			EXTENDED TO MAY 15, 2			
	0	90	Return of Organization Exempt F	From I	ncome Tax	OMB No. 1545-0047
Forr	n J	30	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue	•	• •	
		of the Treasury enue Service	<ul> <li>Do not enter social security numbers on this form a</li> <li>Go to www.irs.gov/Form990 for instructions and</li> </ul>			Open to Public Inspection
					UN 30, 2019	Inspection
Bc	heck if	C Name of	organization	<u> </u>	D Employer identifie	cation number
a	pplicab					
	Addre chane		R EAST SIDE TENEMENT MUSEUM			485000
	_]chang ]Initial	pe Doing bi	isiness as			475390
	_returr ]Final	103	and street (or P.O. box if mail is not delivered to street address) FORCHARD STREET	Room/suite	E Telephone number	r 431-0233
	→returr termi ated	n	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	12,332,937.
	Amer	nded NT TTTT	YORK, NY 10002-3132		H(a) Is this a group re	
	Appli tion	<sup>ca-</sup> <b>F</b> Name a	nd address of principal officer:MORRIS VOGEL		for subordinates	
	pend	SAME	AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		empt status:		r 🛄 527		list. (see instructions)
			TENEMENT • ORG         X       Corporation         Trust       Association         Other ►		H(c) Group exemption	n number 🕨 N State of legal domicile: NY
	orm o Irt I			L Year		State of legal domicile: IN I
	1		e the organization's mission or most significant activities: $rac{ extsf{THE}}{ extsf{T}}$	TENEME	NT MUSEUM T	ELLS THE
Activities & Governance	.	UNIQUEL	Y AMERICAN STORIES OF IMMIGRANTS,	MIGRA	NTS AND REF	UGEES IN
rna	2		x ► if the organization discontinued its operations or dispose			
INC	3				3	30
Ğ	4		ependent voting members of the governing body (Part VI, line 1b)			30
8 8	5		of individuals employed in calendar year 2018 (Part V, line 2a)			188
/itie	6		of volunteers (estimate if necessary)			30
çti	7 a		d business revenue from Part VIII, column (C), line 12			0.
<			business taxable income from Form 990-T, line 38			0.
					Prior Year	Current Year
Ð	8	Contributions	and grants (Part VIII, line 1h)		3,075,749.	3,617,292.
nué	9		ce revenue (Part VIII, line 2g)		7,461,099.	8,270,361.
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)		5,638.	34,723.
Œ	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		152,055.	153,445.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		10,694,541.	12,075,821.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\dots}$		6,906,999.	7,706,733.
Expenses	16a	Professional fu	compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) ▶ <u>1,090,41</u>		0.	0.
ă	b	Total fundraisi	ng expenses (Part IX, column (D), line 25) $\blacktriangleright$ 1,090,41	<u> </u>		
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		3,803,730.	4,254,779.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		10,710,729.	11,961,512.
	19	Revenue less	expenses. Subtract line 18 from line 12		-16,188.	114,309.
Net Assets or Fund Balances					ginning of Current Year	End of Year
sset 3ala	20	Total assets (F			34,214,867.	33,882,364.
et A nd I	21		(Part X, line 26)	······	10,348,772.	10,034,960.
	22		fund balances. Subtract line 21 from line 20		23,866,095.	23,847,404.
	nrt II			and state	onto and to the bast of	uknowladza and hallof it is
			declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is
uue,	corre	ci, and complete.	Declaration of preparer (other than officer) is based on all information of whi	ich preparer	nas any knowledge.	
		1 🛋			1	

Sign Here	Signature of officer MORRIS VOGEL, PRESIDEN Type or print name and title	Т	Da	te
Paid	Print/Type preparer's name JENNIFER COATES	Preparer's signature	Date	Check PTIN if self-employed PO2247728
Preparer	Firm's name 🕨 LUTZ AND CARR, C		Fir	m's EIN 13-1655065
Use Only	Firm's address 551 FIFTH AVENUE	, SUITE 400		
	NEW YORK, NY 101	76	Ph	one no.212-697-2299
May the If	RS discuss this return with the preparer shown abo	ove? (see instructions)		X Yes No
832001 12-3	B1-18 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form <b>990</b> (2018)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Check if Sched describe the c TENEMEI RANTS AI e organization form 990 or 990 s," describe the e organization s," describe the ibe the organiz on 501(c)(3) and ue, if any, for ea ) (Ex LIC PROC ERAL PUI WLEDGE OPERAT 9, 281, 8 OPERAT 9, 281, 8 (EUM SHO) TS AND	rganization's missi NT MUSEUM ND REFUGEE undertake any sign D-EZ? see new services of cease conducting, see changes on Sci ation's program service see changes on Sci ation's program service see changes on Sci ation's program service openses \$ 8, 7 SRAMS - TC SILIC CONCE IS DIRECTI IS DIRE	response or note to sion: TELLS THI ES IN THE nificant program so on Schedule O. or make significant chedule O. ervice accomplishr ations are required ce reported. ,436,348. DURS AND ERNING THI ERNING THI LY RELATES HISTORICA DRS TOURES 000000000000000000000000000000000000	o any line in this E UNIQUE ONGOING ervices during t nt changes in h ments for each d to report the a including grants o PRESENTA E HISTOR D TO THE AL MUSEU D THE MU D THE MU O THE MU	CREATION CREATION CREATION CREATION CREATION CREATION CREATION CREATIONS TO CREATIONS TO CREATION CREATIONS TO CREATIONS T	CAN STORIES N OF OUR NZ ore not listed on the ny program services t program services, a and allocations to ot ) (Reve IMPART KNO AMERICAN I OF THE EXH G THE FISCZ	S OF IMMI ATION.	GRANTS , Yes X Yes X vxpenses. benses, and 578,210 O THE ON. SUC VITY -
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 Form 990 (2018)
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 Part IV
 Checklist of Required Schedules
 Formation of the second second

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Δ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	•		х
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		х
5	during the tax year? If "Yes," complete Schedule C, Part II	4		- 23
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
<b>b</b>	Part VI	11a	Δ	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i>	116	х	
~	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b	- 23	
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<u> </u>
-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

832003 12-31-18

Form **990** (2018)

3

Form	990	(2018)
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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	Х	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			v
	any tax-exempt bonds?	24c		X X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	v	X
	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	X	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	x	
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
82	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
25 -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	55a		
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
88	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Par	Note. All Form 990 filers are required to complete Schedule O         t V       Statements Regarding Other IRS Filings and Tax Compliance         Check if Schedule O contains a response or note to any line in this Part V	38	X	
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 55		res	
1a		-		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <b>1b C</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
b		1c	X 990	

Form 990	(2018)	LOWER	EAST	SIDE	TENEMENT	MUSEUM
Part V	Statements	Regarding	Other I	RS Filin	gs and Tax Co	ompliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 188	8		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			37
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
<b>F</b> -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5-		x
5a h	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
D C	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		
ou		6a		x
b	any contributions that were not tax deductible as charitable contributions?			
~	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a h	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
ь 10	Section 501(c)(7) organizations. Enter:	90		
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	_		
	Enter the amount of reserves on hand			X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		x
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.	10		
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Form **990** (2018)

832005 12-31-18

Form	990	(2018)	1
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#### LOWER EAST SIDE TENEMENT MUSEUM

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.

	tion A. Governing Body and Management					
10						Т
10			2 o 🗆		Yes	4
		1a	30			I
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					l
		1b	30			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with any other				
	Enter the number of voting members of the governing body at the end of the tax year       1a       30         If there are material differences in voting rights among members of the governing body, or if the governing body degree to voting members included in in the 1a, above, who are independent       1a       30         Did any officer, director, rustee, or key employee have a family relationship or a business relationship with any other       30         Did any officer, director, rustee, or key employees to a management duties customarily performed by or under the direct supervision       of officers, director, rustee, or key employees to a management custee since the priors from 980 was filed?         Did the organization have members or stockholders?       Did the organization have members or stockholders?       Did the organization have members or stockholders, or other presson who had the power to elect or appoint one or more members of the governing body?       Are any governance designs to be over the governing body?       Each committee with authority to act on behalf of the governing body?       Each committee with authority to act on behalf of the governing body?       Each committee with authority to act on behalf of the governing body?       Each committee with authority to act on behalf of the governing body?       Each committee with authority to act on behalf of the governing body?       Each committee with authority to act on behalf of the governing body?       Each committee with authority to act on behalf of the governing body?       Each committee with authority to act on behalf of the governing body?       Each committee with authority to act on behalf of the governing body?       Each co		2			
3	total coverning Body and Management                Exter the number of voting members of the governing body at the end of the tay year             // finde are matrial differences in voting rights among members of the governing body. of the governing             voting externing control committees on sinilar committees, option in Schedule 0.             // finde are matrial differences in voting remotes included in line 1a, above, who are independent             // finde are matrial differences or key employees the a family relationship or a business relationship with any other             offices, director, trustee, or key employees to a management company or other person?             // Differences, director, trustees, or key employees to a management company or other person?             // Differences, director, trustees, or key employees to a management company or other person?             // Differences, director, sort unitees, stockholders, or other persons who had the power to elect or appoint one or             more members of the oparinization reserved to (or subject to approval by) members, stockholders, or             persons other than the governing body?             // Differences, director, trustee, or key employees lead in Pa VII, Section A, who cannot be reached at the             organization have method Section bad of the governing body?             // Each committee with authority to act on behalf of the governing body?             // Differences (findes Contractor, externel provide the names and addresses in Schedule O             // Differences (findes Contractor) are outproved by the organization have written policies and procedures governing the activities of such chapters, affiliates,             and banches to ensure their operations are outprived by the organization for the operations             // Section B. Officient (findes Contractor)             // Sectin differencon, the any written policies and procedures governing					
	the A. Coverning Body and Management         Enter the number of voting members of the governing body at the end of the tay year		3			
4	A. Governing Body and Management         Inter the number of voting members of the governing body at the end of the tax year       1a       30         there are material differences in voting rights among members of the governing body. or file governing       30         of delegated broad authority to a recultive committee or similar committee, explain in Schedule 0.       30         is any officer, director, trustee, or key employees to a management company or other person?       30         if the organization make any significant changes to its governing documents since the prior Form 980 was filed?       31         if the organization bave members, stockholders, or other persons who had the power to elect or appoint one or ore members of the governing body?       30         if the organization have members, stockholders, or other persons who had the power to elect or appoint one or ore members of the governing body?       30         if the organization contemporamously document the metrings held or written actions undertaken during the year by the following: the governing body?       30         if the organization contemporamously document the metrings held or written actions undertaken during the year by the following: the governing body?       30         if the organization have members, or hey employee iteriad the ATVIL. Section A, who cannot be reached at the trganization make and the governing body?       30         if the organization have to call chapters, branches, or affiliates?       30         '''se, ' did the organization have indels and procedures gove			4		
5	ch. A. Governing Body and Management         inter the number of voting members of the governing body at the end of the tax year       1a       30         there are material differences in voting rights among members of the governing body, or file governing to dy diaglet bronce with environmembers included in line 1a, above, who are independent       30         dia my officer, director, trustee, or key employee?       30         dia my officer, director, trustee, or key employee?       30         dia my officer, director, trustee, or key employee?       30         dia dia voj officer, director, or trustee, or key employee?       30         dia dia organization addesant orbitor or serve and a significant diversion of the preson?       30         dia dia organization have ambers or sicochholders?       30         dia dia coganization have ambers or sicochholders?       30         dia dia coganization have members, sicochholders?       30         dia dia coganization have members, sicochholders?       30         dia dia coganization have members, sicochholders?       30         dia dia coganization maxe amy significant changes th dia or written actions undertaken during the year by the following: he governing body?       30         is the organization have members or the organization reserved to (or subject to approval by) members, stockholders, or server sing the organization have written policy?       30         ach committew with authority to act on behalf of the g		5			
6	Did the organization have members or stockholders?		Г	6		T
			Γ			1
				7a		
	tion A. Governing Body and Management         Enter the number of voting members of the governing body at the end of the tax year       1a       30         if there are material differences in voting rights among members of the governing body, of the governing body detaget broad utlinity to an exclute committee or similar committee, copian in Schedule 0.       30         Did any officer, divector, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, service on year grant during the year of a significant diversion of the organization served using the year of a significant diversion of the organization served services, so there are an our services and the services of the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the organization nearements, stockholders, or other persons who had the power to elect or appoint one or more members of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       2         Did the organization have members, or they membry beld or witten actions undertaken during the year by the following:       2         The governing body?       2         Each committee with authority to act on behalf of the governing body?       2         Each committee with authority to act on behalf of the governing body?       2         Did the organization have withen policies and procedures governing the activities of such chapters, affiliates, and brancholes to ensure their organization active t					1
	tion A. Governing Body and Management         Enter the number of voting members of the governing body, at the end of the tax year       1       1       30         If there are material differences in voting rights among members of the governing body, or if the governing body.       30       30         Did any office, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person?       30         Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?       30         Did the organization bacem aware during the year of a significant diversion of the organization's assets?       30         Did the organization have members, stockholders, or the persons who had the power to elect or appoint one or more members of the governing body?       4         Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       4         Each committee with authority to act on behaff of the governing body?       4         Is there any officer, director, trustee, or ever persovele thet arms and addresses in Stockholders.       7         Did the organization have members, or hey employee listed in Part VII. Section A, who cannot be reached at the organization's mailing address?       7         He governing body?       4		7b			
			·····			t
				8a	Х	1
h	Fach committee with authority to act on behalf of the governing body?		·····	8b	X	┨
			·····			┨
				9		
				5		-
					Yes	٦
02	Did the organization have local chapters, branches, or affiliates?		Г	10a	100	1
				104		1
				10b		
				11a	Х	-
		ly before milling the		114		┥
				10-	Х	l
				12a	X	┥
			······	12b	23	╉
					х	
				12c	X	╉
				13	X	╉
				14		+
						l
					37	ł
				15a	<u>X</u>	4
			L	15b	Х	1
						1
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment with a				1
				16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its participatior	า			l
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization's				
	exempt status with respect to such arrangements?			16b		
ect	ion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ NY					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and	nd 990-T (Section	501(c)(3)s	only)	avail	12
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nflict of interest p	olicy, and	finan	cial	
		oks and records	►			_
	102 ODCULADD CODEED NEW YORK NY 10002					
	105 ORCHARD STREET, NEW YORK, NY 10002					-
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line 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)	(B)			(0				(D)	(E)	(F)
Name and Title	Average	(do	(do not check more than one		Reportable	Reportable	Estimated			
	hours per	box,	unle	ss pe	rson	is bot pr/trus	h an	compensation	compensation	amount of
	week	-				1	(00)	from	from related	other
	(list any hours for	lirecto				-		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or (	stee			nsated		(W-2/1099-MISC)	(112/1000 11100)	organization
	organizations	trust	al tru		yee	ompe		,		and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Insti	Officer	Key	High emp	Former			
(1) KEVIN JENNINGS	40.00							24.2 5.2 2		~~ ~~~
PRESIDENT		х		Х				319,500.	0.	32,079.
(2) SCOTT METZNER	1.00									
CO - BOARD CHAIR		Х		х				0.	0.	0.
(3) MERRYL SNOW ZEGAR	1.00									
CO – BOARD CHAIR		Х		х				0.	0.	0.
(4) ALAN G. WEILER	1.00									
VICE CHAIR (THRU 9/2018)		Х		х				0.	0.	0.
(5) DAN KRAMER	1.00									
TREASURER		х		Х				0.	0.	0.
(6) ALICE F. YURKE	1.00									
SECRETARY		Х		Х				0.	0.	0.
(7) ZACH D. AARONS	1.00									
TRUSTEE		х						0.	0.	0.
(8) MOHAMMED BADI	1.00									•
TRUSTEE		х						0.	0.	0.
(9) ANDREW S. BERKMAN	1.00									
TRUSTEE	1 00	X						0.	0.	0.
(10) PERRY A. CACACE	1.00									
TRUSTEE (THRU 6/2018)	1 00	X						0.	0.	0.
(11) MARGARET CHIN	1.00									0
TRUSTEE	1 00	X						0.	0.	0.
(12) SALLY DAVIDSON	1.00	37						0		0
TRUSTEE (THRU 9/2018)	1 00	X						0.	0.	0.
(13) GERALD DONINI	1.00							0		0
TRUSTEE	1 00	X						0.	0.	0.
(14) BRUCE GEISMAR	1.00	37						0		0
	1 00	X						0.	0.	0.
(15) SUSAN GRAY	1.00	37						0		0
TRUSTEE	1 00	X						0.	0.	0.
(16) CHRISTINE GREER	1.00							_	_	
TRUSTEE		X						0.	0.	0.
(17) GARY E. HANDEL, FAIA	1.00	v						0.	0.	
TRUSTEE		Х						ι 0.	0.	0.
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7

Form	990	(201)	8

LOWER EAST SIDE TENEMENT MUSEUM

13-3475390 Page 8

Part VII Section A. Officers, Directors, Trus		ploy	ees			ighe	st C	Compensated Employe					
(A)	(B)			•	C)			(D)	(E)			(F)	
Name and title	Average	(do	not c	Pos heck	sitior more	<b>1</b> e than	one	Reportable	Reportable		E٤	stimate	ed
	hours per	box	, unle	ss pe	erson	is bot or/trus	th an	compensation	compensatio		ar	nount	
	week (list any					1		from	from related			other	
	hours for	lirecto				_		the organization	organization (W-2/1099-MIS			ipensa rom th	
	related	e or o	stee			nsated		(W-2/1099-MISC)	(00 2/1000 1010	50)		anizat	
	organizations	trust	al tru		yee	admo					Ĭ	, d relat	
	below	individual trustee or director	nstitutional trustee	er	Key employee	Highest compensated employee	Jer				org	anizat	ions
	line)	Indiv	Insti	Officer	Keye	High emp	Form						
(18) NICOLE HOWE BUGGS	1.00												
TRUSTEE		Х						0.		0.			0.
(19) PHIL KLEWENO	1.00												-
TRUSTEE		Х						0.		0.	<u> </u>		0.
(20) HELEN LISS	1.00									•			•
TRUSTEE	1 00	X						0.		0.			0.
(21) ALI MAYORKAS	1.00							0		0			0
TRUSTEE	1 00	X						0.		0.			0.
(22) JUDITH MESSINA	1.00							0.		0			0
TRUSTEE (23) MICHELE MIRMAN	1.00	X						0.		0.			0.
TRUSTEE	1.00	x						0.		0.			0.
(24) RON MOELIS	1.00						-	0.		0.			0.
TRUSTEE	1.00	x						0.		Ο.			0.
(25) STUART NACHMIAS	1.00												
TRUSTEE		x						0.		Ο.			0.
(26) MAE M. NGAI	1.00												
TRUSTEE		X						0.		Ο.			0.
1b Sub-total								319,500.		0.			79.
c Total from continuation sheets to Part V								1,065,297.		0.			76.
d Total (add lines 1b and 1c)								1,384,797.		0.	17	9,1	55.
2 Total number of individuals (including but n	ot limited to th	nose	liste	ed a	bov	e) wl	ho r	eceived more than \$100	,000 of reportab	le			
compensation from the organization													10
										1		Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,			e, ke	ey ei	mplo	oyee	, or	highest compensated e	mployee on				v
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150			-					-	the organization		4	x	
<ul><li>5 Did any person listed on line 1a receive or a</li></ul>									dual for convices		4	Λ	
rendered to the organization? If "Yes," com					-	,		0	dual for services		5		x
Section B. Independent Contractors		001	0/ 00		per	0011							
1 Complete this table for your five highest co	mpensated in	depe	ende	ent o	cont	racto	ors t	that received more than	\$100.000 of con	npens	ation	from	
the organization. Report compensation for													
(A)								(B)			((	C)	
Name and business								Description of s	ervices	С	ompe	nsatic	n
MANDARIN ORIENTAL, 80 CO		CIE	RCI	LΕ	A'	Т							
60TH STREET, NEW YORK, NY	Y 10023							GALA EVENT L	OCATION		15	0,9	66.
PROSKAUER ROSE LLP		_											<u> </u>
ELEVEN TIMES SQUARE , NEW	V YORK	, I	NΥ	1	00	36	_	LEGAL SERVIC	ES		11	0,6	37.
2 Total number of independent contractors (i	•	not li	mite	d to	tho	se li າ	stec	d above) who received m	ore than				
\$100,000 of compensation from the organi SEE PART VII, SECTIO		ידי		ላጥ	TO	<u>n</u>	SH.	EETS			Form	990	2018)
832008 12-31-18						,					. 0111		2010)
						-							

Form 990 LOWER EA									13-347	5390
Part VII Section A. Officers, Directors, T		mplo	byee			ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
	hours	(C	neck	k all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	5				loyee		the	organizations	compensation
	(list any	irecto				emp		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	hours for related	e or c	tee			satec		(00-2/1099-00130)		organization and related
	organizations	ruste	l trus		yee	mpen				organizations
	below	d ual t	utiona	_	mplo	st co	5			organizationo
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated em ployee	Former			
(27) ELEANOR PELTA	1.00									
TRUSTEE		X						0.	0.	0.
(28) HARVEY M. ROSS	1.00									
TRUSTEE		Х						0.	0.	0.
(29) PAUL L. SCHULMAN	1.00									
TRUSTEE (THRU 6/2019)		Х						0.	0.	0.
(30) TATIANA SEGAL	1.00									
TRUSTEE		X						0.	0.	0.
(31) SHIMON SHKURY	1.00									
TRUSTEE		Х						0.	0.	0.
(32) JILL TOTENBERG	1.00									
TRUSTEE	1 00	X						0.	0.	0.
(33) CHRISTOPHER P. WILLCOX	1.00								0	0
TRUSTEE	1.00	X						0.	0.	0.
(34) COOPER B. ZELNICK TRUSTEE	1.00	x						0.	0.	0.
(35) DARYL WICKSTROM	40.00	^						0.	0.	0.
CHIEF OPERATING OFFICER	40.00			x				202,999.	0.	22,583.
(36) MICHELLE MOON	40.00							202,555.	0.	22,505.
CHIEF PROGRAMS OFFICER	10000			x				76,667.	0.	5,939.
(37) TAMAR COPELAND	40.00							,	• •	
CHIEF DEVELOPMENT OFFICER					х			187,774.	0.	18,880.
(38) DAVID ENG	40.00								• •	
CHIEF MARKETING AND COMMUN						x		132,225.	0.	13,553.
(39) ANNA OCANSEY	40.00								•••	
VP OF FINANCE						x		122,400.	0.	35,903.
(40) ANNE BRENNER	40.00							,		
VP OF HR						x		121,800.	0.	15,535.
(41) NANCY RACHMAN	40.00									
DIRECTOR OF DEVELOPEMENT						Х		109,782.	0.	7,071.
(42) ALISA MARTIN	40.00									
VP OF EDUCATION OPS						X		111,650.	0.	27,612.
		-				-				
		1								
		•	•				•			
Total to Part VII, Section A, line 1c								1,065,297.		147,076.

