORY AND ITS INFLUENCE ON THE WORLD TODAY. IT IS ONE OF ONLY SIXTEEN LIBRARIES IN THE UNITED STATES QUALIFIED TO BE A MEMBER OF THE INDEPENDENT RESEARCH LIBRARIES ASSOCIATION. EACH YEAR APPROXIMATELY 10,000 RESEARCHERS FROM THROUGHOUT THE UNITED STATES 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 SCHEDULE D, PART XIV FOR MORE INFORMATION ABOUT THE COLLECTION.)

FORM 990, PART III, LINE 4C

EDUCATION AND PUBLIC PROGRAMS

THE EDUCATION DEPARTMENT OF THE NEW-YORK HISTORICAL SOCIETY ORGANIZES AND PRESENTS AN EXTENSIVE RANGE OF SCHOOL PROGRAMS AND TEACHER PROFESSIONAL-DEVELOPMENT PROGRAMS AND DEVELOPS AND DISTRIBUTES CLASSROOM RESOURCES. DURING THE TAX YEAR, OVER 150,000 PERSONS ATTENDED EDUCATION PROGRAMS OFFERED BY THE NEW-YORK HISTORICAL SOCIETY IN BOTH ITS BUILDING AND OFFSITE.

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

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THE NEW-YORK HISTORICAL SOCIETY ALSO EDUCATES AND INFORMS THE PUBLIC THROUGH ITS WEB SITE (WWW.NYHISTORY.ORG) AND SOCIAL MEDIA OUTREACH, MAKING EDUCATIONAL MATERIALS, PUBLIC PROGRAMS AND ON-LINE EXHIBITS AVAILABLE REMOTELY. IN THE TAX YEAR OVER 500,000 UNIQUE VISITS TO THE WEB SITE AND OVER 100,000 SOCIAL MEDIA AND DIGITAL AUDIENCE MEMBERS WERE RECORDED.

FORM 990, PART III, LINE 4D

OTHER PROGRAM SERVICES

OTHER PROGRAMS CONSIST OF THE NEW-YORK HISTORICAL SOCIETY'S MUSEUM STORE, EVENT RENTALS AND RIGHTS AND REPRODUCTION SERVICES.

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

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TRUSTEES, OFFICERS AND KEY EMPLOYEES. THE GENERAL COUNSEL AND CHIEF ADMINISTRATIVE OFFICER IS CHARGED WITH OBTAINING EXECUTED QUESTIONNAIRES FROM ALL RECIPIENTS, REVIEWING ALL RESPONSES FOR COMPLETENESS AND FOLLOWING UP ON ANY MATTERS THAT ARE PRESENTED IN THE RESPONSES.

PER THE CONFLICT OF INTEREST POLICY, A TRUSTEE, OFFICER, OR KEY EMPLOYEE WITH DIRECT OR INDIRECT FINANCIAL OR OTHER MATERIAL INTEREST MAY NOT PARTICIPATE IN THE VOTE ON THE MATTER PERTAINING TO THE CONFLICT.

FORM 990, PART VI, LINE 15 A & B

EXECUTIVE COMPENSATION REVIEW PROCESS

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 BELOW). 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 IN A SEALED ENVELOPE MARKED "BOARD CONFIDENTIAL."

WHEN THE PRESIDENT AND CEO'S EMPLOYMENT AGREEMENT IS UP FOR RENEWAL, THE

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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. 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 CHAIRMAN TAKES CONTEMPORANEOUS MINUTES AND DEPOSITS ALONGSIDE THE REGULAR MINUTES OF THE MEETING IN A SEALED ENVELOPE MARKED "BOARD CONFIDENTIAL."

FORM 990, PART VI, LINE 19

PUBLIC AVAILABILITY OF DOCUMENTS

THE NEW-YORK HISTORICAL SOCIETY'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST. IN ADDITION, THE AUDITED FINANCIAL STATEMENTS ARE FILED WITH THE CHARITIES BUREAU OF THE NEW YORK STATE ATTORNEY GENERAL'S OFFICE AND AVAILABLE TO THE PUBLIC FROM THE BUREAU. THE PUBLIC INSPECTION COPY OF THE FORM 990 IS MADE AVAILABLE TO THE PUBLIC THROUGH THE NEW-YORK HISTORICAL SOCIETY'S WEB SITE (WWW.NYHISTORY.ORG).

FORM 990, PART IX, LINE 24A

COMPONENTS OF EXHIBITION COSTS

EXHIBITION COSTS:

\$134,758 CONSERVATION

1,214,260 DESIGN AND INSTALLATION

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20,061 AUDIO/VISUAL

1,000 FILM PRODUCTION

109,345 GRAPHICS/SIGNAGE/LABELS

7,635 LOAN FEES

252,965 ART SHIPMENTS

169,107 OTHER

\$1,909,131

FORM 990, PART XI, LINE 5

OTHER CHANGES IN NET ASSETS

UNREALIZED NET LOSS ON INVESTMENT (\$808,150)

ATTACHMENT 1

FORM 990, PART VI, LINE 17 - STATES

AR, CA, CO, CT,

DC, FL, IL, MD, MA, MI,

MS, NJ, NY, NC, OH, PA,

RI, SC, TN, VA,

ATTACHMENT 2

990, 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, INC. 187 EAST UNION AVE. EAST RUTHERFORD, NJ 07073	ELECTR. CONTRACTING	2,178,593.
NELSON AIR DEVICE CORP. 46-28 54TH AVE MASPETH, NY 11378	HVAC CONTRACTING	1,277,576.

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ATTACHMENT 2 (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>
AMERICAN ARCHITECTURAL INC. 2260 STATE RD BENSALEM, PA 19020	ARCHITECTS	1,557,622.
DONNA LAWRENCE PRODUCTIONS INC 624 BAXTER AVENUE LOUISVILLE, KY 40204	FILM PRODUCTION	1,274,434.
AJAC GENERAL CONTRACTORS, INC. 312 WILLIS AVE. MINEOLA, NY 11501	CONSTRUCTION	1,475,626.
TOTAL COMPENSATION		<u>7,763,851.</u>

ATTACHMENT 3

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

GROSS SALES LESS RETURNS AND ALLOWANCES	561,226.
INVENTORY AT BEGINNING OF YEAR	120,316.
PURCHASES	408,972.
SALARIES AND WAGES	
OTHER COSTS	
SUBTOTAL	<u>529,288.</u>
MINUS ENDING INVENTORY	275,087.
COST OF GOODS SOLD	<u>254,201.</u>