04-01-18

15310623 759420 13-3475390 2018.06000 LOWER EAST SIDE TENEMENT MU 13-34751

Form 990 (20			OWER	
Part VIII	Stateme	nt of	Reven	ue

# LOWER EAST SIDE TENEMENT MUSEUM

		Check if Schedule O cont	ains a res	ponse	or note to any line	e in this Part VIII			
		Check if Schedule O cont			,	<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns		1a					
our	b	Membership dues		1b					
Am (		Fundraising events		1c	824,591.				
lar Iar		Related organizations		1d					
ini,	е	Government grants (contributi	ions)	1e	1,029,133.				
ro S	f	All other contributions, gifts, grant	ts, and						
the		similar amounts not included abov	/e	1f	1,763,568.				
d d	g	Noncash contributions included in lines	1a-1f: \$		79,025.				
a Co	h	Total. Add lines 1a-1f			►	3,617,292.			
					Business Code				
e	2 a	PROGRAM REVENUE			611710	6,129,281.	6,129,281.		
e Ž	b	MUSEUM SHOP SALES			451211	1,692,151.	1,692,151.		
Program Service Revenue	с	TICKET SURCHARGE			611710	442,364.	442,364.		
eve	d	MISCELLANEOUS INCOME			611710	6,565.	6,565.		
Бе Бе	е								
ב	f	All other program service reve	nue						
		Total. Add lines 2a-2f				8,270,361.			
	3	Investment income (including							
		other similar amounts)			►	34,723.			34,723
	4	Income from investment of tax							
	5	Royalties			🕨 🚺				
			(i) Re		(ii) Personal				
	6 a	Gross rents	153	,445.					
		Less: rental expenses		0.					
		Rental income or (loss)	153	,445.					
		Net rental income or (loss)			<b>&gt;</b>	153,445.			153,445
		Gross amount from sales of	(i) Secu		(ii) Other				
		assets other than inventory							
	b	Less: cost or other basis							
		and sales expenses							
	с	Gain or (loss)							
		Net gain or (loss)			▶				
		Gross income from fundraising							
nu	-	including \$ 824							
eve		contributions reported on line							
r, B		Part IV, line 18	,	а	257,116.				
Other Revenue	b	Less: direct expenses			257,116.				
0		Net income or (loss) from fund			►	0.			
		Gross income from gaming ac	•						
		Part IV, line 19							
	b	Less: direct expenses							
		Net income or (loss) from gam							
		Gross sales of inventory, less	-						
	u	and allowances		я					
	h	Less: cost of goods sold							
		Net income or (loss) from sale							
	U	Miscellaneous Revenu			Business Code				
	11 a		~						
	b								1
					<u> </u>				
	с С	All other revenue			├				
	d	All other revenue							
						12 075 021	8 270 261	0	100 160
	12	Total revenue. See instructions			🏲 🗎	12,075,821.	8,270,361.	0	. 188,168,

10

15310623 759420 13-3475390 2018.06000 LOWER EAST SIDE TENEMENT MU 13-34751

Part IX Statement of Functional Expenses

LOWER EAST SIDE TENEMENT MUSEUM

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a respons Do not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations		expenses	general expenses	скренеев
and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors,	004 500	500 000	100.055	200 240
trustees, and key employees	934,588.	522,982.	109,266.	302,340
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,548,485.	4,679,752.	405,680.	463,053
8 Pension plan accruals and contributions (include	0.05 5.05			A F 4 6 4
section 401(k) and 403(b) employer contributions)	205,625.	175,000.	15,463.	15,162
9 Other employee benefits	504,552.	420,826.	37,375.	46,351
10 Payroll taxes	513,483.	413,924.	40,531.	59,028
<b>11</b> Fees for services (non-employees):	08 650		0.5. 6.5.0	
a Management	27,659.		27,659.	
b Legal	95,209.		95,209.	
c Accounting	39,000.		39,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25,	252 625	252 400		c 100
column (A) amount, list line 11g expenses on Sch O.)	359,627.	353,189.		6,438 1,355
12 Advertising and promotion	50,750.	49,387.	8.	L,355
13 Office expenses	388,270.	219,487.	109,782.	59,001
14 Information technology				
15 Royalties	440.040			40 502
16 Occupancy	442,942.	317,795.	76,554.	48,593
17 Travel	56,177.	44,192.	10,847.	1,138
<b>18</b> Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	309,867.	200 967		
20 Interest	309,007.	309,867.		
21 Payments to affiliates	1 102 061	1 040 046	25 707	20 110
22 Depreciation, depletion, and amortization	1,103,961. 124,517.	1,049,046. 92,142.	25,797. 23,659.	29,118
23 Insurance	124,31/•	94,142.	43,039.	0,/10
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a RETAIL ACTIVITY PURCHAS	743,209.	743,209.		
b BANK AND CREDIT CARD CH	255,397.	228,888.	12,687.	13,822
c PROGRAM AND EVENT COSTS	135,194.	92,855.	18,441.	23,898
d PAYROLL PROCESSING	55,746.	39,022.	11,149.	5,575
e All other expenses	67,254.	19,635.	40,797.	6,822
25 Total functional expenses. Add lines 1 through 24e	11,961,512.	9,771,198.	1,099,904.	1,090,410
26 Joint costs. Complete this line only if the organization	_,_,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_,,	_,,0
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here Check here from the following SOP 98-2 (ASC 958-720)				
832010 12-31-18				Form <b>990</b> (2018

15310623 759420 13-3475390 2018.06000 LOWER EAST SIDE TENEMENT MU 13-34751

11

Form 990 (2018)

Part X Balance Sheet

# LOWER EAST SIDE TENEMENT MUSEUM

<u>13-3</u>475390 Page 11

I UI					
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	1,372,361.	1	1,405,270.
	2	Savings and temporary cash investments	275,336.	2	225,090.
	3	Pledges and grants receivable, net	1,546,862.	3	1,625,104.
	4	Accounts receivable, net	5,359.	4	6,689.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use	81,403.	8	90,917.
	9	Prepaid expenses and deferred charges	139,574.	9	107,183.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 35,614,248.			
	b	Less: accumulated depreciation 10b 7,896,150.	28,124,396.	10c	27,718,098.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	2,669,258.	12	2,703,689.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	318.	15	324.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	34,214,867.	16	33,882,364.
	17	Accounts payable and accrued expenses	668,598.	17	606,474.
	18	Grants payable		18	
	19	Deferred revenue	71,773.	19	29,851.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
iab		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	9,608,401.	25	9,398,635.
	26	Total liabilities. Add lines 17 through 25	10,348,772.	26	10,034,960.
		Organizations that follow SFAS 117 (ASC 958), check here $\blacktriangleright$ $[X]$ and			
ses		complete lines 27 through 29, and lines 33 and 34.	00 550 000		00 506 450
anc	27	Unrestricted net assets	20,552,380.	27	20,506,452.
Bal	28	Temporarily restricted net assets	500,715.	28	527,952.
pu	29	Permanently restricted net assets	2,813,000.	29	2,813,000.
Fu		Organizations that do not follow SFAS 117 (ASC 958), check here $\blacktriangleright$			
č		and complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
Ast	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Vet	32	Retained earnings, endowment, accumulated income, or other funds		32	
~	33	Total net assets or fund balances	23,866,095.	33	23,847,404.
	34	Total liabilities and net assets/fund balances	34,214,867.	34	33,882,364.
					Form <b>990</b> (2018)

Form **990** (2018)

12

1Total revenue (must equal Part VIII, column (A), line 12)112,075,8222Total expenses (must equal Part IX, column (A), line 25)211,961,5123Revenue less expenses. Subtract line 2 from line 13114,3034Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))423,866,09555667Investment expenses678Prior period adjustments89Other changes in net assets or fund balances (explain in Schedule O)9-133,000	12
1Total revenue (must equal Part VIII, column (A), line 12)112,075,8222Total expenses (must equal Part IX, column (A), line 25)211,961,5123Revenue less expenses. Subtract line 2 from line 13114,3034Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))423,866,09555667Investment expenses678Prior period adjustments89Other changes in net assets or fund balances (explain in Schedule O)9-133,000	
2       Total expenses (must equal Part IX, column (A), line 25)         3       Revenue less expenses. Subtract line 2 from line 1         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))         5       4         6       5         7       6         7       7         8       7         9       Other changes in net assets or fund balances (explain in Schedule O)	X
2       Total expenses (must equal Part IX, column (A), line 25)         3       Revenue less expenses. Subtract line 2 from line 1         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))         5       4         6       5         7       6         7       7         8       7         9       Other changes in net assets or fund balances (explain in Schedule O)	
3       Revenue less expenses. Subtract line 2 from line 1         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))         5       4         6       5         6       6         7       6         8       7         9       Other changes in net assets or fund balances (explain in Schedule O)	
4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       23,866,095         5       5       5         6       6       6         7       7       6         8       7       8         9       Other changes in net assets or fund balances (explain in Schedule O)       9       -133,000	
5       Net unrealized gains (losses) on investments         6       6         7       6         7       7         8       7         9       Other changes in net assets or fund balances (explain in Schedule O)       9       -133,000	
6       6         7       6         7       7         8       7         9       Other changes in net assets or fund balances (explain in Schedule O)       9       -133,000	5.
7       Investment expenses       7         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain in Schedule O)       9       -133,000	
8       8         9       Other changes in net assets or fund balances (explain in Schedule O)	
9 Other changes in net assets or fund balances (explain in Schedule O) 9 -133,000	
	_
	0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	
column (B)) 10 23,847,404	4.
Part XII Financial Statements and Reporting	_
Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>
	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	
	<u>X</u>
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a	
separate basis, consolidated basis, or both:	
Separate basis Consolidated basis Both consolidated and separate basis	
b Were the organization's financial statements audited by an independent accountant?	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,	
consolidated basis, or both:	
X Separate basis Consolidated basis Both consolidated and separate basis	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	
review, or compilation of its financial statements and selection of an independent accountant?	_
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	v
	X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	
or audits, explain why in Schedule O and describe any steps taken to undergo such audits	

Form **990** (2018)

832012 12-31-18

13 15310623 759420 13-3475390 2018.06000 LOWER EAST SIDE TENEMENT MU 13-34751

SCHEDULE A

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047
2018
Open to Public Inspection

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.							Open to Public Inspection							
Nam	e of t	the organizati								identification number				
					E TENEMENT M					3-3475390				
Pa	rt I	Reason	for Public	Charity Status (	All organizations must co	omplete th	iis part.) Se	ee instruction	S.					
The	organ		•		For lines 1 through 12, o		,							
1					on of churches describe		• • •	1)(A)(i).						
2					Attach Schedule E (Forn									
3		-	•		anization described in <b>s</b> e									
4			-	ation operated in co	njunction with a hospita	l describe	d in <b>sectio</b>	n 170(b)(1)(A	<b>)(iii).</b> Enter	the hospital's name,				
_		city, and stat												
5		0	•		llege or university owned	d or opera	ted by a g	overnmental	unit descrik	bed in				
_		section 170(b)(1)(A)(iv). (Complete Part II.)												
6		A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>												
7	X	0		•	initial part of its support i	rom a gov	rernmental	unit or from	the general	public described in				
-		-		omplete Part II.)										
8	$\square$				(1)(A)(vi). (Complete Par									
9					in section 170(b)(1)(A)(									
			or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state o	f the colleg	e or				
10		university:			then 00 1/00/ of its our	and frame			alain faca a	und average upper inter fueres				
10					e than 33 1/3% of its sup									
					ct to certain exceptions,									
				mplete Part III.)	(less section 511 tax) fr		esses acqu	lired by the o	rganization	alter Julie 30, 1975.				
11				• •	ively to test for public sa	fety See	section 5(	)9(a)( <u>4</u> )						
12	$\square$	-	-	-	ively for the benefit of, to	•			arry out the	purposes of one or				
		-	-	-	ed in section 509(a)(1) o				-					
					of supporting organizatio									
а			-	• •	supervised, or controlled				-	, aivina				
				-	gularly appoint or elect a	•								
			-	complete Part IV, Se		, ,				11 5				
b		¬		-	l or controlled in connec	tion with if	ts support	ed organizatio	on(s), by ha	ving				
					anization vested in the s									
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.									
с					g organization operated	in connec	tion with, a	and functiona	ally integrate	ed with,				
		its support	ed organizatio	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.						
d		] Type III no	n-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	orted organi	zation(s)				
		that is not	functionally int	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness				
		requiremer	nt (see instruct	ions). <b>You must con</b>	nplete Part IV, Sections	A and D	, and Part	V.						
е		Check this	box if the orga	anization received a	written determination fro	om the IRS	6 that it is a	а Туре I, Туре	e II, Type III					
		functionally	/ integrated, o	r Type III non-functio	nally integrated support	ing organi	zation.							
f														
g				n about the supporte		(iv) is the orac	anization listed							
	(	<ul> <li>i) Name of supp organizatior</li> </ul>		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	ing document?	(v) Amount o support (see ii		(vi) Amount of other support (see instructions)				
		organization	•		above (see instructions))	Yes	No		1311 40110113)					
Tota														
										L				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 14

2018.06000 LOWER EAST SIDE TENEMENT MU 13-34751

13-3475390 Page 2

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

fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3452104.	4247418.	6919493.	3075749.	3617292.	21312056.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3452104.	4247418.	6919493.	3075749.	3617292.	21312056.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						6,521.
6	Public support. Subtract line 5 from line 4.						21305535.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	3452104.	4247418.	6919493.	3075749.	3617292.	21312056.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	194,014.	157,176.	164,825.	157,693.	188,168.	861,876.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						22173932.
12	Gross receipts from related activities,	, etc. (see instructi	ons)		•	12 35	,398,203.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor	bhere					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2018 (	line 6, column (f) d	ivided by line 11, c	olumn (f))		14	96.08 %
15	Public support percentage from 2017	7 Schedule A, Part	II, line 14			15	91.23 %
<b>1</b> 6a	33 1/3% support test - 2018. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this b	
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2017. If the o	organization did no	ot check a box on l	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check t	his box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances tes	<b>t - 2018.</b> If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check th	nis box and <b>stop h</b>	<b>iere.</b> Explain in Pa	rt VI how the orga	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes	<b>t - 2017.</b> If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or <sup>-</sup>	17a, and line 15 is	10% or
	more, and if the organization meets the	he "facts-and-circu	mstances" test, cl	neck this box and	<b>stop here.</b> Explair	in Part VI how the	e
	organization meets the "facts-and-cire	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	and see instruction	ns ►
					Sche	dule A (Form 990	) or 990-EZ) 2018

15 15310623 759420 13-3475390 2018.06000 LOWER EAST SIDE TENEMENT MU 13-34751

## Schedule A (Form 990 or 990 EZ) 2018 LOWER EAST SIDE TENEMENT MUSEUM Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
Ū	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and	<u> </u>					
10							
h	3 received from disqualified persons Amounts included on lines 2 and 3 received	<u> </u>					
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		 	L CC		[ 	
14	First five years. If the Form 990 is for	-			-		
800	check this box and stop here						<b>P</b>
	-						
	Public support percentage for 2018 (I					15	%
	Public support percentage from 2017		· · ·			16	%
Sec	ction D. Computation of Inves					1 1	
17	Investment income percentage for 20	18 (line 10c, colu	mn (f), divided by	ine 13, column (f)	)	17	%
	Investment income percentage from					18	%
<b>1</b> 9a	1 33 1/3% support tests - 2018. If the	-					e 17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization qual	ifies as a publicly	supported organiz	ation	▶∟
b	33 1/3% support tests - 2017. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%	, and
	line 18 is not more than 33 1/3%, che	ck this box and <b>s</b> f	<b>top here.</b> The orga	anization qualifies	as a publicly supp	orted organizatio	n ►
20	Private foundation. If the organization	<u>n did not check a</u>	box on line 14, 19	a, or 19b, check	this box and see in	structions	<b>)</b>
	23 10-11-18						90 or 990-EZ) 2018
				16		-	-
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15310623 759420 13-3475390

#### 13-3475390 Page 4

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

# Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

832024 10-11-18

Schedule A (Form 990 or 990-EZ) 2018

15310623 759420 13-3475390 2018.06000 LOWER EAST SIDE TENEMENT MU 13-34751

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			Vee	Na
44	Here the organization accorted a gift or contribution from any of the following persons?		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
d		110		
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		<u> </u>
-	tion B. Type I Supporting Organizations	TIC		
000	tion B. Type roupperting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	-		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	-		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
832025	5 10-11-18 Schedule A (Form 99	0 or 99	90-EZ)	2018
	18			

15310623 759420 13-3475390

<sup>2018.06000</sup> LOWER EAST SIDE TENEMENT MU 13-34751

# Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	v intears	ated Type III supporting or	nanization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

832026 10-11-18

Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	<u>_</u>					
Sect	ion D - Distributions			Current Year					
1	1 Amounts paid to supported organizations to accomplish exempt purposes								
2	Amounts paid to perform activity that directly furthers exemp								
	organizations, in excess of income from activity								
3	Administrative expenses paid to accomplish exempt purpose	S							
4	Amounts paid to acquire exempt-use assets								
5	Qualified set-aside amounts (prior IRS approval required)								
6	Other distributions (describe in Part VI). See instructions.								
7	Total annual distributions. Add lines 1 through 6.								
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9						
	(provide details in <b>Part VI</b> ). See instructions.								
9	Distributable amount for 2018 from Section C, line 6								
10	Line 8 amount divided by line 9 amount								
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018					
_1	Distributable amount for 2018 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2018 (reason-								
	able cause required- explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2018								
a	From 2013								
b	From 2014								
C	From 2015								
d	From 2016								
e	From 2017								
f	Total of lines 3a through e								
<u> </u>	Applied to underdistributions of prior years								
h	Applied to 2018 distributable amount								
i	Carryover from 2013 not applied (see instructions)								
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.								
4	Distributions for 2018 from Section D,								
	line 7: \$								
-	Applied to underdistributions of prior years								
	Applied to 2018 distributable amount								
	Remainder. Subtract lines 4a and 4b from 4.								
5	Remaining underdistributions for years prior to 2018, if								
	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in <b>Part VI.</b> See instructions.								
6	Remaining underdistributions for 2018. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2019. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
	Excess from 2014								
	Excess from 2015								
	Excess from 2016								
	Excess from 2017								
<u>e</u>	Excess from 2018								

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A	(Form 990 or 990 EZ) 2018 LOW Supplemental Information	D. Provide the		edniked pv b		Part II III	13-3475390 Pa
	Part IV. Section A. lines 1, 2, 3b, 3	3c. 4b. 4c. 5a.	6. 9a. 9b. 9c. 1	1a. 11b. and	11c: Part IV.	Section	B. lines 1 and 2: Part IV. Section C.
	line 1; Part IV, Section D, lines 2 a Section D, lines 5, 6, and 8; and F	nd 3; Part IV,	Section E, lines	1c, 2a, 2b, 3	Ba, and 3b; P	art V, line	1; Part V, Section B, line 1e; Part V
	(See instructions.)	art V, Section	i E, iii ies 2, 3, ai	IU 0. AISO CO	inplete this p	an ior an	y additional mormation.
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**SCHEDULE D** 

Department of the Treasury Internal Revenue Service

(Form 990)

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

Go to www.irs.gov/Form990 for instructions and the latest information.



Name of the organization	
	LOWE
Part I Organizatio	ns Mair

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# R EAST SIDE TENEMENT MUSEUM

Employer identification number 13-3475390

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes 🗌 No
Par	Tt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all th <u>at a</u> pply).	
	Preservation of land for public use (e.g., recreation or e	education)	orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
b			
с	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		e organization during the tax
	year ►		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes 📖 No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
	►\$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
	conservation easements.	· · · · · · · · · · · · · · · · · · ·	
Par	t III Organizations Maintaining Collections o		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exl		ince of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	blic service, provide the following amount
	relating to these items:		<b>N</b> .
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under SFAS 1		
a	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 201
832051	1 10-29-18	27	
		<u> </u>	

2018.06000 LOWER EAST SIDE TENEMENT MU 13-34751

Sche	dule D (Form 990) 2018 LOWER E	AST SIDE TH	ENEMEN	r MU	SEUM			13-3	47539	0 Pa	age <b>2</b>
Par	t III Organizations Maintaining C	collections of Ar	t, Historie	cal Tr	easures, o	or Oth	er Sim	ilar As	sets(contin	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any	of the	following that	at are a s	ignifican	t use of i	its collectio	n item	IS
	(check all that apply):										
а	<b>X</b> Public exhibition	d	Loan	or exc	hange progra	ams					
b	X Scholarly research	e	U Othe	r							
С	X Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how they f	urther t	he organizati	on's exe	mpt pur	pose in F	Part XIII.		
5	During the year, did the organization solicit o							г			-
	to be sold to raise funds rather than to be ma								Yes		No
Par	<b>t IV</b> Escrow and Custodial Arran		te if the orga	anizatio	n answered	"Yes" or	1 Form 99	90, Part I	IV, line 9, or		
	reported an amount on Form 990, Pa										
та	Is the organization an agent, trustee, custod		-					r	Vee		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							L	Yes	L	
a	If Yes, explain the arrangement in Part XIII	and complete the for	lowing table	•				1	Amount		
<u> </u>	Beginning balance						1c		Amoun	-	
	Additions during the year										
	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on F							-	Yes		No
	If "Yes," explain the arrangement in Part XIII.										]
Par											
		(a) Current year	<b>(b)</b> Prior y	vear	(c) Two year	rs back	(d) Three	e years ba	ck <b>(e)</b> Four	years	back
1a	Beginning of year balance	2,669,258.	2,664	,512.	2,65	9,788.	2,	656,11	4. 2	,653,	345.
b	Contributions										
	Net investment earnings, gains, and losses	34,431.	4	,746.		4,724.		3,67	4.	2,	769.
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance	2,703,689.	2,669	-		4,512.	2,	659,78	8. 2	,656,	114.
2	Provide the estimated percentage of the cur	rent year end balance		lumn (a	a)) held as:						
	Board designated or quasi-endowment		_%								
	Permanent endowment ► 100.00	%									
с	Temporarily restricted endowment	%									
0-	The percentages on lines 2a, 2b, and 2c sho	-		ماما م	un el en el en lucite i e tre						
Ja	Are there endowment funds not in the posse	ssion of the organiza	uon inai are	neiu a			ne organ	IIZALION	Г	Yes	No
	by: (i) unrelated organizations								3a(i)	165	X
	(ii) related organizations										X
b	If "Yes" on line 3a(ii), are the related organization										
4	Describe in Part XIII the intended uses of the									I	
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line	e 11a. S	See Form 990	), Part X	, line 10.				
	Description of property	(a) Cost or ot	her (	<b>)</b> Cost	or other	(c) A	ccumula	ted	(d) Bool	k valu	е
		basis (investm	nent)	basis	(other)	de	preciatio	n			
1a	Land				5,000.				1,03		
	Buildings				4,350.		377,9		15,51		
	Leasehold improvements		14	1,08	7,831.	3,	885,6	558.	10,202	2,1	73.
d	Equipment			_							
	Other				7,067.		632,5	535.			32.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part J	X, column (E	), line 1	10c.)			🕨	27,71	-	
								Sched	ule D (Form	1 990)	2018

Sched	ule D (For	m 990) 2	018	LOWER	EAST	SIDE	TENEMEN	r Museum		13-3475390 <sub>Page</sub>
				ther Secu	irities.					
			-					e 11b. See Form 990		
			or category	(including nam	e of security)	(b)	Book value	(c) Method of	valuation: Co	st or end-of-year market value
• •	nancial de									
	osely-held	equity ir	terests					-		
(3) Ot			03.011	POTITI			702 600			
(A)	САБЛ	AND	САБП	EQUIV	ALEN.I.	<u> </u>	,703,689	END-OF-	ILAR MA	RKET VALUE
(B)										
(C) (D)										
(E)										
(F)										
(G)										
(H)										
Total. (	Col. (b) mi	ıst equal F	orm 990, P	art X, col. (B)	line 12.) ►	2	,703,689	•		
Part	VIII In	/estme	ents - Pr	ogram R	elated.					
					vered "Yes			e 11c. See Form 990		
	(a	a) Descrip	otion of inv	/estment		(b)	Book value	(c) Method of	valuation: Co	st or end-of-year market value
(1)										
(2)										
(3)								-		
(4)										
(5)										
(6)										
<u>(7)</u> (8)										
(9)										
	Col. (b) mi	ist equal F	orm 990. P	art X, col. (B)	line 13.) ►					
Part		her As		, ( )	/ -					
	Co	mplete if	the organ	ization answ	vered "Yes	" on Form	990, Part IV, line	e 11d. See Form 990	0, Part X, line	15.
					(a	) Descripti	ion			(b) Book value
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
<u>(7)</u> (8)										
<u>(9)</u>										
	(Column (	b) must e	equal Form	n 990, Part X	(. col. (B) lii	ne 15.)				•
Part			bilities.		., (_/					
	Co	mplete if	the organ	ization answ	vered "Yes	" on Form	990, Part IV, line	e 11e or 11f. See Fo	orm 990, Part )	X, line 25.
1.			(a) Desc	ription of lia	bility			(b) Book value		
(1)		income t								
(2)				FY DEP				13,424		
(3)	LONG	TERI	M BONI	D OBLI	GATIO	N		9,385,211	<u>.</u>	
(4)									_	
(5)									_	
(6)										
(7)										
(8)										
(9) Total	Column	h) must	augl Form	1000 Dort		no 25 1	<b></b>	9,398,635	-	
			-	n 990, Part X						tements that reports the
										as been provided in Part XIII

Sche	edule D (Form 990) 2018 LOWER EAST SIDE TENEMENT M			13-	3475390 <sub>Page</sub>	э <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per F	leturi	۱.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.				
1	Total revenue, gains, and other support per audited financial statements			1	12,075,821	ι.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a				
b	Donated services and use of facilities	. 2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	. 2d				
е	Add lines 2a through 2d			2e	-	0.
3	Subtract line 2e from line 1			3	12,075,821	ι.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. <b>4</b> a				
b	Other (Describe in Part XIII.)	. 4b				_
С				4c		0.
_				5	12,075,821	1
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			•		<u> </u>
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten			•		<u> </u>
Pa		nents Wit		Retu	irn.	
5 Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents Wit a.	h Expenses per	•		
	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	nents Wit a.	h Expenses per	Retu	irn.	
1	Reconciliation of Expenses per Audited Financial Staten           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a           Total expenses and losses per audited financial statements	nents Wit	h Expenses per	Retu	irn.	
1 2	rt XII         Reconciliation of Expenses per Audited Financial Staten           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a           Total expenses and losses per audited financial statements           Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents Wit a. 2a	h Expenses per	Retu	irn.	
1 2 a	Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	nents Wit a. 2a 2b	h Expenses per		irn.	
1 2 a b	rt XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	nents Wit a. 	h Expenses per		rn. 12,094,512	2.
1 2 a b c	rt XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a            2b            2c            2d	h Expenses per 133,000.		rn. 12,094,512 133,000	2.
1 2 b c d	rt XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a           2b           2c           2d	h Expenses per		rn. 12,094,512	2.
1 2 b c d e	rt XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a           2b           2c           2d	h Expenses per	1 2e	rn. 12,094,512 133,000	2.
1 2 b c d e 3	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	nents Wit a. 	h Expenses per	1 2e	rn. 12,094,512 133,000	2.
1 2 6 6 8 3 4	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a           2b           2c           2d	h Expenses per	1 2e	rn. 12,094,512 133,000 11,961,512	2. 0. 2.
1 2 a b c d e 3 4 a	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a           2b           2c           2d	h Expenses per	Petu           1           2e           3           4c	rn. 12,094,512 133,000 11,961,512	2. 0. 2.
1 2 a b c d e 3 4 a b c 5	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a           2b           2c           2d           2d	h Expenses per	Retu 1 2e 3	rn. 12,094,512 133,000 11,961,512	2. 0. 2.

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

# PART III, LINE 1A:

THE MUSEUM MAINTAINS COLLECTIONS OF OVER 14,000 ITEMS THAT HAVE A DIRECT
ASSOCIATION WITH 97 ORCHARD STREET OR OTHER HISTORIC SITES AND OTHER
OBJECTS THAT ARE SUITABLE FOR EXHIBITION OR TEACHING PURPOSES. THE MUSEUM
ALSO MAINTAINS A LIBRARY AND AN ARCHIVE OF OTHER HISTORICAL MATERIALS.
THESE OBJECTS AND RESOURCES ARE MAINTAINED FOR THE PUBLIC BENEFIT TO BE
USED FOR EDUCATION AND RESEARCH ACTIVITY.
IN CONFORMITY WITH ACCOUNTING POLICIES GENERALLY FOLLOWED BY MUSEUMS, THE
VALUE OF THESE RESOURCES HAS BEEN EXCLUDED FROM THE STATEMENT OF FINANCIAL
POSITION, AND GIFTS OF OBJECTS FOR THE COLLECTION AND LIBRARY ARE EXCLUDED
FROM THE STATEMENT OF ACTIVITIES. ACQUISITIONS FOR THE COLLECTIONS ARE
REFLECTED AS DECREASES IN THE MUSEUM'S UNRESTRICTED NET ASSETS IN THE YEAR
832054 10-29-18 Schedule D (Form 990) 2018 30
15310623 759420 13-3475390 2018.06000 LOWER EAST SIDE TENEMENT MU 13-34751

IN WHICH THE ITEMS ARE ACQUIRED.

CONTRIBUTED COLLECTION ITEMS ARE NOT REFLECTED.

PART III, LINE 4:

FOR OUR COLLECTION WE COLLECT MATERIALS THAT RELATE TO OUR HISTORIC

PROPERTIES, HAVE SIGNIFICANCE TO THE FAMILIES THAT LIVED THERE OR ANY

BUSINESSES THAT EXISTED THERE AND/OR MATERIALS THAT WE CAN USE TO EDUCATE

THE PUBLIC THROUGH EXHIBITION AND/OR STUDY. OUR COLLECTION PROVIDES A

STARTING POINT FOR MUSEUM VISITORS TO UNDERSTAND HOW THE EXPERIENCES OF

EARLIER WAVES OF IMMIGRANTS COMPARE AND CONTRAST WITH NEWCOMERS TODAY.

PART V, LINE 4:

TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY THE ENDOWMENT.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

REVERSAL OF PRIOR YEAR CONTRIBUTION

133,000.

Schedule D (Form 990) 2018

832055 10-29-18

15310623 759420 13-3475390

SCHEDULE G	Suppleme	ental Informat	tion Regarding	Fund	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)						Part IV, line 17, 18, o rm 990-EZ, line 6a.		, or if the	2018
Department of the Treasury		-	ttach to Form 990			-			Open to Public
Internal Revenue Service		o to www.irs.gov	/Form990 for instr	uction	is and	the latest informat	ion.		Inspection
Name of the organization	LOWER E		TENEMENT					13-3475	
	complete this par		organization answe	ered "Y	es" o	n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not
<ul> <li>Indicate whether the a Mail solicitate</li> <li>Mail solicitate</li> <li>Internet and</li> <li>Phone solicitate</li> <li>In-person social</li> <li>Did the organization</li> </ul>	e organization rai tions email solicitation itations blicitations on have a written ted in Form 990, F D highest paid indi	sed funds throug s or oral agreement Part VII) or entity ir ividuals or entities	e Solicita f Solicita g Special with any individua	tion of tion of fundra l (inclue profess	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, tru fundraising services?	stees	Ye	
(i) Name and addres or entity (fund		(ii) <i>A</i>	Activity	(iii) fundr have ci or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
				Yes	No	•			
Total           3         List all states in whor licensing.	ich the organizatio	on is registered or	licensed to solicit	contrib	bution:	s or has been notified	d it is	exempt from I	registration
LHA For Paperwork R	eduction Act Not	tice, see the Inst	ructions for Form	990 or	990-	EZ. S	Sche	dule G (Form	990 or 990-EZ) 2018

832081 10-03-18

15310623 759420 13-3475390 2018.06000 LOWER EAST SIDE TENEMENT MU 13-34751

Part II Fundraising Events. Complete if the organization answered "Yes" on 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 NONE	(d) Total events (add col. (a) through
Ð			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	1,081,707.			1,081,707.
	2	Less: Contributions	824,591.			824,591.
	3	Gross income (line 1 minus line 2)	257,116.			257,116.
	4	Cash prizes				
s	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	161,613.			161,613.
Δ	8 9	Entertainment				95,503.
	-	Other direct expenses Direct expense summary. Add lines 4 through			•	257,116.
	11	Net income summary. Subtract line 10 from li				0.
Pa	rt I		answered "Yes" on Form	1990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1	(b) Pull tabs/instant		
nue			<b>(a)</b> Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						
щ	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		·	<b>Yes</b> %	<b>Yes</b> %	<b>Yes</b> %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		►	
а	En <sup>:</sup> Is t	ter the state(s) in which the organization conducter the organization licensed to conduct gaming a No," explain:	ucts gaming activities: ctivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No
83208	32 10	0-03-18			Schedule G (For	rm 990 or 990-EZ) 2018
				~ ~		

<sup>33</sup> 

1 Does the organization conduct gaming activities with nonmembers?	3475390	T ago
		N
2 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	
3 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	
b An outside facility		
4 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name		
Address		
5a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> and the amount		
of gaming revenue retained by the third party $\blacktriangleright$ \$		
c If "Yes," enter name and address of the third party:		
Name		
Address		
6 Gaming manager information:		
Name		
Gaming manager compensation 🕨 \$		
Description of services provided 🕨		
Director/officer Employee Independent contractor		
7 Mandatory distributions:		
-		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	└── Yes	
<ul> <li>a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?</li> <li>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 ▶ \$</li> </ul>		
<ul> <li>a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?</li> <li>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 ▶ \$</li> <li>Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F</li> </ul>		
<ul> <li>a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?</li> <li>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 ▶ \$</li> </ul>		
<ul> <li>a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?</li> <li>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 ▶ \$</li> <li>Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F</li> </ul>		
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<ul> <li>a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?</li> <li>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 ▶ \$</li> <li>Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F</li> </ul>	Part III, lines 9,	9b, 10b

	,				
				Schedule (	G (Form 990 or 990-
32084 04-01-18					
		35			
10623 759420 13-3475390	2018.06000	LOWER EAST	SIDE T	ENEMENT	MU 13-3475

sc	CHEDULE J Compensation Information			OMB No. 1545-004					
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	ľ	20	19	2			
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	IU	)			
Dena	tment of the Treasury	Attach to Form 990.		Open to	o Publ	ic			
	al Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		•	ection				
Nan	ne of the organization			identificati		mber			
_		LOWER EAST SIDE TENEMENT MUSEUM	13-	347539	0				
Pa	rt I Question	s Regarding Compensation							
				_	Yes	No			
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	n 990,						
		line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or c	, i i i i i i i i i i i i i i i i i i i							
	Travel for com								
		ation and gross-up payments							
	Discretionary	spending account Personal services (such as maid, chauffe	ur, chef)						
	If any other								
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or							
~		provision of all of the expenses described above? If "No," complete Part III to explain		1b					
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,			х				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	л				
3	Indicate which if a	ay of the following the filing proprietion used to establish the componentian of the propriet	ation's						
5		ny, of the following the filing organization used to establish the compensation of the organiz actor. Check all that apply. Do not check any boxes for methods used by a related organizat							
		ation of the CEO/Executive Director, but explain in Part III.							
	·								
	Compensation committee       Image: Compensation consultant         Independent compensation consultant       Image: Compensation survey or study								
	X Form 990 of o		ommittee						
			Johnnittee						
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
•	organization or a re								
а	•	e payment or change-of-control payment?		4a		X			
b		ceive payment from, a supplemental nonqualified retirement plan?				X			
с		ceive payment from, an equity-based compensation arrangement?				Х			
		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	Only section 501(c	:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on						
	contingent on the r								
а	The organization?			5a		Х			
		ation?				Х			
		or 5b, describe in Part III.							
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on						
	contingent on the r	net earnings of:							
а	The organization?			6a		X			
b		ation?				X			
		or 6b, describe in Part III.							
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment							
		nes 5 and 6? If "Yes," describe in Part III		7		X			
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to	the						
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X			
9		id the organization also follow the rebuttable presumption procedure described in							
		n 53.4958-6(c)?							
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schee	dule J (Forı	n 990	) 2018			

832111 10-26-18

#### 13-3475390

#### 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 on 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 aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits			
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) KEVIN JENNINGS	(i)	304,500.	15,000.	0.	11,000.	21,079.	351,579.	0.	
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) DARYL WICKSTROM	(i)	202,999.	0.	0.	4,090.	18,493.		0.	
CHIEF OPERATING OFFICER	(ii)	Ο.	0.	0.	0.	0.		0.	
(3) TAMAR COPELAND	(i)	187,774.	0.	0.	6,305.	12,575.	206,654.	0.	
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.		0.	
(4) ANNA OCANSEY	(i)	122,400.	0.	0.	6,120.	29,783.	158,303.	0.	
VP OF FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2018

Page 3

## Part III Supplemental Information

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.

Schedule J (Form 990) 2018

(Forn Depart	HEDULE K       Supplemental Information on Tax-Exempt Bonds         rm 990)       Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.         nal Revenue Service       Attach to Form 990.										OMB No. 1545-0047 <b>2018</b> Open to Public Inspection			
											identif 475		n num	ıber
Part	t I Bond Issues	SEE PART VI	FOR COLUM	IN (F) CON	TINUAT	IONS								
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issu	ie price	(f) Descripti	on of purpose	(g) Defeased (h				f (i) Pooled	
										of is			icing	
									Yes	No	Yes	No	Yes	No
	BUILD NYC RESOURCE						BUILDING							
AC	CORPORATION	45-4040561	NONE	11/24/15	1070	0000.	ACQUISIT	ION AND H	2	X		Х		Х
В														
с														<b> </b>
D														
Part	t II Proceeds													
				A			B C		D					
1	Amount of bonds retired													
2	Amount of bonds legally defeased													
3	Total proceeds of issue													
4	Gross proceeds in reserve funds				324.									
5	Capitalized interest from proceeds													
6					4 0 2 0									
7	•													
8	Credit enhancement from proceeds				1 777									
9	Working capital expenditures from proceed			10.10	1,777. 2,975.									
	Capital expenditures from proceeds				2,975.					_				
11														
12	Other unspent proceeds													
13	Year of substantial completion				N		N	No	N		N <sub>2</sub> -		NI -	
	Ware the bands issued as part of a refundi	a ionus of tox avamat	handa (ar	Yes	No	Yes	No	Yes	No	_	Yes		No	
14	Were the bonds issued as part of a refundi	0	( )		х									
15	if issued prior to 2018, a current refunding Were the bonds issued as part of a refundi			·····								+		
15	issued prior to 2018, an advance refunding	0	( )		х									
16	Has the final allocation of proceeds been n											+		
17	Does the organization maintain adequate b											+		
••	final allocation of proceeds?			x										

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

Schedule K (Form 990) 2018

# Schedule K (Form 990) 2018 LOWER EAST SIDE TENEMENT MUSEUM Part III Private Business Use

13-3475390

Page 2

			A		В		c		)
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?		x						
3a	Are there any management or service contracts that may result in private								
	business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?								
с	Are there any research agreements that may result in private business use of								
	bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
	counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by								
	entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5	Enter the percentage of financed property used in a private business use as a result of								
	unrelated trade or business activity carried on by your organization, another								
	section 501(c)(3) organization, or a state or local government		%		%		%		%
6	Total of lines 4 and 5		%		%	%		%	
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a non-								
	governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
	of		%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections								
	1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified								
	bonds of the issue are remediated in accordance with the requirements under								
	Regulations sections 1.141-12 and 1.145-2?	Х							
Par	t IV Arbitrage								
			A	-	B				)
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No X	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		Å						
-	If "No" to line 1, did the following apply?		X		1		1		
	Rebate not due yet?		X						
	Exception to rebate?		X						
C			A						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed		X						
3	Is the bond issue a variable rate issue?		A						

#### Schedule K (Form 990) 2018 LOWER EAST SIDE TENEMENT MUSEUM

- - 1)

13-3475390

Page 3

Part IV Arbitrage (Continued)								
	ļ	Ą	E	3	(	2	0	)
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		X						
<b>b</b> Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of								
section 148?		X						
Part V Procedures To Undertake Corrective Action							-	
	ŀ	Ą	E	3		2	C	)
Has the organization established written procedures to ensure that violations of	Yes	No	Yes	No	Yes	No	Yes	No
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation isn't available under applicable								
regulations?		X						
Part VI Supplemental Information. Provide additional information for responses to questions	s on Schedul	e K. See instr	ructions					
SCHEDULE K, PART I, BOND ISSUES:								
(A) ISSUER NAME: BUILD NYC RESOURCE CORPORATION								
(F) DESCRIPTION OF PURPOSE: BUILDING ACQUISITION	AND RI	ENOVATI	ON					

## SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

Inspection

20

18

Department of the Treasury Internal Revenue Service

Dort

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

Attach to Form 990.

roport

► Go to www.irs.gov/Form990 for instructions and the latest information.

## Name of the organization

Types of

LOWER EAST SIDE TENEMENT MUSEUM

Employer	identification	number

MUSEUM	13-3475390
--------	------------

Par	TT Types of Property									
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	s		
1	Art - Works of art									
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	3,635	79,025.	HIGH-LOW AV	ERA	GE			
10	Securities - Closely held stock			,			-			
11	Securities - Partnership, LLC, or									
••	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts	Х	20		NO VALUE AS	SIG	NED			
23	Scientific specimens									
24	Archeological artifacts									
25	Other ► ()									
26	Other ► ()									
27	Other ► ( )									
28	Other 🕨 (									
29	Number of Forms 8283 received by the organized	zation during	g the tax year for c	ontributions						
	for which the organization completed Form 828	83, Part IV, I	Donee Acknowledg	gement 29						
							Yes	No		
30a	During the year, did the organization receive by	y contributio	on any property rep	oorted in Part I, lines 1 throu	gh 28, that it					
	must hold for at least three years from the date	e of the initia	al contribution, and	l which isn't required to be ι	sed for					
	exempt purposes for the entire holding period?	?				30a		Х		
b If "Yes," describe the arrangement in Part II.										
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any nonstandard contribu	itions?	31	Х			
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash						
	contributions?					32a	Х			
b	If "Yes," describe in Part II.									
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,					
	describe in Part II.									

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

Schedule M (Form 990) 2018

832141 10-18-18

15310623 759420 13-3475390 2018.06000 LOWER EAST SIDE TENEMENT MU 13-34751

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

Part II

THE LOWER EAST SIDE TENEMENT MUSEUM USES OPPENHEIMER & CO. INC AS A

THIRD PARTY ONLY TO PROCESS AND SELL OUR STOCK GIFTS.

Schedule M (Form 990) 2018

832142 10-18-18

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

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

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 18 **Open to Public** Inspection Employer identification number

Internal Revenue Service Name of the organization

LOWER EAST SIDE TENEMENT MUSEUM

13-3475390

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

THE ONGOING CREATION OF OUR NATION.

FORM 990, PART VI, SECTION B, LINE 11B:

OUR CPA FIRM PREPARES FORM 990. THE MUSEUM SUBMITS FORM 990 TO THE BOARD'S

FINANCE COMMITTEE AND FULL BOARD FOR REVIEW AND APPROVAL. THE CPA FIRM WILL

THEN BE AUTHORIZED TO FILE ONLINE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE MUSEUM PROVIDES A CONFLICT OF INTEREST POLICY IN ITS EMPLOYEE HANDBOOK

AS IT APPLIES TO TRUSTEES, STAFF AND VOLUNTEERS. IT REVIEWS POTENTIAL

CONFLICTS OF INTEREST WITH TRUSTEES ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF TRUSTEES DECIDES THE COMPENSATION FOR THE PRESIDENT.

COMPENSATION FOR ALL OTHER POSITIONS ARE DETERMINED USING SALARY GUIDES.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS AVAILABLE TO THE

PUBLIC. THE FINANCIAL STATEMENT IS POSTED ON GUIDESTAR AND ORGANIZATION'S WEBSITE.

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

PRIOR YEAR ADJUSTMENT FOR FY2016

REVERSAL OF PRIOR YEAR CONTRIBUTION

TOTAL TO FORM 990, PART XI, LINE 9

LHA For Paperwork Reduction Act Notice. see the Instructions for Form 990 or 990-EZ. 832211 10-10-18

-133,000.

-133,000.

Schedule O (Form 990 or 990-EZ) (2018)

15310623 759420 13-3475390

44

2018.06000 LOWER EAST SIDE TENEMENT MU 13-34751

### 2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

onur 9.	JO FAGE IU					_		990			-				-
Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
1	BUILDING	VARIOUS	SL	40.00		16	18894350.				18894350.	8,139,955.		238,002.	3,377,957.
	* 990 PAGE 10 TOTAL BUILDINGS						18894350.				18894350.	3,139,955.		238,002.	3,377,957.
	OTHER														
2	BUILDING IMRPOVEMENTS AND EXHIBITS	VARIOUS	SL	40.00		16	14087831.				14087831.	3,212,447.		673,211.	3,885,658.
	* 990 PAGE 10 TOTAL OTHER						14087831.				14087831.	8,212,447.		673,211.	3,885,658.
	* 990 PAGE 10 TOTAL -						32982181.				32982181.	5,352,402.		911,213.	7,263,615.
	LAND														
6	LAND		L				1,035,000.				1,035,000.			0.	
	* 990 PAGE 10 TOTAL LAND						1,035,000.				1,035,000.	0.		0.	0.
	* 990 PAGE 10 TOTAL -						1,035,000.				1,035,000.	٥.		0.	٥.
	OTHER														
5	FURNITURE AND OFFICE EQUIPMENT	VARIOUS	SL	7.00		16	1,597,067.				1,597,067.	551,148.		81,387.	632,535.
	* 990 PAGE 10 TOTAL OTHER						1,597,067.				1,597,067.	551,148.		81,387.	632,535.
	* 990 PAGE 10 TOTAL -						1,597,067.				1,597,067.	551,148.		81,387.	632,535.
	* GRAND TOTAL 990 PAGE 10 DEPR						35614248.				35614248.	5,903,550.		992,600.	7,896,150.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						34579248.			0.	34579248.	5,903,550.			7,896,150.

828111 04-01-18

(D) - Asset disposed

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

### 2018 DEPRECIATION AND AMORTIZATION REPORT

### FORM 990 PAGE 10

	JU INGE IU				_			550				i		i	
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	ACQUISITIONS						1,035,000.			0.	1,035,000.	٥.			0.
	DISPOSITIONS						٥.			0.	0.	٥.			٥.
	ENDING BALANCE						35614248.			0.	35614248.	5,903,550.			7,896,150.
	ENDING ACCUM DEPR											7,896,150.			
	ENDING BOOK VALUE											27718098.			

828111 04-01-18

(D) - Asset disposed

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

			TENDED TO M										
Form <b>990-T</b>	E	Exempt Orga				Tax Return	OM	B No. 1545-0687					
			nd proxy tax und					01-00					
	For ca	lendar year 2018 or other tax ye					. 🛛 🖌	2018					
Department of the Treasury Internal Revenue Service		► Go to www Do not enter SSN numbe			ons and the latest inforn de public if your organiz		Open to 501(c)(3	o Public Inspection for 3) Organizations Only					
A Check box if address changed		Name of organization ( 🗌	Check box if name c	hanged	l and see instructions.)	(E	mployer ide mployees' structions.						
B Exempt under section	Print	LOWER EAST	SIDE TENEME	NT	MUSEUM		13-3475390						
<b>X</b> 501( <b>c</b> )( <b>3</b> )	_ or	Number, street, and room	n or suite no. If a P.O. bo>	x, see ir	nstructions.	EU	nrelated bu ee instructi	isiness activity code					
408(e) 220(e)	Туре	103 ORCHARD	STREET					010.7					
408A 530(a)		City or town, state or prov NEW YORK, N	Y 10002-31	32		53	31120	)					
C Book value of all assets at end of year 33,882,3		F Group exemption numb	per (See instructions.)										
33,882,3	864.	G Check organization type	e 🕨 🔀 501(c) corp	ooratior	n 501(c) trust	401(a) tru	st [	Other trust					
H Enter the number of the	organiza	ition's unrelated trades or t	ousinesses. 🕨 🔄		Describe	the only (or first) unrela	ted						
trade or business here	trade or business here 🕨 If only one, complete Parts I-V. If more than one,												
describe the first in the b	olank spa	ice at the end of the previou	us sentence, complete Pa	arts I an	id II, complete a Schedul	e M for each additional ti	ade or						
business, then complete							,						
		ooration a subsidiary in an a		nt-subs	idiary controlled group?	►	Yes	X No					
		tifying number of the paren	t corporation. 🕨										
J The books are in care of						ione number 🕨 212	2 - 431						
		de or Business Inc	ome		(A) Income	(B) Expenses		(C) Net					
1 a Gross receipts or sal													
<b>b</b> Less returns and allo		A I' - 7)	<b>c</b> Balance ►	10			_						
		A, line 7)		2			_						
3 Gross profit. Subtrac													
		h Schedule D) Part II, line 17) (attach Form		4a 4b									
		Sts		40 40									
		ship or an S corporation (at		40 5									
6 Rent income (Schedi				6									
	, ,	me (Schedule E)		7									
		and rents from a controlled		8									
	· ·	on 501(c)(7), (9), or (17) o	-										
		me (Schedule I)		10									
		e J)		11									
12 Other income (See in	structior	ns; attach schedule)		12									
		gh 12			0.								
		ot Taken Elsewhei utions, deductions must											
		rectors, and trustees (Sche					4						
							5						
							6						
							7						
		ee instructions)					8						
							9						
20 Charitable contribut	ions (Se	e instructions for limitation	rules)			2	0						
		562)											
		n Schedule A and elsewher				22	2b						
							3						
		mpensation plans											
25 Employee benefit pr	ograms					2							
26 Excess exempt expe	enses (S	chedule I)					_						
		hedule J)											
		nedule)											
		14 through 28						0.					
		ncome before net operating				3		0.					
	-	loss arising in tax years be		-	, , ,			0.					
32 Unrelated business 823701 01-09-19 LHA F		ncome. Subtract line 31 fro				პ		rm <b>990-T</b> (2018)					
023701 01-09-19 LHA F	orrapei	WORK NEUDULION ACLINULIC	, 366 1131146110118.	46	5		FUI	111 <b>JJJJ-1</b> (2010)					

15310623 759420 13-3475390 2018.06000 LOWER EAST SIDE TENEMENT MU 13-34751

Part I	-T (2018	LOWER EAST SIDE TENEMENT MUSEUM Total Unrelated Business Taxable Income		13-34	12390	Pa						
33		of unrelated business taxable income computed from all unrelated trades or businesses (se	e instru	ictions)	33							
34		unts paid for disallowed fringes			34							
35		iction for net operating loss arising in tax years beginning before January 1, 2018 (see instru			35							
36		of unrelated business taxable income before specific deduction. Subtract line 35 from the s										
		33 and 34			36							
37		ific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			37	1,00						
38		lated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 3										
		the smaller of zero or line 36	-		38							
Part I	IV .	Tax Computation										
39		nizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		•	39							
40		ts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount										
		Tax rate schedule or Schedule D (Form 1041)			40							
41		y tax. See instructions			41							
42		native minimum tax (trusts only)			42							
43		on Noncompliant Facility Income. See instructions			43							
44	Tota	I. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44							
Part \	<b>V</b> .	Tax and Payments										
45 a	a Forei	gn tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a									
b		r credits (see instructions)	45b									
C	: Gene	ral business credit. Attach Form 3800										
d	d Cred	it for prior year minimum tax (attach Form 8801 or 8827)	45d									
е		l credits. Add lines 45a through 45d			45e							
46		ract line 45e from line 44			46							
47	Othe	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)										
48	Tota	Total tax. Add lines 46 and 47 (see instructions)										
49		net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49							
50 a	<b>a</b> Payn	nents: A 2017 overpayment credited to 2018	50a		•							
		estimated tax payments	50b	29,847	-							
		leposited with Form 8868	50c									
		gn organizations: Tax paid or withheld at source (see instructions)	50d									
е	e Back	up withholding (see instructions)	50e									
		it for small employer health insurance premiums (attach Form 8941)	50f									
g	g Othe	r credits, adjustments, and payments: 🦳 Form 2439										
		Form 4136 Total	50g									
51	Tota	l payments. Add lines 50a through 50g			51	33,21						
52	Estin	nated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🗔			52							
53	Tax	due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		►	53							
54	Over	payment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid			54	33,21						
55	Enter	the amount of line 54 you want: Credited to 2019 estimated tax 🛛 🕨		Refunded 🕨	55	33,21						
Part \	VI	Statements Regarding Certain Activities and Other Information	on (se	e instructions)								
56	At an	y time during the 2018 calendar year, did the organization have an interest in or a signature	or othe	r authority		Yes						
	over	a financial account (bank, securities, or other) in a foreign country? If "Yes," the organizatior	n may ha	ave to file								
	FinCl	EN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign	country								
	here											
57	Durir	ng the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansfero	r to, a foreign trust?								
	lf "Ye	s," see instructions for other forms the organization may have to file.										
58	Enter	the amount of tax-exempt interest received or accrued during the tax year $ ightarrow$ \$										
	U	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and s prect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepar	statement	ts, and to the best of my know	owledge and bel	lief, it is true,						
ign			i el i las al			uss this return w						
lere		PRESIDE	$\mathbf{ENT}$		he preparer show							
		Signature of officer Date Title		ir	nstructions)?	X Yes						
		Print/Type preparer's name Preparer's signature Dat	ite	Check	if PTIN							
				self- employed	1							
Paid												
		JENNIFER COATES				247728						
Prepa	arer			Firm's EIN								
Paid Prepa Use (	arer	JENNIFER COATES										
Prepa	arer	JENNIFER COATES Firm's name ▶ LUTZ AND CARR, CPAS LLP			13-1	1655065						

Schedule A - Cost of Goods	Sold. Enter	method of inven	tory v	aluation 🕨 N/A					
1 Inventory at beginning of year	. 1		6	Inventory at end of yea	r		6		
2 Purchases	. 2			Cost of goods sold. Su					
3 Cost of labor			1	from line 5. Enter here	and in F	Part I,			
4 a Additional section 263A costs			1	line 2			7		
(attach schedule)	. 4a		8	Do the rules of section	263A (\	with respect to		Yes	No
<b>b</b> Other costs (attach schedule)	. 4b			property produced or a	acquired	l for resale) apply to			
5 Total. Add lines 1 through 4b	. 5			the organization?					
Schedule C - Rent Income (F (see instructions)	From Real	Property and	d Pe	rsonal Property	Leas	ed With Real Pro	perl	y)	
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued				2(a) Deductions directly		atad with the income	
<ul> <li>(a) From personal property (if the percerent for personal property is more the 10% but not more than 50%)</li> </ul>	entage of han	of rent for p	ersonal	sonal property (if the percenta property exceeds 50% or if ed on profit or income)	age	<b>3(a)</b> Deductions directly columns 2(a) ar	nd 2(b)	(attach schedule)	1(1)
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns 2( here and on page 1, Part I, line 6, column (	a) and 2(b). En A)	iter ►			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)			0.
Schedule E - Unrelated Debt			instru	ctions)		•			
			2	Gross income from or allocable to debt-		3. Deductions directly con to debt-finance		perty	
1. Description of debt-finar	nced property			financed property	(a)	Straight line depreciation (attach schedule)		( <b>b</b> ) Other deductior (attach schedule)	IS
(1)									
(2)									
(3)									
(4)									
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a debt-fina	e adjusted basis allocable to inced property h schedule)	e	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduct (column 6 x total of cc 3(a) and 3(b))	
(1)			1	%			+		
(2)				%					
(3)				%					
(4)				%					
			-			nter here and on page 1, Part I, line 7, column (A).		Enter here and on pag Part I, line 7, column	
Totals				►		0			0.
Total dividends-received deductions incl		. 0			·		•		0.

Form 990-T (2018)

823721 01-09-19

13-3475390

Page 3

## Form 990-T (2018) LOWER EAST SIDE TENEMENT MUSEUM

1	3	-3	4	7	5	3	9	0	

Form 990-T (2018) LOWER						13-34		
Schedule F - Interest,	, Annuitie	es, Royalties, a	nd Rents From	Control	led Organiz	ations (see ins	structions	5)
			Exempt Controllec	l Organizat	tions			
1. Name of controlled organiz	zation	2. Employer identification number	3. Net unrelated incom (loss) (see instructions		otal of specified ments made	<b>5.</b> Part of column 4 included in the cont organization's gross	rolling	<ol> <li>Deductions directly connected with income in column 5</li> </ol>
(1)								
(2)								
(3)								
_(4)								
Nonexempt Controlled Orga	nizations		1		1			
7. Taxable Income		nrelated income (loss) see instructions)	<b>9.</b> Total of specified made	oayments	in the controllin	nn 9 that is included ng organization's income		luctions directly connected income in column 10
(1)								
(2)								
(3)								
(4)								
					Enter here and	ns 5 and 10. on page 1, Part I, olumn (A).	Enter he	d columns 6 and 11. ere and on page 1, Part I, ine 8, column (B).
Totals				►		Ο.		0.
Schedule G - Investm	ent Inco structions)	me of a Section	n 501(c)(7), (9), d	or (17) O	1			1
<b>1.</b> De	scription of inco	ome	2. Amour	t of income	<b>3.</b> Deduction directly connect (attach schedu	cted 4. Set-	asides chedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)								
(2)								
(3)								
(4)								
				nd on page 1, , column (A).	,			Enter here and on page 1, Part I, line 9, column (B).
				0.				0.
Schedule I - Exploited (see inst	d Exempt ructions)	Activity Incom	ne, Other Than	Advertis	ing Income	•		

1. Description of exploited activity	2. Gross unrelated business income from trade or business	<b>3.</b> Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).			
(1)									
(2)									
(3)									
(4)									
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.			
Totals ►	0.	Ο.				0.			
Schedule J - Advertising Income (see instructions)									

## Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	<b>3.</b> Direct advertising costs	<b>4.</b> Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ►	0.	0.				0.
						Form <b>990-T</b> (2018)

823731 01-09-19

## Form 990-T (2018) LOWER EAST SIDE TENEMENT MUSEUM

13-3475390

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income		Direct sing costs	<b>4.</b> Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		rculation come	6. F	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)									
(2)									
(3)									
(4)									
tals from Part I 🛛 🕒 🚺 🚺 🖉 🔒			0.						0
	Enter here and on page 1, Part I, line 11, col. (A).	page	ere and on 1, Part I, I, col. (B).						Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) 🕨	0.		0.						0
Schedule K - Compensatio	n of Officers,	Direct	ors, and	d Trustees (see ir	structic	ons)			
1. Name				2. Title		3. Perce time devot busine	ted to		pensation attributable arelated business
(1)							%		
(2)							%		
(3)							%		
(4)							%		
Total. Enter here and on page 1, Part II, li	ine 14		•			•			0

Form 990-T (2018)

Page 5

823732 01-09-19

(Rev. January 2019)

## Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

►	File a	separate	application	for eac	ch return.

Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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/e-file-providers/e-file-for-charities-and-non-profits*.

## Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	er's identifyi	ng number
Type or	Name of exempt organization or other filer, see instru	uctions.		Employer identification number (EIN) c		
print				12 2455200		
File by the	LOWER EAST SIDE TENEMENT M			13-3475390		
due date fo filing your return. See	103 ORCHARD STREET	see instruc	tions.	Social se	curity numbe	er (SSN)
instruction		oreign add	ress, see instructions.			
Enter th	e Return Code for the return that this application is for (fil	le a separa	te application for each return)			01
Applica	tion	Return	Application			Return
Is For		Code	Is For			Code
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)	07		
Form 99	0-BL	02	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720 (other than individual)			09
Form 99	0-PF	04	Form 5227	10		
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11		
Form 99	0-T (trust other than above) SUSAN WU	06	Form 8870			12
• If this box 1 Ir the 2 If	equest an automatic 6-month extension of time until e organization named above. The extension is for the org calendar year or X tax year beginning JUL 1, 2018 the tax year entered in line 1 is for less than 12 months, o Change in accounting period	Group Exe and atta MAX anization's , an check reas	emption Number (GEN) I ch a list with the names and EINs of <u>Y 15, 2020</u> , to file s return for: d ending <u>JUN 30, 2019</u> on: Initial return	f this is fo all memb	r the whole g ers the extern npt organizat	roup, check this nsion is for.
	this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less			0
	ny nonrefundable credits. See instructions.		e 1.1.1 100 1	3a	\$	0.
	this application is for Forms 990-PF, 990-T, 4720, or 6069					٥
	timated tax payments made. Include any prior year over			3b	\$	0.
	alance due. Subtract line 3b from line 3a. Include your pa					0
	sing EFTPS (Electronic Federal Tax Payment System). Se			30	\$	0.
Caution instructi	: If you are going to make an electronic funds withdrawal ons.	l (direct de	bit) with this Form 8868, see Form 8	453-EO a	nd Form 887	9-EO for payment
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	uctions.		Form 8	868 (Rev. 1-2019)

823841 12-19-18

15310623 759420 13-3475390 2018.06000 LOWER EAST SIDE TENEMENT MU 13-34751

(Rev. January 2019)

## Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

I	-	File	а	ser	harate	an	nlicati	on fo	n eac	h r	eturn.	
	_	LIIE	а	SCh	Jai αι <del>ς</del>	ap	piicau		леас		elui II.	

Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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/e-file-providers/e-file-for-charities-and-non-profits*.

## Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	er's identi	ying number	
Type or	Name of exempt organization or other filer, see instru	uctions.		Employer identification number (EIN) o			
print				12 2475200			
File by the				13-3475390 Social security number (SSN)			
due date fo filing your return. See	103 ORCHARD STREET	see instruc	tions.	Social se	curity num	iber (SSN)	
instruction		oreign add	ress, see instructions.				
Enter th	e Return Code for the return that this application is for (fi	le a separa	te application for each return)		07		
Applica	tion	Return	Application			Return	
Is For			Is For			Code	
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)	07			
Form 99	IO-BL	02	Form 1041-A			08	
Form 47	20 (individual)	03	Form 4720 (other than individual)			09	
Form 99	10-PF	04	Form 5227	10			
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11			
Form 99	I0-T (trust other than above) SUSAN WU	06	Form 8870			12	
• If this box 1 Ir th	the tax year entered in line 1 is for less than 12 months, or change in accounting period	Group Exe and atta MAX ganization's	emption Number (GEN) I ch a list with the names and EINs of $\underline{x \ 15, \ 2020}$ , to file s return for: d ending <b>JUN 30, 2019</b>	f this is fo all memb	r the whole ers the ex npt organiz 		
	this application is for Forms 990-BL, 990-PF, 990-T, 4720	), or 6069,	enter the tentative tax, less			20.250	
	ny nonrefundable credits. See instructions.			3a	\$	29,359.	
	this application is for Forms 990-PF, 990-T, 4720, or 6069	· ·				20 770	
	stimated tax payments made. Include any prior year over			3b	\$	29,770.	
	alance due. Subtract line 3b from line 3a. Include your pa	,	, I , <b>,</b>			0.	
	sing EFTPS (Electronic Federal Tax Payment System). Se			<u>3c</u>	<b>\</b>		
Cautior instructi	: If you are going to make an electronic funds withdrawa ons.	I (direct de	bit) with this Form 8868, see Form 8	453-EO a	nd Form 8	3/9-EO for payment	
LHA	For Privacy Act and Paperwork Reduction Act Notice,	, see instri	uctions.		Form	n <b>8868</b> (Rev. 1-2019)	

823841 12-19-18

15310623 759420 13-3475390 2018.06000 LOWER EAST SIDE TENEMENT MU 13-34751

	0	00	Return of Organization Exempt F	rom l	ncome Tax	OMB No, 1545-0047
For	<b>9</b>	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue			2017
Depa	rtment	of the Treasury	Do not enter social security numbers on this form a	as it may b	e made public.	Open to Public
_		enue Service	Go to www.irs.gov/Form990 for instructions and			Inspection
AF	or th	e 2017 calenda	ar year, or tax year beginning $ m JUL1,2017$ and e	nding J	UN 30, 2018	
B C a	heck if pplicat	C Name of	organization		D Employer identifica	tion number
X	Addr		R EAST SIDE TENEMENT MUSEUM			
	Name   Name	ge Doing bu	usiness as		13-34	75390
	Initia   returr	Number	and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final		ORCHARD STREET		212-4	31-0233
	termi ated	City or to	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	10,990,021.
	Amer		YORK, NY 10002-3132		H(a) Is this a group retu	
	Appli tion pend		nd address of principal officer: KEVIN JENNINGS		for subordinates?	
		SAME	AS C ABOVE		H(b) Are all subordinates inclu	uded? Yes No
		empt status:		r 527	If "No," attach a lis	st. (see instructions)
			TENEMENT.ORG		H(c) Group exemption	
		f organization:	X Corporation Trust Association Other >	L Year o	of formation: 1988 M S	State of legal domicile: NY
Pa	rt I	Summary	mith m			
ce	1	Briefly describ	e the organization's mission or most significant activities: THE T	ENEME.	NT MUSEUM TE	CERC IN
nar			Y AMERICAN STORIES OF IMMIGRANTS,			
veri	2		if the organization discontinued its operations or dispose in a state of the second is back (De th)() is to be in a state of the second is back (De th)() is to be in a state of the second is back (De th)() is to be in a state of the second is back (De th)() is the second is back (De th) () is the second is the second is back (De th) () is the second		1 - T	ets. 29
G	3					29
s &	4 5	Total number of inde	ependent voting members of the governing body (Part VI, line 1b) of individuals employed in calendar year 2017 (Part V, line 2a)		5	190
Activities & Governance	6	Total number of	of volunteers (estimate if necessary)			31
ctiv		Total uprelated	I business revenue from Part VIII, column (C), line 12			0.
Ā	b	Net unrelated	business taxable income from Form 990-T, line 34	*******	7b	63,713.
_					Prior Year	Current Year
8	8	Contributions a	and grants (Part VIII, line 1h)	010540	6,919,493.	3,075,749.
ňu	9		ce revenue (Part VIII, line 2g)	1	6,941,901.	7,461,099.
Revenue	10	Investment inc	ome (Part VIII, column (A), lines 3, 4, and 7d)		13,116.	5,638.
"	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		151,709.	152,055.
	12	Total revenue -	add lines 8 through 11 (must equal Part VIII, column (A), line 12)		14,026,219.	10,694,541.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14		o or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)	anne	6,314,020.	6,906,999.
Expenses	16a	Professional fu	compensation, employee benefits (Part IX, column (A), lines 5-10) Indraising fees (Part IX, column (A), line 11e) Ing expenses (Part IX, column (D), line 25)		0.	0.
Ϋ́	b	Total fundraisir	ng expenses (Part IX, column (D), line 25)		2 445 452	2 002 720
		Other expense	s (Part IX, column (A), lines 11a-11d, 11f-24e)		3,445,453. 9,759,473.	3,803,730.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,266,746.	10,710,729.
- SS	19	Revenue less e	expenses. Subtract line 18 from line 12			
Fund Balances	20	Total acceste (D	art V line 16)		ginning of Current Year 35,743,608.	End of Year 34,214,867.
Bat	20 21	Total assets (P			11,795,902.	10,348,772.
und	21		(Part X, line 26) und balances. Subtract line 21 from line 20		23,947,706.	23,866,095.
_	rt II	Signature		G2202	23, 71, 100.	25,000,055.
_	_		declare that I have examined this return, including accompanying schedules a	and stateme	ents, and to the best of my k	nowledge and belief it is
			Declaration of preparer (other than officer) is based on all information of whic		The second secon	aromougo ana beller, it is
				en propuror	and and mentanger	

Sign	Signature of officer	Date		
Here	DARYL WICKSTROM, CHIEF	OPERATING OFFICER		
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	MARTIN BERKOWITZ			if P00154047
Preparer	Firm's name <b>LUTZ</b> AND CARR, C	CPAS LLP		Firm's EIN 13-1655065
Use Only	Firm's address 551 FIFTH AVENUE NEW YORK, NY 101			Phone no. 212 - 697 - 2299
May the I	RS discuss this return with the preparer shown ab	ove? (see instructions)		X Yes No
732001 11-	28-17 I HA For Paperwork Reduction Act Noti	ce see the senarate instructions		Form 990 (2017)

1-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2017) SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Par	990 (2017) LOWER EAST SIDE TENEMENT MUSEUM	13-3475390 P
	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
	Briefly describe the organization's mission: THE TENEMENT MUSEUM TELLS THE UNIQUELY AMERICAN STORIES MIGRANTS AND REFUGEES IN THE ONGOING CREATION OF OUR NA	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes 🛛
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services If "Yes," describe these changes on Schedule O.	?Yes 🗴
4	Describe the organization's program service accomplishments for each of its three largest program services, a Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other services.	
	revenue, if any, for each program service reported.	
	(Code:) (Expenses \$ 7,257,682. including grants of \$) (Reve PUBLIC PROGRAMS - TOURS AND PRESENTATIONS TO IMPART KNO GENERAL PUBLIC CONCERNING THE HISTORY OF THE EMIGRATION AMERICA. SUCH KNOWLEDGE IS DIRECTLY RELATED TO THE PURE	WLEDGE TO THE MOVEMENT IN
	EXEMPT ACTIVITY - THE OPERATION OF A HISTORICAL MUSEUM FISCAL YEAR ENDED 2018, 262,839 VISITORS TOURED THE MUS	1. DURING THE
	FISCAL THAN ENDED 2010, 202,039 VIBILORS TOORED THE MOS	DEOM.
	(Code: ) (Expenses \$ 1,356,083. including grants of \$ ) (Reve	
	MUSEUM SHOP - THE GIFT SHOP OFFERS BOOKS, MULTIMEDIA, M GIFTS AND TOYS THAT DOCUMENT AND/OR COMMEMORATE THE IMM EXPERIENCES AND THE STORIES OF LIFE AND HISTORICAL PERS LOWER EAST SIDE.	IIGRANT
4c	/Code:         ) (Expenses \$) (Reve	enue \$
46- 100 100 100 101 1		
900 100 100 200 000 000		
was new new real light rate was		
	Other program services (Describe in Schedule O.)	
	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ Total program service expenses ▶ 8,613,765.	)

Form	990	(201	7)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	-	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8	x	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	l l		
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
-	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f		X
IZd		12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		1	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		.,	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		х

732003 11-28-17

Form 990 (201					TENEMENT	MUSEUM	
Part IV C	hecklist of Requir	ed Sc	hedule	S (continu	ied)		_

	Cheoking of hequiled concludes (continued).			
20-	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			<u> </u>
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a	х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		x
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations?			.,
~~	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/f "Yes," complete			
22	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	0		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	0.0		x
05-	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		A
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)2 /f "Ves." complete Schedule P. Part V. line 2	256		
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35b		
30	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
37	If "Yes," complete Schedule R, Part V, line 2	36		A
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for fodoral income tax purposes 2 if "Yos " complete Schedule R. Part VI	07		x
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
30	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
	rester i al controlo dio regared to complete denedule o	00	44	1

732004 11-28-17

	1990 (2017) LOWER EAST SIDE TENEMENT MUSEUM		13-3475	390	Р	age <b>5</b>
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V	******				
			en s		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	50			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	(gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return		190			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
				3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	int)?	4a		X
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transport	action		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t					
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu					
_	were not tax deductible?	e sere		6b		
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			_		
	to file Form 8282?	1 month		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year					v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e	ļ	X
T	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		그는 돈이 없는지 않았는 모두 편지가 한다.	7f		X
9	If the organization received a contribution of qualified intellectual property, did the organization file F		241 3	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		1			
9	sponsoring organization have excess business holdings at any time during the year? <b>Sponsoring organizations maintaining donor advised funds.</b>			8		
-	Did the appropriate organization make any tayable distributions yedge easting 40000			0.		
				9a		
		NR. 61.2		9b		
10 а	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10-				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b				
11	Section 501(c)(12) organizations. Enter:					
		11a	1			
	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against					
U		446				
122	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b		40-		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	P 2	r I	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12b				
				10-	-	
a	Is the organization licensed to issue qualified health plans in more than one state?			13a	-	
h	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	100	1	-		
~	organization is licensed to issue qualified health plans	13b				
14~	Enter the amount of reserves on hand	13c		44-		x
				14a		-
D.	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	00		14b		

732005 11-28-17

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Form 990 (2	017)
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 Form 990 (2017)
 LOWER
 EAST
 SIDE
 TENEMENT
 MUSEUM
 13-3475390
 Page 6

 Part VI
 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response
 Page 6

 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 or note to any line in this Part VI Section A. Governing Body and Management

X

Enter the number of voting members of the governing body at the end of the tax year	1a	29		Yes	N
f there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationsh officer, director, trustee, or key employee?					
body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationsh officer, director, trustee, or key employee?	1b				1
Ther the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationsh officer, director, trustee, or key employee?	16				
Did any officer, director, trustee, or key employee have a family relationship or a business relationsh officer, director, trustee, or key employee?	10	29			
officer, director, trustee, or key employee?		29			
				1	
			2		X
Did the organization delegate control over management duties customarily performed by or under t					
of officers, directors, or trustees, or key employees to a management company or other person?		ti teastaan i	3		X
Did the organization make any significant changes to its governing documents since the prior Form			4		X
Did the organization become aware during the year of a significant diversion of the organization's a			5		X
Did the organization have members or stockholders?			6		X
nore members of the governing body?			7a		X
	stockholders, or				
persons other than the governing body?			7b		X
he governing body?			8a	X	
ach committee with authority to act on behalf of the governing body?	enneene maan 200		8b	Х	
s there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached at the	(3) 2000/2010 (2)			
			9		X
				Yes	N
Did the organization have local chapters, branches, or affiliates?			10a		X
nd branches to ensure their operations are consistent with the organization's exempt purposes?		1000000000000	10ь		1
			11a	Х	
Describe in Schedule O the process, if any, used by the organization to review this Form 990.	- 0	1			
		approximately 1	12a	Х	
			12b	Х	
			-		-
		114000 2000000	120	x	1
bid the organization have a written whistleblower policy?			13	X	
bid the organization have a written document retention and destruction policy?			-		-
		·			
			150	x	
the officers or key employees of the organization	*****	********		_	-
"Yac" to line 15a or 15b. describe the process in School Jo O (see instructions)			100	Δ	-
			40		v
			168		X
	· ·	n			
	anization's				
new line in the second s			16b		
				_	
				_	
	T (Section 501(c)	(3)s only) av	vailab	le	
	· · · ·				
escribe in Schedule O whether (and if so, how) the organization made its governing documents, c	onflict of interest	oolicy, and	finan	cial	
tatements available to the public during the tax year.					
	ooks and records				
NA OCANSEY - 212-431-0233					
.03 ORCHARD STREET, NEW YORK, NY 10002				_	
1-28-17			Form	990	(20
	nore members of the governing body? we any governance decisions of the organization reserved to (or subject to approval by) members, ersons other than the governing body? if the organization contemporaneously document the meetings held or written actions undertaken during the yr he governing body? ach committee with authority to act on behalf of the governing body? as there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re reganization's mailing address? If 'Yes,' provide the names and addresses in Schedule O on B. Policies (This Section B requests information about policies not required by the Internal I wes," did the organization have written policies and procedures governing the activities of such on and branches to ensure their operations are consistent with the organization's exempt purposes? Ias the organization provided a complete copy of this Form 990 to all members of its governing bo escribe in Schedule O the process, if any, used by the organization to review this Form 990. Id the organization nave a written conflict of interest policy? If "No," go to line 13 lever officers, directors, or trustees, and key employees required to disclose annually interests that could give ris id the organization nave a written whistleblower policy? If the organization invest in, contribute assets to, or participate in a joint venture or similar arrange vasuel entity during the year? "Yes," did the organization follow a written policy or procedure requiring the organization to evalue point venture arrangements under applicable form 102 (or 1024 if applicable), 990, and 990 or public inspect to. Indicate how you made these available. Check all that apply. O wn website X Another's website X Upon request O (ther (explai escrib	ve any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ersons other than the governing body? if the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: he governing body? ach committee with authority to act on behalf of the governing body? is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the granization's mailing address? // 'Yes,' provide the names and addresses in Schedule O on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) id the organization have local chapters, branches, or affiliates? ''Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates not barnches to ensure their operations are consistent with the organization's exempt purposes? Ias the organization provided a complete copy of this Form 990 to all members of its governing body before filing th escribe in Schedule O the process, if any, used by the organization's exempt purposes? Ias the organization nave a written conflict of interest policy? If 'No,' go to line 13 fore officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Id the organization have a written document retention and destruction policy? Id the organization have a written document retention and destruction policy? If 'Yes,' describe the organization have a written policy or procedure requiring the organization is approval by independer ersons, comparability data, and contemporaneous substantiation of the deliberation and decision? If the organization have a written policy or procedure requiring the organization is expendent with a xable entity during the year? ''Yes,' did the organization flow a written policy or procedure requiring the organization is exable entity during the year? ''Yes,' did the organ	nore members of the governing body?  The any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ersons other than the governing body?  The governing body?  The organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body?  The governing body?  The organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body?  The organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body?  The organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The organization's mailing address?  The 'Yes,' did the organization have kolcol chapters, pravide the names and addresses in Schedule O  The Officies (This Section B requests information about policies not required by the Internal Revenue Code)  The organization have local chapters, branches, or affiliates?  The 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization is exempt purposes?  The organization have a written policies and procedures governing body before filing the form?  The organization regularly and consistently monitor and enforce compliance with the policy?  The organization have a written document retention and destruction policy?  The organization have a written document retention and destruction policy?  The organization have a written document retention and destruction policy?  The organization have a written document retention and destruction policy?  The organization have a written document retention and destruction policy?  The organization invest in, contributes assets to, or participate in a joint venture or similar arrangement with a washe entity during the year	nore members of the governing body?     7a       re ary governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or     7b       re ary governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or     7b       id the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:     8a       ach committee with authority to act on behalf of the governing body?     8b       ach committee with authority to act on behalf of the governing body?     8b       ach committee with authority to act on behalf of the governing body.     8b       on B. Politeles (This Section B requests information about policies not required by the Internal Revenue Code.)     10a       with the organization have local chapters, branches, or affiliates?     10a       "Yes," did the organization have written policies and proceedures governing the activities of such chapters, affiliates.     10a       is the organization provide at complete copy of this Form 990.     11a       is a the organization provide at dwey molyoese required to disclose annually interests that could give rise to conflicts?     12b       id the organization have written conflict of interest policy?     11a       is conflict on station addecision?     12a       id the organization provide at written document retention and destruction policy?     12b       id the organization have a written document retention and destruction policy?     12b<	nore members of the governing body?  Tail and the event of the governing body?  Tail and the governing body?  Tail and the governing body?  Tail the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  Tail the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  Tail the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  Tail the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  Tail the governing body?  Tail the organization intege or key employee listed in Part VII, Section A, who cannot be reached at the  Tail the organization intege or key employee listed in Part VII, Section A, who cannot be reached at the  Tail the organization have written policies and procedures governing becaute the thermal Revenue Cade.  The branchest of the process, if any, used by the organization's exempt purposes?  Tail the organization have written policies and procedures governing body before filing the form of the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form of the organization there written written activities of such chapters, affiliates,  Tail the organization have written policy?  Tail the organization have a written written begoverning bods all members of its governing bods before filing the form of the degradization the asset with engenee to organization the asset with engenee to accele a conset with reperformation acceleration and enforce compliance written the organization and enforce the process is accelerate the advection policy?  Tail the organization have a written writtenblower policy?  Ta

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13-3475390 Page 7

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

	Check if Schedule O contains a response or note to any line in this Part V		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compens	ated 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 (Ď), (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)	(B)			((	C)			(D)	(E)	(F)
Name and Title	Average	(de	not c	Pos	ition			Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	-	cer an	dad	recto	or/trus	tee)	from	from related	other
	(list any	ndividual trustee or director						the .	organizations	compensation
	hours for related	ord	ee			sated		organization	(W-2/1099-MISC)	from the
	organizations	rustee	trustee		es.	upens		(W-2/1099-MISC)		organization and related
	below	dual ti	tiona		nploy	st cor yee	-			organizations
	line)	ndivid	Institutional (	Officer	Key employee	Highest compensated employee	Former			organizationio
(1) MORRIS J. VOGEL	40.00	-			-	- d5				
PRESIDENT (THRU 7/2017)		x		х				341,154.	Ο.	27,518.
(2) KEVIN JENNINGS	40.00				-					
PRESIDENT	· · · · · · · · · · · · · · · · · · ·	X		Х				143,750.	0 🕯	7,955.
(3) SCOTT METZNER	1.00					1				
CO - BOARD CHAIR		X		Х				0.	0.	0.
(4) MERRYL SNOW ZEGAR	1.00							· · · · · · · · · · · · · · · · · · ·		21
CO - BOARD CHAIR		X		Х				0.	Ο.	0.
(5) STEPHEN B. SIEGEL	1.00									
VICE CHAIR (THRU 6/2018)		X		Х				0.	0.	0.
(6) ALAN G. WEILER	1.00									
VICE CHAIR		X		Х				0.	0.	0.
(7) DAN KRAMER	1.00									
TREASURER		X		Х				0.	0.	0.
(8) JOHN P. WOLF	1.00				-					
TREASURER (THRU 12/2017)		X		Х				0.	0.	0.
(9) ALICE F. YURKE	1.00									
SECRETARY		X		Х		_		0.	0.	0.
(10) ZACH D. AARONS	1.00									
TRUSTEE	1 - 0 - 0	X						0.	0.	0.
(11) MOHAMMED BADI	1.00									_
TRUSTEE		X		_	_			0.	0.	0.
(12) RICHARD BAGWELL	1.00	_								_
TRUSTEE (THRU 6/2018)		X				_		0.	0.	0.
(13) EMILIO BASSINI	1.00									
TRUSTEE (THRU 11/2017)		X	_			_		0.	0.	0.
(14) ANDREW S. BERKMAN	1.00									
TRUSTEE		х	_		-		_	0.	0.	0.
(15) SUZETTE BROOKS MASTERS	1.00									_
TRUSTEE (THRU 6/2018)		X						0.	0.	0.
(16) PERRY A. CACACE	1.00									_
TRUSTEE		X	_		_			0.	0.	0.
(17) MARGARET CHIN	1.00								•	
TRUSTEE		X						0.	0.	0.

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732007 11-28-17

08460130 759420 13-3475390

2017.06020 LOWER EAST SIDE TENEMENT MU 13-34751

Form 990	(2017)	
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## LOWER EAST SIDE TENEMENT MUSEUM

13-3475390 Page 8

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	id H	ighe	st (	Compensated Employe	es (continued)				
(A)	(B)			(	C)			(D)	(E)			(F)	
Name and title	Average	(do				n e than	one	Reportable	Reportable		Esti	mate	ed
	hours per	box	, unle	iss pe	erson	is bot	h an	compensation	compensation		amo	ount	of
	week	-	cer ar		T	or/trus	tee)	- trom	from related			ther	
	(list any hours for	recto						the	organizations		comp		
	related	or di	88			ated		organization	(W-2/1099-MISC			m the	
	organizations	ustee	trust		8	npen		(W-2/1099-MISC)			orga and		
	below	ual tr	tional		ploy	st con yee	-				orgar		
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orgai	nzan	5115
(18) MARK COSTELLO	1.00	-	-		Ť	-4- 0	u.,			t			
TRUSTEE (THRU 6/2018)		x			1			0.	(	).			0
(19) SALLY DAVIDSON	1.00		-		+	-				-			
TRUSTEE		x						0.	(	).			0
(20) GERALD DONINI	1.00			-	$\vdash$	+	_						
TRUSTEE		x						0.	(	<b>.</b> .			0
(21) BRUCE GEISMAR	1.00		-	-	-		-			-			
TRUSTEE		x						0.	(	<b>b</b> .			0.
(22) GABRIELLA GIGLIO	1.00			-	+					-			••
TRUSTEE (THRU 7/2017)		x						0.	(	).			0.
(23) SUSAN GRAY	1.00		-	-	-	-	_					_	0.
TRUSTEE	1100	x						0.	(	<b>b</b> .			0
(24) CHRISTINE GREER	1.00			-	+		_						0.
TRUSTEE	1100	x						0.	(				0.
(25) GARY E. HANDEL, FAIA	1.00		-	-	-	1.						_	•••
TRUSTEE	1.00	x						0.	(				0.
(26) NICOLE HOWE BUGGS	1.00	-	-	-	-								0.
TRUSTEE	1.00	X						0.	(	b.l			0.
			_		-	L		484,904.		5.	35	1	73.
1b Sub-total c Total from continuation sheets to Part VI								1,141,673.		5.	112		
								1,626,577.		5.	148		
d Total (add lines 1b and 1c) 2 Total number of individuals (including but n										•	140	, 0	14.
compensation from the organization		ose	liste	a	DOV	e) wi	io r	received more than \$100	,000 of reportable				9
compensation nom the organization		-		-	-	_					1	(es	No
3 Did the organization list any former officer.	director or tri	inter	ka		male		~	bisheet componented o		Г	-		
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s											3		х
<ul> <li>For any individual listed on line 1a, is the su</li> </ul>										2	3	-	
and related organizations greater than \$150										- 1	4	x	
5 Did any person listed on line 1a receive or a										е <b>-</b>	4		
B BAY CAN HE CON IN LOOK AND	02 07						eia	ted organization or indivi	dual for services				х
Section B. Independent Contractors	piete Schedul	501	01 50	JUN	per	5011	00000				5		<u></u>
1 Complete this table for your five highest con	mponented in	long	ndo	nt c	ont	raoto	r0.1	that received more than	¢100.000 of comp		tion fr		
the organization. Report compensation for									-	ensa	alon no	חוע	
(A)	ine calendar y	eal e		ng v	WILLI		1	· · · · · · · · · · · · · · · · · · ·	(ear,		(0)		
Name and business	address							(B) Description of s	ervices	Co	(C) mpens		n
CONSTRUCTOMICS, LLC, 40 H		PRE	P.375	7	4	тн	-			_			
FLOOR, NEW YORK, NY 10004			1 1 1	.,	. I			GENERAL CONT	RACTOR	4	702	7	22
THOOR, MEN TORR, MI 10004	<b>_</b>			_			-		INCION	/	, 102	, /	44.
-		_					-			_			
							-			-			
							-						
2 Total number of independent contractors (	ooludina hutu	ot II-	nit-	d +-	+ 10 -	ne ll	+-		oro theo	-		-	
2 Total number of independent contractors (in \$100,000 of compensation from the organi		or ill	me	u (0	10	ise⊪ 1	siet	u above) who received m					
\$100,000 of compensation from the organiz SEE PART VII, SECTION		TN	JTTZ	ነ ጠ.	TO	T C	H	RETS		_	- or - 0	00 //	0017
Dim time vit, Dicitor	II CON	erat de	102	×						1	Form 9	3U (2	2017)

732008 11-28-17

08460130 759420 13-3475390 2017.06020 LOWER EAST SIDE TENEMENT MU 13-34751

## Form 990

## LOWER EAST SIDE TENEMENT MUSEUM

13-3475390

Part VII Section A. Officers, Directors, Tru	istees, Key E	mpl	oyee	es, a	nd H	ligh	nest	Compensated Employ	ees (continued)	
(A)	(B)			((	C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(C	heck	< all	that	арр	oly)	compensation	compensation	amount of
	per week					e.		from the	from related organizations	other
	(list any	to				ploye		organization	(W-2/1099-MISC)	compensation from the
	hours for	direc				na ba		(W-2/1099-MISC)	(11 2/1000 11100)	organization
	related	lee or	ustee			ensat				and related
	organizations	al trus	nal tr		loyee	dwoo				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
	line)	Ē	lns	1.	Ke	Ë	- E			
(27) PHIL KLEWENO TRUSTEE	1.00								0	0
(28) HELEN LISS	1.00	X	_	-				0.	0.	0.
TRUSTEE	1.00	x						0.	0	0
(29) PAUL J. MASSEY, JR.	1.00		-	-		_		0.	0.	0.
TRUSTEE (THRU 12/2017)	1.00	x						0.	0.	0.
(30) ALI MAYORKAS	1.00			-		-	-	0.	0.	0.
TRUSTEE	1.00	x						ο.	0.	0.
(31) JUDITH MESSINA	1.00						-	<u>, , , , , , , , , , , , , , , , , </u>	<u>.</u>	
TRUSTEE		x						ο.	0.	0.
(32) MICHELE MIRMAN	1.00		-		_					
TRUSTEE		x						ο.	0.	0.
(33) RON MOELIS	1.00				-	1				
TRUSTEE	· · · · · · · · · · · · · · · · · · ·	x						0.	0.	0.
(34) ELEANOR PELTA	1.00									
TRUSTEE		X						0.	0.	0.
(35) HARVEY M. ROSS	1.00					i				
TRUSTEE		X						0.	0.	0.
(36) LISA ROTHBLUM	1.00									
TRUSTEE (THRU 6/2018)		X						0.	0.	0.
(37) PAUL L. SCHULMAN	1.00									
TRUSTEE	1 00	X	_					0.	0.	0.
(38) TATIANA SEGAL	1.00									
TRUSTEE	1 00	X		_		_		0.	0.	0.
(39) SHIMON SHKURY	1.00	v						0	0	0
TRUSTEE (40) JILL TOTENBERG	1.00	Х	_		_			0.	0.	0.
TRUSTEE	1.00	x						ο.	Ο.	0.
(41) BARRY ROSEMAN	40.00	Δ	-	_	_	-	_	0.	0.	
CHIEF OPERATING OFFICER (THRU 9/2017	10.00			x				320,654.	Ο.	33,151.
(42) DARYL WICKSTROM	40.00		-	Δ		-		520,054.	0.	22,121.
CHIEF OPERATING OFFICER	10:00			x				48,333.	ο.	0.
(43) ANNIE POLLAND	40.00	_	-					±0,333.		
SENIOR VP OF EDU (THRU 1/2018)				x				183,500.	Ο.	9,925.
(44) JULIE DAVIDSON	40.00	_	-					20070001		5,5250
VP OF DEV (THRU 8/2017)						x		124,856.	0.	11,657.
(45) DAVID ENG	40.00									
CHIEF MARKETING AND COMMUNICAITONS O						x		116,750.	0.	13,288.
(46) ANNA OCANSEY	40.00									
VP OF FINANCE						x		118,000.	0.	24,284.
Total to Part VII, Section A, line 1c										

732201 04-01-17

Form 990 LOWER EA			_	_					13-347	5390
		mple	oyee			High	est			
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				itior			Reportable	Reportable	Estimated
	hours	) (c	heck	< all	that	арр	ly)	compensation	compensation	amount of
	per			r. = 1	1	1		from	from related	other
	week					yee		the	organizations	compensation
	(list any	ctor				9d		organization	(W-2/1099-MISC)	from the
	hours for	dire				d er		(W-2/1099-MISC)	` '	organization
	related	36 OT	stee			Isate				and related
	organizations	ruste	tt		/Be	nper				organizations
	below	ual t	tiona	1	lold	tco				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated em ployee	Former			
(47) ANNE BRENNER	40.00	5	=	0	Ke	Ξ	8			
VP OF HR	40.00					x		117,500.	0.	13,506
(48) NANCY RACHMAN	40.00						-			
DIRECTOR OF DEVELOPEMENT						x		112,080.	Ο.	6,730.
							-			
		-	-	-	-					
		-	_	-						
				-	_		_			
					_					
		_	-	-	_	_				
		_		-						
otal to Part VII, Section A, line 1c								1,141,673.		112,541

08460130 759420 13-3475390 2017.06020 LOWER EAST SIDE TENEMENT MU 13-34751

## LOWER EAST SIDE TENEMENT MUSEUM

13-3475390 Page 9

Part VIII | Statement of Revenue

_		Check if Schedule O con	tains a response	e or note to any line	(A)	( (D) 1		
					Total revenue	( <b>B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 514
tts	1 a	Federated campaigns	1a					
and Other Similar Amounts		Membership dues						
Am		Fundraising events		657,692.				
ar	d	Related organizations	1d					
Ē		Government grants (contribut		966,206.				
S		All other contributions, gifts, grar						
the		similar amounts not included abo	ve 1f	1,451,851.				
0	a	Noncash contributions included in lines		260,168.				
an	-	Total. Add lines 1a-1f	-		3,075,749.			
				Business Code				
- 1	2 a	PROGRAM REVENUE		611710	5,445,358.	5,445,358.		
Revenue	b	MUSEUM SHOP SALES		451211	1,611,379.	1,611,379.		
2	с			611710	386,862.	386,862.		
8	d	MISCELLANEOUS INCOME		611710	17,500.	17,500.		
œ	e							
	f							
	a				7,461,099.			
	3	Investment income (including			.,			
	•	other similar amounts)			5,638.			5,63
	4	Income from investment of ta						
	5	Royalties						
	•	noyanioo aanaanaanaanaa	(i) Real	(ii) Personal				
	6 a	Gross rents	152,055	the second s				
		Less: rental expenses	0					
		Rental income or (loss)	152,055					
		Net rental income or (loss)			152,055.			152,05
1.		Gross amount from sales of	(i) Securities		152,055.			132,03
	1 4	assets other than inventory	() Securities	(ii) Other				
	ь	,						
	U	Less: cost or other basis						
	~	and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		· · · · · · · · · · · · · · · · · · ·				
	ва	Gross income from fundraising	÷ ,					
		including \$ 657						
		contributions reported on line	,					
		Part IV, line 18	a	295,480.				
		Less: direct expenses		27.52				
		Net income or (loss) from fund	•	····· •	0.			
1	Ja	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam						
10	) a	Gross sales of inventory, less						
		and allowances	aa					
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sale	s of inventory	•				
		Miscellaneous Revenu	e	Business Code				
1	ta							
	b							· · · · · · · · · · · · · · · · · · ·
	с		_					
	d	All other revenue						
	е	Total. Add lines 11a-11d						
12		Total revenue. See instructions.	• • • • • • • • • • • • • • • • • • • •		10,694,541.	7,461,099.	0.	157,693
	-		A ADARD SHOT IS A REAL POINT OF A REAL POINT.			.,	v.	1 10,09

11

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns All oth	er organizations must co	molete column (A)	
	Check if Schedule O contains a response			implete column (79.	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	922,000.	599,457.	140,970.	181,573
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			140,970.	101,373
7	Other salaries and wages	4,918,489.	4,046,036.	271,549.	600,904
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	155,731.	142,649.	5,989.	7,093
9	Other employee benefits	443,567.	359,935.	27,495.	56,137
0	Payroll taxes	467,212.	373,497.	32,358.	61,357
1	Fees for services (non-employees):				
а	Management	49,568.		45,184.	4,384
	Legal	37,388.		37,388.	
	Accounting	63,000.		63,000.	
ď	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	313,610.	313,610.		
2	Advertising and promotion	46,481.	46,459.	22.	
3	Office expenses	380,035.	227,395.	80,462.	72,178
1	Information technology				
5	Royalties	140 880	000 110		
6	Occupancy	418,779.	300,449.	78,894.	39,436
7	Travel	54,299.	45,588.	6,200.	2,511
3	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
•	Conferences, conventions, and meetings				
)	Interest	302,032.	302,032.		
1	Payments to affiliates		COO 000	40.000	
2	Depreciation, depletion, and amortization	717,042.	690,952.	12,305.	13,785
3	Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)	118,247.	87,502.	22,468.	8,277
	amount, list line 24e expenses on Schedule 0.)	710,420.	710 400		
	BANK AND CREDIT CAPD CH	229 183	710,420.	12 005	12 001

710,420. a RETAIL ACTIVITY PURCHAS BANK AND CREDIT CARD CH 229,183. b PROGRAM AND EVENT COSTS 182,243. с d RECRUITMENT AND STAFF T 99,339. 82,064. 10,710,729. е All other expenses Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2017)

12,091.

48,610.

20,729.

12,251.

1,141,316.

732010 11-28-17

12

204,997.

118,656.

44,089.

8,613,765.

42.

12,095.

14,977.

78,568.

25,724. 955,648.

### LOWER EAST SIDE TENEMENT MUSEUM

13-3475390 Page 11

Form 990 (2017)
Part X Balance Sheet

	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	2,611,468.	1	1,372,361.
2	Savings and temporary cash investments	892,409.	2	275,336.
3	Pledges and grants receivable, net	2,651,372.	3	1,546,862
4	Accounts receivable, net	11,630.	4	5,359
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
2	employees' beneficiary organizations (see instr). Complete Part II of Sch $L_{\text{def}}$		6	
	Notes and loans receivable, net		7	
1 8	Inventories for sale or use	79,416.	8	81,403
9	Prepaid expenses and deferred charges	160,188.	9	139,574
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 35,027,946.			
b	Less: accumulated depreciation 10b 6,903,550.	26,100,385.	10c	28,124,396
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11	2,664,512.	12	2,669,258
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	2.7.2
15	Other assets. See Part IV, line 11	572,228.	15	318.
16	Total assets. Add lines 1 through 15 (must equal line 34)	35,743,608.	16	34,214,867
17	Accounts payable and accrued expenses	1,936,319.	17	668,598
18	Grants payable	10 510	18	<u> </u>
19	Deferred revenue	46,518.	19	71,773
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of	0 012 065		0 600 401
	Schedule D	9,813,065. 11,795,902.		9,608,401
26	Total liabilities. Add lines 17 through 25	11,795,902.	26	10,348,772.
	Organizations that follow SFAS 117 (ASC 958), check here <b>X</b> and			
27 28 29 30 31 32 32	complete lines 27 through 29, and lines 33 and 34.	20,174,258.	07	20,552,380.
27	Unrestricted net assets	960,448.	27 28	500,715
28	Temporarily restricted net assets	2,813,000.		2,813,000.
29	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here	2,013,000.	29	2,015,000
	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	
32	Retained earnings, endowment, accumulated income, or other funds	23,947,706.		23,866,095.
- 33	Total net assets or fund balances	35,743,608.	33	34,214,867
34	Total liabilities and net assets/fund balances	JJ,1±J,000.	34	Form <b>990</b> (2017

Form 990 (2017)

732011 11-28-17

Forn	1990 (2017) LOWER EAST SIDE TENEMENT MUSEUM	13-34	75390	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			West .	X
			10 00		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,694		
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,710		
3	Revenue less expenses. Subtract line 2 from line 1	3			88.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23,94	1,7	06.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-65	5,4	23.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	-			
	column (B))	10	23,86	6,0	95.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			ecce.	
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?	-	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				
				aan	(2017)

732012 11-28-17

SCHEDULE A									OMB No. 1545-0047		
	990 or 990-EZ)			rity Status an					2017		
		C		nization is a section 50 <sup>°</sup> 47(a)(1) nonexempt cha			or a section		2017		
	t of the Treasury		Attach to Form 990 or Form 990-EZ.						Open to Public		
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.									Inspection		
Name o	f the organizati							Participal of the second states of the second	identification number		
<b>B</b>				E TENEMENT M					3-3475390		
Part I				All organizations must co				S.			
	7			(For lines 1 through 12, c	•						
	1			on of churches describe			1)(A)(i).				
2	-			(Attach Schedule E (Forn							
3	- ·	•		anization described in se			•		the beenitelle serve		
4		-	cation operated in co	onjunction with a hospital	described	i in sectio	n 170(d)(1)(A	J(III). Enter	the hospital s name,		
5	city, and state		or the honofit of a co	ollege or university owned	d or opora	tod by a d	ovoramontal	unit dosorih	od in		
J [			Complete Part II.)	nege of university owned		leu by a y	oveninentai				
6				mental unit described in	section 1	70(h)(1)(A)	(14)				
7 Ϊ	7	-	÷	antial part of its support f				the general	public described in		
. —	•		omplete Part II.)		ionia got	onnionta		ano gonora			
8				(1)(A)(vi). (Complete Par	EII.)						
9				in section 170(b)(1)(A)(		ed in conju	inction with a	land-grant	college		
				culture (see instructions).		-		-	+		
	university:							-			
10	An organizatio	on that norma	ally receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	nd gross receipts from		
	activities relat	ed to its exer	npt functions - subje	ect to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its support	from gross investment		
	income and u	nrelated busi	ness taxable income	e (less section 511 tax) fr	om busine	sses acqu	ired by the o	rganization	after June 30, 1975		
<u></u>	-		mplete Part III.)								
11 📙				sively to test for public sa							
12		-		sively for the benefit of, to	•			-	• •		
			-	ed in <b>section 509(a)(1)</b> o					heck the box in		
۰ſ		-		of supporting organizatio		•					
a L			•	supervised, or controlled	• •				• •		
		_	complete Part IV, Se	egularly appoint or elect a	аппајопту			ees or the s	upporting		
ьE			•	d or controlled in connec	tion with it	s sunnort	ed organizati	on(s) by ba	vina		
				anization vested in the s		• •	•		•		
			t complete Part IV,					.goo oop	porto a		
сĽ				g organization operated	in connec	tion with, a	and functiona	Illy integrate	ed with,		
		-		s): You must complete I				, ,	ŗ		
d [	Type III nor	n-functionally	y integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppo	rted organi	zation(s)		
	that is not f	unctionally int	tegrated: The organi	zation generally must sat	isfy a dist	ribution re	quirement an	d an attent	iveness		
-	requirement	t (see instruct	ions). <b>You must cor</b>	mplete Part IV, Sections	A and D,	and Part	<b>V</b> .				
e	Check this I	box if the orga	anization received a	written determination fro	m the IRS	that it is a	а Туре I, Туре	e II, Type III			
	•	-	• •	onally integrated support	ing organi	zation.					
	ter the number o										
g Pr			h about the supporte		(iv) is the orga	nization listed	6.3.6	¢ 1	(		
	(i) Name of suppo organization		(ii) EIN	(iii) Type of organization (described on lines 1.10	in your dovern	ng document?	(v) Amount o support (see i		(vi) Amount of other support (see instructions)		
				above (see instructions))	Yes	No					
<b>Fotal</b>											

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017 15

# Schedule A (Form 990 or 990 EZ) 2017 LOWER EAST SIDE TENEMENT MUSEUM 13-34753 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

13-3475390 Page 2

(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.)

See	ction A. Public Support						Section A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total								
1	Gifts, grants, contributions, and														
	membership fees received. (Do not														
	include any "unusual grants.")	5430220.	3452104.	4247418.	6919493.	3075749.	23124984.								
2	Tax revenues levied for the organ-														
	ization's benefit and either paid to														
	or expended on its behalf														
3	The value of services or facilities														
	furnished by a governmental unit to														
	the organization without charge														
4	Total. Add lines 1 through 3	5430220.	3452104.	4247418.	6919493.	3075749.	23124984.								
	The portion of total contributions														
	by each person (other than a														
	governmental unit or publicly														
	supported organization) included														
	on line 1 that exceeds 2% of the														
	amount shown on line 11,														
	column (f)						998,904.								
6	Public support. Subtract line 5 from line 4.						22126080.								
	tion B. Total Support														
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total								
	Amounts from line 4	5430220.	3452104.	4247418.	6919493.	3075749.	23124984.								
8	Gross income from interest,														
	dividends, payments received on														
	securities loans, rents, royalties,														
	and income from similar sources	253,726.	194,014.	157,176.	164,825.	157,693.	927,434.								
9	Net income from unrelated business														
	activities, whether or not the														
	business is regularly carried on														
10	Other income. Do not include gain														
	or loss from the sale of capital														
	assets (Explain in Part VI.)	200,000.					200,000.								
11	Total support. Add lines 7 through 10						24252418.								
12		etc. (see instruction	i			12 32	,675,333.								
	First five years. If the Form 990 is for	•													
	organization, check this box and stop	•			,	()()									
Sec	tion C. Computation of Publ		rcentage												
-	Public support percentage for 2017 (I			olumn (f))		14	91.23 %								
	Public support percentage from 2016					15	89.38 %								
	33 1/3% support test - 2017. If the c														
	stop here. The organization qualifies	0		,		'									
b	33 1/3% support test - 2016. If the c						Service Service								
	and stop here. The organization qual	-													
17a	10% -facts-and-circumstances test														
	and if the organization meets the "fac	-													
	meets the "facts-and-circumstances"			•		•									
h	10% -facts-and-circumstances test														
	more, and if the organization meets th	-													
	organization meets the "facts-and-circ				• •										
18															
	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions														

# Schedule A (Form 990 or 990 EZ) 2017 LOWER EAST SIDE TENEMENT MUSEUM Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and	·					
	membership fees received. (Do not						
	include any "unusual grants.")	1					
2	Gross receipts from admissions,					1	
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-		· · · · · · · · · · · · · · · · · · ·		1		
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities		· · · · · · · · · · · · · · · · · · ·				
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				1		
	Amounts included on lines 1, 2, and	-		· · · · · · · · · · · · · · · · · · ·			-
10	3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						-
500	Public support. (Subtract line 7c from line 6.)			·		L	4
	ndar year (or fiscal year beginning in)	(=) 0010	(1-) 0014	(-) 0015	4.0.004.0	(.).0017	(4) = 1
		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6 Gross income from interest,		· · · · · · · · · · · · · · · · · · ·				
104	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				·		
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	on 501(c)(3) organ	nization,
-	check this box and stop here						
_	tion C. Computation of Publ					· · · · ·	
15	Public support percentage for 2017 (I			olumn (f))		15	%
16	Public support percentage from 2016					16	%
Sec	tion D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	17 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2017. If the					33 1/3%, and line	e 17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2016. If the						, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio					-	
	3 10-06-17						90 or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017

## Schedule A (Form 990 or 990-EZ) 2017 LOWER EAST SIDE TENEMENT MUSEUM

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, Ioan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ)*.
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

732024 10-06-17

Schedule A (Fo

Yes No 1 2 3a Зb 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a **9**b 9c 10a 10b Schedule A (Form 990 or 990-EZ) 2017

18 0 LOW

## Schedule A (Form 990 or 990 EZ) 2017 LOWER EAST SIDE TENEMENT MUSEUM

13-3475390 Page 5

Ра	Int IV Supporting Organizations (continued)			
		r	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			1
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			1
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above?/f "Yes" to a, b, or c, provide detail in Part VI.	11c		L
Sec	ction B. Type I Supporting Organizations		<b>r</b>	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			1
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
200	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
	Ware a majority of the experimation's directory entropy and the towned show and the fitter that	-	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Sec	the supported organization(s). ction D. All Type III Supporting Organizations	1		
	tion D. All Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		165	NU
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			-
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instruction	ns).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruction	s).	
2	Activities Test, Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			-
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	1 1	1

732025 10-06-17

19

Schedule A (Form 990 or 990-EZ) 2017

# Schedule A (Form 990 or 990 EZ) 2017 LOWER EAST SIDE TENEMENT MUSEUM

1.1.1	1000	Type in rent anothening integrated obolator capporting organizatione
1		Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All
		other Type III non-functionally integrated supporting organizations must complete Sections A through F

Sectio	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sectio	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sectio	on C - Distributable Amount			Current Year
<b>1</b> o	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y integrate	ed Type III supporting or	ganization (see
	instructions)	-		

Schedule A (Form 990 or 990-EZ) 2017

732026 10-06-17

# Schedule A (Form 990 or 990 EZ) 2017 LOWER EAST SIDE TENEMENT MUSEUM

_	Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	
	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemption			
_	organizations, in excess of income from activity			
_3_	Administrative expenses paid to accomplish exempt purpos			
_4	Amounts paid to acquire exempt-use assets			
_5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
-	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
с	From 2014			
d	From 2015			
e	From 2016			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
2.4.1	Carryover from 2012 not applied (see instructions)			
Ť	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
•	line 7: \$			
a	Applied to underdistributions of prior years			
-	Applied to 2017 distributable amount			
-	Remainder. Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2017, if			
5	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
0	•			
	and 4b from line 1. For result greater than zero, explain in			
-	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
-	and 4c.			
	Breakdown of line 7:			
-	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

732027 10-06-17

Schedule A	(Form 990 or 990-	-EZ) 2017 LOWER	EAST SIDE	TENEMENT	MUSEUM	13-3475390 <sub>Pag</sub>
Part VI	Supplementa Part IV, Section A line 1; Part IV, Se	al Information. P A, lines 1, 2, 3b, 3c, 4 ection D, lines 2 and 3 5, 6, and 8; and Part 3	rovide the explanatio b, 4c, 5a, 6, 9a, 9b, 9 3: Part IV, Section E, I	ns required by Pa Oc, 11a, 11b, and ines 1c, 2a, 2b, 3	art II, line 10; Part II, 11c; Part IV, Sectio 3a. and 3b: Part V, li	, line 17a or 17b; Part III, line 12; on B, lines 1 and 2; Part IV, Section C, ne 1; Part V, Section B, line 1e; Part V, any additional information.
	(See instructions					
	0.0					
32028 10-06-1	7					Schedule A (Form 990 or 990-EZ) 2
60120	750400 10	2495200		22		
ουτζη	159420 13	3-3475390	2017.060	ZU LOWER	EAST SIDE	TENEMENT MU 13-347

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. To to www.irs.gov/Form990 for instructions and the latest informatic



		90 for instructions and the latest info	rmation, inspection
	LOWER EAST SIDE TE		Employer identification numb 13-3475390
Pa	organizations Maintaining Donor Advise		ds or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		
~	are the organization's property, subject to the organization's	exclusive legal control?	Yes I
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
Pa	rt II Conservation Easements. Complete if the org	application applyored "Vop" on Form 000	Q. Dat IV/ line 7
1			o, Part IV, line 7,
	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or e     Protection of natural habitat		istorically important land area ertified historic structure
	Preservation of open space	Freservation of a c	enned historic structure
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the for	m of a second time assessment on the last
-	day of the tax year.	ned conservation contribution in the for	Heid at the End of the Tax Ye
а	Total number of conservation easements		
b	Tabel and a set the the set of the set		
c	Number of conservation easements on a certified historic str		
d		after 7/25/06, and not on a historic stru	
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by	the organization during the tax
	year 🕨		5 5
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	of
	violations, and enforcement of the conservation easements i	t holds?	Yes 🗌 N
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conser	rvation easements during the year
	\$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describe	es the organization's accounting for
De	conservation easements.	( A. A. 11:	
Pa	rt III Organizations Maintaining Collections o		Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
<b>1</b> a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		erance of public service, provide, in Part XI
		bes these items.	
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue stateme	
b	If the organization elected, as permitted under SFAS 116 (AS treasures, or other similar assets held for public exhibition, ed	SC 958), to report in its revenue stateme	
b	If the organization elected, as permitted under SFAS 116 (AS treasures, or other similar assets held for public exhibition, ed relating to these items:	SC 958), to report in its revenue stateme ducation, or research in furtherance of	public service, provide the following amour
b	If the organization elected, as permitted under SFAS 116 (AS treasures, or other similar assets held for public exhibition, ex- relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	SC 958), to report in its revenue stateme ducation, or research in furtherance of p	public service, provide the following amour
	If the organization elected, as permitted under SFAS 116 (AS treasures, or other similar assets held for public exhibition, ea relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	SC 958), to report in its revenue stateme ducation, or research in furtherance of p	public service, provide the following amour
b 2	If the organization elected, as permitted under SFAS 116 (AS treasures, or other similar assets held for public exhibition, ea relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical tre	SC 958), to report in its revenue stateme ducation, or research in furtherance of p asures, or other similar assets for finance	public service, provide the following amour
2	If the organization elected, as permitted under SFAS 116 (AS treasures, or other similar assets held for public exhibition, ea relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical tree the following amounts required to be reported under SFAS 1	SC 958), to report in its revenue stateme ducation, or research in furtherance of p asures, or other similar assets for finan- 16 (ASC 958) relating to these items:	public service, provide the following amour
2 a	If the organization elected, as permitted under SFAS 116 (AS treasures, or other similar assets held for public exhibition, ea relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical tree the following amounts required to be reported under SFAS 1 Revenue included on Form 990, Part VIII, line 1	SC 958), to report in its revenue stateme ducation, or research in furtherance of p asures, or other similar assets for finand 16 (ASC 958) relating to these items:	public service, provide the following amour
2 a b	If the organization elected, as permitted under SFAS 116 (AS treasures, or other similar assets held for public exhibition, ea relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical tree the following amounts required to be reported under SFAS 1	SC 958), to report in its revenue stateme ducation, or research in furtherance of p asures, or other similar assets for finan- 16 (ASC 958) relating to these items:	public service, provide the following amour

2017.06020 LOWER EAST SIDE TENEMENT MU 13-34751

Sche		AST SIDE T				13-3	47539(	) Page 2		
Pa	rt III Organizations Maintaining C	Collections of A	t, Historical Tr	easures, or (	Other Si	milar Ass	ets(contin	ued)		
3	Using the organization's acquisition, access	ion, and other record	s, check any of the	following that an	e a signific	ant use of it	s collection	n items		
	(check all that apply):									
а	X Public exhibition	d	Loan or exc	hange programs						
b	X Scholarly research e Other									
с	X Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	n how they further t	he organization's	s exempt p	urpose in Pa	art XIII.			
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be m						Yes	X No		
Pa	rt IV Escrow and Custodial Arran				s" on Form	990. Part IV	/. line 9. or			
	reported an amount on Form 990, Pa		5			,				
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	s or other assets	s not inclu	ded				
	on Form 990, Part X?						Yes			
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	lowing table:	*******						
-		and complete the lo	iowing table.		Ē	1	Amount			
с	Beginning balance					1c	Anount	_		
Å	Additions during the year	***********						_		
<u> </u>	Additions during the year					1d				
f	Distributions during the year					1e				
	Ending balance					1f	N			
	Did the organization include an amount on F						Yes	No		
	If "Yes," explain the arrangement in Part XIII. <b>t V Endowment Funds.</b> Complete i									
• •	Endownient Funds. Complete						ul v i rau	eren eren eren eren eren eren eren eren		
4-	Designing of year balance	(a) Current year	(b) Prior year	(c) Two years ba				years back		
1a	Beginning of year balance	2,664,512.	2,659,788.	2,656,1	14.	2,653,345	· 2,	650,319.		
b	Contributions	4.746	4 504	2.5		0.86				
	Net investment earnings, gains, and losses	4,746.	4,724.	3,6	74.	2,769	'·	3,026.		
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	2,669,258.	2,664,512.		88.	2,656,114	. 2,	653,345.		
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment  100.00	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered	for the org	janization	-			
	by:							Yes No		
	(i) unrelated organizations	Mara 22 Mara 22	N. AN				3a(i)	X		
	(ii) related organizations						3a(ii)	X		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	ed on Schedule R?				3b			
4	Describe in Part XIII the intended uses of the						194 - 1 <del>9 - 19</del> 0			
Par	t VI Land, Buildings, and Equipm	ient.								
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Pa	art X, line 1	0.				
	Description of property	(a) Cost or of	her (b) Cost	or other	(c) Accum	ulated	(d) Book	value		
		basis (investr	1 1	(other)	deprecia		14			
1a	Land	10	1,03	5,000.			1,035	5,000.		
	Buildings				3,300	.764.	15,590			
	Leasehold improvements				2,983		10,596			
	Equipment		15,51		_,,,,,,,	<u>, , , , , , , , , , , , , , , , , , , </u>	_ , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Other		1 52	2,427.	619	,761.	903	2,666.		
-	. Add lines 1a through 1e. (Column (d) must e	aual Form 000 Dort			019		28,124			
Total	. Add miles ra through re. (Column (d) must e	yuai ronni 990, Mart	n, column (D), line i	00.)						
						Schedu	le D (Form	990) 2017		

732052 10-09-17

29

Schedule <u>D</u> (Form 990) 2017			SIDE	TENEMENT	MUSEUM
Part VII Investments - Ot	her Secu	rities.			

Complete if the organization answered "Yes" o	on Form 990, Part IV, line	11b. 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) CASH AND CASH EQUIVALENT	2,669,258.	END-OF-YEAR	MARKET	VALUE
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨	2,669,258.			
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11c. See Form 990, Part X,	line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuatior		of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
rotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►				
Part IX Other Assets.				
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X,	line 15.	
(a) D	escription			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)			
Part X Other Liabilities.				
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11e or 11f. See Form 990. F	Part X, line 25.	
(a) Description of liability		b) Book value		
(1) Federal income taxes				
(2) TENANT SECURITY DEPOSIT		13,257.		
(3) LONG TERM BOND OBLIGATION		9,595,144.		

(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	9,608,401.	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footn	ote to the organization's fi	nancial statements that reports the
organization's liability for uncertain tax positions under FIN 48 (ASC 740). C	Check here if the text of the	e footnote has been provided in Part XIII $\Box$

Schedule D (Form 990) 2017

732053 10-09-17

(4) (5)

	dule D (Form 990) 2017 LOWER EAST SIDE TENEMENT		13-	3475390 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	-	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1			
1	Total revenue, gains, and other support per audited financial statements		1	10,694,541.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	10,694,541.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	10,694,541.
Pa	t XII Reconciliation of Expenses per Audited Financial State	가슴 1.1.1. 바다 가 가슴가 있는 것을 알려야 했다. 그렇게 바람이 바람이 나는 다가 아파트들이 나많을 수 있다.	r Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1			
1	Total expenses and losses per audited financial statements		1	10,710,729.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	ř i		
а	Donated services and use of facilities			
b	Prior year adjustments	2b		
с	Other losses	2c	1	
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			10,710,729.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	v a		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	10,710,729.
Par	t XIII Supplemental Information.			

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

### PART III, LINE 1A:

THE MUSEUM MAINTAINS COLLECTIONS OF OVER 14,000 ITEMS THAT HAVE A DIRECT
ASSOCIATION WITH 97 ORCHARD STREET OR OTHER HISTORIC SITES AND OTHER
OBJECTS THAT ARE SUITABLE FOR EXHIBITION OR TEACHING PURPOSES. THE MUSEUM
ALSO MAINTAINS A LIBRARY AND AN ARCHIVE OF OTHER HISTORICAL MATERIALS.
THESE OBJECTS AND RESOURCES ARE MAINTAINED FOR THE PUBLIC BENEFIT TO BE
USED FOR EDUCATION AND RESEARCH ACTIVITY.
IN CONFORMITY WITH ACCOUNTING POLICIES GENERALLY FOLLOWED BY MUSEUMS, THE
VALUE OF THESE RESOURCES HAS BEEN EXCLUDED FROM THE STATEMENT OF FINANCIAL
POSITION, AND GIFTS OF OBJECTS FOR THE COLLECTION AND LIBRARY ARE EXCLUDED
FROM THE STATEMENT OF ACTIVITIES. ACQUISITIONS FOR THE COLLECTIONS ARE
REFLECTED AS DECREASES IN THE MUSEUM'S UNRESTRICTED NET ASSETS IN THE YEAR
732054 10-09-17 Schedule D (Form 990) 2017 31

#### IN WHICH THE ITEMS ARE ACQUIRED.

CONTRIBUTED COLLECTION ITEMS ARE NOT REFLECTED.

PART III, LINE 4:

FOR OUR COLLECTION WE COLLECT MATERIALS THAT RELATE TO OUR HISTORIC

PROPERTIES, HAVE SIGNIFICANCE TO THE FAMILIES THAT LIVED THERE OR ANY

BUSINESSES THAT EXISTED THERE AND/OR MATERIALS THAT WE CAN USE TO EDUCATE

THE PUBLIC THROUGH EXHIBITION AND/OR STUDY. OUR COLLECTION PROVIDES A

STARTING POINT FOR MUSEUM VISITORS TO UNDERSTAND HOW THE EXPERIENCES OF

EARLIER WAVES OF IMMIGRANTS COMPARE AND CONTRAST WITH NEWCOMERS TODAY.

PART V, LINE 4:

TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY THE ENDOWMENT .

Schedule D (Form 990) 2017

732055 10-09-17

32

SCHEDULE G	Supplana	ental Information Regarding	~ E	draia		A		OMB No. 1545-0047
(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Complete if th	or if the	Open to Public Inspection					
Name of the organization		AST SIDE TENEMENT	MIIC	<b>G</b> TTM	-		Employer id 13-347	entification number
Part I Fundrais	ing Activities	. Complete if the organization answ		_		line 1		
<ol> <li>Indicate whether the a Ail solicitation</li> <li>Mail solicitation</li> <li>Internet and</li> <li>Phone solicities</li> <li>In-person solicities</li> <li>In-person solicities</li> <li>In-person solicities</li> <li>In-person solicities</li> <li>In-person solicities</li> <li>In-person solicities</li> </ol>	ons email solicitations ations icitations n have a written c ed in Form 990, P	sed funds through any of the follow e Solicita f Solicita g Specia or oral agreement with any individua art VII) or entity in connection with	ation of ation of al fundra al (inclue profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru fundraising services'	stees	Ye	
<b>b</b> If "Yes," list the 10 compensated at lease	* .	viduals or entities (fundraisers) purs organization.	suant to	agree	ements under which	the fu	Indraiser is to	be
(i) Name and address or entity (fund	s of individual	(ii) Activity	(iii) fundr have c or con contrib	aiser ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
			-					
	I		-					
			-					
		n is registered or licensed to solicit		<b>b</b> utions	s or has been notifie	d it is	exempt from	registration

#### Schedule G (Form 990 or 990 EZ) 2017 LOWER EAST SIDE TENEMENT MUSEUM

13-3475390 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on 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 NONE	(d) Total events (add col. (a) through
			SPRING GALA			col. (c))
2			(event type)	(event type)	(total number)	
וומגפוותם	1	Gross receipts	953,172.			953,172
	2	Less: Contributions	657,692.			657,692
	3	Gross income (line 1 minus line 2)	295,480.			295,480
	4	Cash prizes				
,	5	Noncash prizes				
2010	6	Rent/facility costs				
	7	Food and beverages	144,525.			144,525
د	8	Entertainment				
	9	Other direct expenses	150,955.			150,955
		Direct expense summary. Add lines 4 through		······		295,480
	11	Net income summary. Subtract line 10 from	line 3, column (d)		<b>&gt;</b>	C
a	rt I		answered "Yes" on Form	n 990, Part IV, line 19, or r	eported more than	
-		\$15,000 on Form 990-EZ, line 6a.		1		·
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ad col. (a) through col. (
2	1					
+	-	Gross revenue				
	2	Cash prizes				
	3	Noncash prizes		1		
	4	Rent/facility costs		· · · · · · · · · · · · · · · · · · ·		
	5	Other direct expenses				
		Volunteer labor	└── Yes % └── No	Yes %	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 throug	gh 5 in column (d)			
		Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line				
<u> </u>	8 Ent	Net gaming income summary. Subtract line er the state(s) in which the organization cond	7 from line 1, column (d)		•	
a	8 Ent	Net gaming income summary. Subtract line er the state(s) in which the organization cond he organization licensed to conduct gaming	7 from line 1, column (d) ducts gaming activities: activities in each of these	states?	•	Yes N
a	8 Ent	Net gaming income summary. Subtract line er the state(s) in which the organization cond	7 from line 1, column (d) ducts gaming activities: activities in each of these	states?	•	Yes N
) a	8 Ent	Net gaming income summary. Subtract line er the state(s) in which the organization cond he organization licensed to conduct gaming	7 from line 1, column (d) ducts gaming activities: activities in each of these	states?	•	Yes N
ab	8 Ent Is ti If "f	Net gaming income summary. Subtract line er the state(s) in which the organization cond he organization licensed to conduct gaming No," explain:	7 from line 1, column (d) ducts gaming activities: activities in each of these	states?	▶	
a b	8 Ent Is ti If "f	Net gaming income summary. Subtract line er the state(s) in which the organization cond he organization licensed to conduct gaming No," explain:	7 from line 1, column (d) ducts gaming activities: activities in each of these revoked, suspended, or t	states? erminated during the tax	▶	
a b	8 Ent Is ti If "f	Net gaming income summary. Subtract line er the state(s) in which the organization cond he organization licensed to conduct gaming No," explain:	7 from line 1, column (d) ducts gaming activities: activities in each of these revoked, suspended, or t	states? erminated during the tax	▶	
ab	8 Ent Is ti If "f	Net gaming income summary. Subtract line er the state(s) in which the organization cond he organization licensed to conduct gaming No," explain:	7 from line 1, column (d) ducts gaming activities: activities in each of these revoked, suspended, or t	states? erminated during the tax	▶	

	90-EZ) 2017 LOWER EAST			13-3475	390 Page 3
11 Does the organization	conduct gaming activities with non	nmembers?			Yes No
12 Is the organization a g	rantor, beneficiary or trustee of a tr	rust, or a member of a p	artnership or other entity fo	ormed	
to administer charitab	e gaming?				Yes No
	e of gaming activity conducted in:			10	1
	lity				%
<b>b</b> An outside facility				13b	%
14 Enter the name and ac	dress of the person who prepares	the organization's gam	ing/special events books ar	nd records:	
Name 🕨					
Address					
15a Does the organization	have a contract with a third party fi	rom whom the organiza	tion receives gaming reven	ue?	Yes 🗌 No
	ount of gaming revenue received by		and t	the amount	
of gaming revenue ret	ained by the third party $ ightarrow$ \$				
c If "Yes," enter name a	nd address of the third party:				
Name 🕨					
Address 🕨					
16 Gaming manager infor	mation:				
Name 🕨					
Gaming manager com	pensation 🕨 \$	_			
Description of services	provided 🕨				
Director/officer	Employee		contractor		
17 Mandatory distribution					
	uired under state law to make char			[]	х П.
	license?				Yes No
	stributions required under state lav		her exempt organizations o	ir spent in the	
	empt activities during the tax year			A and Dark III. Kasa O	05 105 155
	al Information. Provide the explana			v); and Part III, lines 9	, 9D, 1UD, 15D,
15C, 16, and	17b, as applicable. Also provide an	ny additional information	1. See Instructions.		
732083 09-13-17		35	So	chedule G (Form 990	or 990-EZ) 2017
		55			

chedule G (Form 990 or 990-E Part IV Supplemental	Z) LOWER EASI	SIDE	TENEMENT	MUSEUM	13-3475390 <sub>Pag</sub>
Part IV Supplemental	Information (continued)				
					Schedule G (Form 990 or 990
084 04-01-17			26		
			36		

	HEDULE J rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	OMB No.	1545-00	47
Depa	Treasury Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	Open to	-	ic
Inter	al Revenue Service Solution Service Solu	Inspe		
Nar		loyer identificati 13-347539		mber
D	art I Questions Regarding Compensation	13-34/339	0	
E.			Vee	Na
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Travel for companions Tax indemnification and gross-up payments Discretionary spending account Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Housing allowance or residence for personal us Payments for business use of personal residence Health or social club dues or initiation fees Personal services (such as, maid, chauffeur, check the second services (such as, maid, chauffeur, ch	se	Yes	No
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Form 990 of other organizations During the year, did any person listed on 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?		X X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		A	x
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Δ
5 a	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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization?	5a		x
b	Any related organization?	5b		X
2	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?			X
	Any related organization?			X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?			
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (For	m 990	) 2017

732111 10-17-17

# Schedule J (Form 990) 2017 LOWER EAST SIDE TENEMENT MUSEUM 13-3475390 Page 2 Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Page 2

For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denenits	(B)(i)·(D)	in column (B) reported as deferred on prior Form 990
(1) MORRIS J. VOGEL	(i)	254,000.	78,500.	8,654.	26,634.	884.	368,672.	0.
PRESIDENT (THRU 7/2017)	(ii)	0.	0.	0.	0.	0.		0.
(2) KEVIN JENNINGS	(i)	143,750.	0.	0.	0.	7,955.	151,705.	0.
	(ii)	0.	0.	0.	0.	0.		0.
	(i)	243,500.	53,500.	23,654.	26,470.	6,681.	353,805.	0.
CHIEF OPERATING OFFICER (THRU 9/2017	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ANNIE POLLAND	(i)	183,500.	0.	0.	8,607.	1,318.		0.
SENIOR VP OF EDU (THRU 1/2018)	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i) (ii)							
	(i) (ii)							u
	*****							
	(i) (ii)							
	and 1				·			l. ule .l (Eorm 990) 2011

732112 10-17-17

38

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017 I Part III Supplemental Information

LOWER EAST SIDE TENEMENT MUSEUM

13-3475390

Page 3

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.

PART I, LINES 4A-B:

MORRIS VOGEL RECEIVED PAYMENTS TO 457B

BARRY ROSEMAN RECEIVED PAYMENTS TO 457B

Schedule J (Form 990) 2017

732113 10-17-17

39

Department of the Treasury	Complete if the organ	nization answer xplanations, and	d any additional infe	90, Part IV, prmation in	line 24a Part VI.	. Provide descri	ptions,			Op	20	1545-04 017 Public	
Name of the organization LOWER EAST	SIDE TENEM	ENT MUSE	ЛМ						loyeri 3-3			n num	lber
Part I Bond Issues S	EE PART VI 1	FOR COLUN	MN (F) CONT	TINUAT	IONS							_	
(a) issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	e price	(f) Descripti	on of purpose	( <b>g)</b> De	feased	( <b>h)</b> On of iss		(i) Po finan	
								Yes	No	Yes	No	Yes	No
BUILD NYC RESOURCE A CORPORATION	45-4040561	NONE	11/24/15	10700	.000	BUILDING ACQUISIT	ION AND		x		x		x
В													
C													
D													
Part II Proceeds													
1 Amount of bonds retired			A			В	с		_	_	D	_	
2 Amount of bonds legally defeased													
3 Total proceeds of issue													
4 Gross proceeds in reserve funds				318.				_					
5 Capitalized interest from proceeds		in an											
6 Proceeds in refunding escrows							1						
7 Issuance costs from proceeds			284	,930.									
8 Credit enhancement from proceeds													_
9 Working capital expenditures from proceeds	i		251	,777.			1						
10 Capital expenditures from proceeds			10,162	2,975.	_								-
11 Other spent proceeds													
12 Other unspent proceeds													
13 Year of substantial completion							l				~~		
			Yes	No	Yes	No	Yes	No	_	Yes		No	
14 Were the bonds issued as part of a current i	efunding issue?	and an all second second		X									
15 Were the bonds issued as part of an advance	e refunding issue?			X									
16 Has the final allocation of proceeds been ma	ide?		X				· · · · · · · · · · · · · · · · · · ·						
17 Does the organization maintain adequate books and record	s to support the final allocation	of proceeds?	X										
Part III Private Business Use			0										
			A			В	c	_			D		
1 Was the organization a partner in a partners	hip, or a member of an	LLC,	Yes	No	Yes	No	Yes	No		Yes		No	
which owned property financed by tax-exem				X			ll		_	-		_	
2 Are there any lease arrangements that may bond financed property?	esult in private busines	ss use of		x									

732121 10-18-17 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 40

Schedule K (Form 990) 2017

UM		13-	3475390				Page
/	٩	· · · · · · · · · · · · · · · · · · ·	В		c		)
Yes	No	Yes	No	Yes	No	Yes	No
	X						
	X						
	%		%		%		9
-	%		%		96		9
	%		%		%		9
	X		1				
	x						
					·		
	96		96		96		9
			1				`
			1		1 1		
x							
					J,J		
1	4		в		c		)
Yes	No	Yes	No	Yes	No	Yes	No
	X						
			-				
	X						
	X						
	X						
	X						
	x						
					-		
						_	_
							1
	Yes	A Yes No X Yes X Yes X Yes X X X X X X X X X X X X X X	A       Yes     No     Yes       X	A     B       Yes     No     Yes     No       X     -     -       X     -     -       %     %     -       %     %     % <td>A     B       Yes     No     Yes       X        X        X        X        %     %    &lt;</td> <td>A         B         C           Yes         No         Yes         No           X</td> <td>A         B         C         It           Yes         No         Yes         <td< td=""></td<></td>	A     B       Yes     No     Yes       X        X        X        X        %     %    <	A         B         C           Yes         No         Yes         No           X	A         B         C         It           Yes         No         Yes         Yes <td< td=""></td<>

732122 10-18-17

Schedule K (Form 990) 2017

Schedule K (Form 990) 2017 LOWER EAST SIDE TENEMENT MUSE	UM		13-	3475390	)			Page 3
Part IV Arbitrage (Continued)								
		4	-	B		C		2
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х						
7 Has the organization established written procedures to monitor the requirements of section 148?		x						
Part V Procedures To Undertake Corrective Action		·/		•				
		٩	[	в	[	0		5
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of								
federal tax requirements are timely identified and corrected through the voluntary					1			
closing agreement program if self remediation isn't available under applicable								
regulations?		x						

Schedule K (Form 990) 2017

732123 10-18-17

#### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

**Open To Public** 

Inspection

(FOIIII	990 <u>j</u>
Department	of the Treasury

Internal Revenue Service

Name of the organization

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

Go to www.irs.gov/Form990 for the latest information.

Employer identification number 13-3475390

2

#### LOWER EAST SIDE TENEMENT MUSEUM

Pa	rt I Types of Property							
		(a)	(b)	(c)	(0			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of o noncash contril		<u> </u>	~
		applicable		Form 990, Part VIII, line 1g	noncasir contin	oution a	nount	5
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							- 0
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	6	260,168.	HIGH-LOW A	VERA	GE	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous						_	
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential						_	
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies	L						
21	Taxidermy							
22	Historical artifacts	X	82		NO VALUE A	SSIG.	NED	<u> </u>
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organi							
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29				
							Yes	No
30a	During the year, did the organization receive b				•			
	must hold for at least three years from the dat		,					37
	exempt purposes for the entire holding period	?				30a		X
	If "Yes," describe the arrangement in Part II.				1 0		v	
31	Does the organization have a gift acceptance	. ,	•	•		31	X	
32a	Does the organization hire or use third parties contributions?		-	· ·		32a	x	
b	If "Yes," describe in Part II.							

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2017

732141 09-07-17

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

THE LOWER EAST SIDE TENEMENT MUSEUM USES OPPENHEIMER & CO. INC AS A

THIRD PARTY ONLY TO PROCESS AND SELL OUR STOCK GIFTS.

Schedule M (Form 990) 2017

732142 09-07-17

44

08460130 759420 13-3475390 2017.06020 LOWER EAST SIDE TENEMENT MU 13-34751

Page 2

13-3475390

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. Go to www.irs.gov/Form990 for the latest information.

Name of the organization

LOWER EAST SIDE TENEMENT MUSEUM

Employer identification number 13-3475390

OMB No. 1545-0047

**Open to Public** 

Inspection

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

THE ONGOING CREATION OF OUR NATION.

FORM 990, PART VI, SECTION B, LINE 11B:

OUR CPA FIRM PREPARES FORM 990. THE MUSEUM SUBMITS FORM 990 TO THE BOARD'S

FINANCE COMMITTEE AND FULL BOARD FOR REVIEW AND APPROVAL. THE CPA FIRM WILL

THEN BE AUTHORIZED TO FILE ONLINE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE MUSEUM PROVIDES A CONFLICT OF INTEREST POLICY IN ITS EMPLOYEE HANDBOOK

AS IT APPLIES TO TRUSTEES, STAFF AND VOLUNTEERS. IT REVIEWS POTENTIAL

CONFLICTS OF INTEREST WITH TRUSTEES ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF TRUSTEES DECIDES THE COMPENSATION FOR THE PRESIDENT.

COMPENSATION FOR ALL OTHER POSITIONS ARE DETERMINED USING SALARY GUIDES.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS AVAILABLE TO THE

PUBLIC. THE FINANCIAL STATEMENT IS POSTED ON GUIDESTAR.

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

PRIOR YEAR ADJUSTMENT FOR FY2016

-110,665.

45,242.

-65,423.

PRIOR YEAR ADJUSTMENT FOR FY2017

TOTAL TO FORM 990, PART XI, LINE 9

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (F 732211 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)

#### 2017 DEPRECIATION AND AMORTIZATION REPORT

ət	Description	Date Acquired	Method	Life	0.012	ne Unadjus Io. Cost Or B	id Bus sis % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS													
1	BUILDING	VARIOUS	SL	40.00	1	5 188911	o.			10891110.	8,901,953.		238,002,	3,139,955
	* 990 PAGE 10 TOTAL BUILDINGS					188911	0,,			18891110,	901,953.		238,002,	3,139,955
	OTHER													
100	BUILDING IMRPOVEMENTS AND EXHIBITS	VARIOUS	SL	40,00	1	5 135794	9.			13579409.	8,814,979.		397,468.	3,212,447
	* 990 PAGE 10 TOTAL OTHER					135794	9.			13579409.	2,814,979.		397,468.	3,212,447
	* 990 PAGE 10 TOTAL -					324705	9.			32470519.	5,716,932.		635,470.	6,352,402
	LAND													
6	LAND		L			1,035,0	ο.			1,035,000.			0,	
	* 990 PAGE 10 TOTAL LAND					1,035,0	0.			1,035,000.	0.		0.	0
	* 990 PAGE 10 TOTAL -					1,035,0	0			1,035,000.	٥.		0,	0
	OTHER													
- 1	FURNITURE AND OFFICE EQUIPMENT	VARIOUS	SL	7.00	1	5 1,522,4	7.			1,522,427.	528,179.		22,969.	551,148
	* 990 PAGE 10 TOTAL OTHER	k.				1,522,4	7.			1,522,427.	528,179.		22,969.	551,148
	* 990 PAGE 10 TOTAL -					1,522,4	7.			1,522,427.	528,179.		22,969.	551,148
	* GRAND TOTAL 990 PAGE 10 DEPR					350279	6.			35027946.	,245,111.		658,439,	6,903,550
	CURRENT YEAR ACTIVITY													
	BEGINNING BALANCE					339929	6.		0.	33992946.	5,245,111.			6,903,550

728111 04-01-17

(D) - Asset disposed

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

45.1

#### 2017 DEPRECIATION AND AMORTIZATION REPORT

Asset No	Description	Date Acquired	Method	Life	c a a v	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	ACQUISITIONS						1,035,000.			٥.	1,035,000.	٥.			0
	DISPOSITIONS						0.			0.	0.	0.			0
_	ENDING BALANCE	_					35027946.			0.	35027946.	5,245,111.			6,903,550
	ENDING ACCUM DEPR											5,903,550			
	ENDING BOOK VALUE											20124396.			
										*					
										1					
			8												
_			_												
									_				-		
_			_												
-							_			_					

728111 04-01-17

45.2

(D) - Asset disposed

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

				NOTICE 2	018	-100				
Form	990-T	E	Exempt Orga	nization Bus	sine	ss Incom	e Tax	Return	n ⊨	OMB No. 1545-0687
		8		nd proxy tax und						2017
		For ca	lendar year 2017 or other tax ye						8	2017
	tment of the Treasury al Revenue Service		► Go to www Do not enter SSN numbe	.irs.gov/Form990T for in rs on this form as it may						pen to Public Inspection for 01(c)(3) Organizations Only
A	Check box if address changed		Name of organization (	Check box if name c	hanged	and see instruction	IS.)		DEmploy (Emplo instruc	ver identification number yees' trust, see tions.)
B E	empt under section	Print	LOWER EAST	SIDE TENEME	ו ידא:	MUSEUM			13	3-3475390
	501( <b>c</b> )( <b>3</b> )	or	Number, street, and room						EUnrelat	ed business activity codes
1	408(e) 220(e)	Type	103 ORCHARD		,				(See In:	structions.)
Ē	408A 530(a)		City or town, state or prov	vince, country, and ZIP o	r foreigi	n postal code				
	]529(a)		NEW YORK, N	Y 10002-31	32				5311	L20
C Boo	ok value of all assets and of year		F Group exemption numb	per (See instructions.)						
	34,214,8	67.	G Check organization type	e 🕨 [ X ] 501(c) corr	poration	501(c) tr		401(a)	trust	Other trust
11 DC	scribe the organization	n s prim	ary uniciated busiliess acti	vity.	1212 1	STATEMENT		<u> </u>	1	X No
	•		poration a subsidiary in an a tifying number of the paren		nt-sudsi	diary controlled gro	oup?		Yes	
			ANA OCANSEY			Te	elenhone ru	mber <b>&gt;</b> 2	12-4	31-0233
			de or Business Inc	ome		(A) Income		(B) Expenses		(C) Net
	Gross receipts or sale						- 1			
b	Less returns and allow	wances		c Balance 📃 🕨	10					
2	Cost of goods sold (S	Schedule	A, line 7)		2					
3	Gross profit. Subtract	t line 2 fr	rom line 1c		3					
4 a	Capital gain net incom	ne (attac	h Schedule D)		4a					
			Part II, line 17) (attach Form		4b			_		
C	Capital loss deduction	n for trus	sts		40					
			ips and S corporations (att		5					
	Rent income (Schedu		ma (Cabadula E)		6 7					
			me (Schedule E) and rents from controlled o		8					
			on 501(c)(7), (9), or (17) of	-						
			ome (Schedule I)		10					S
	Advertising income (S				11					i
12	Other income (See ins	structior	ns; attach schedule) ST.		12	64,71				64,713.
		3 throu	igh 12	D++++D+++++D++++++++++++++++++++++++++	13	64,71				64,713.
Pa			ot Taken Elsewher							
			utions, deductions must		a with	the unrelated bus	siness inco	ome.)		
14			rectors, and trustees (Sche	and the second states of the s	10001000				14	
15 16									15 16	
17									17	
18									18	(
19									19	
20	Charitable contribution	ons (Se	e instructions for limitation	rules)					20	
21	Depreciation (attach	Form 48	562)			21		3.5. NO.3.4. 2. LOOP		
22		aimed oi	n Schedule A and elsewher	e on return		22a			22b	
23	Depletion	with some	and the second second second		owenessa	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.			23	
24	Contributions to defe	erred co	mpensation plans		6467.56565				24 25	
25 26	Employee benefit pro	ograms	chodula I)				110.5000.000	ormenoerte:	25	
20	Excess exempt expe	nete (Sc	chedule I) hedule J)		Westerner:				20	
28	Other deductions (at	tach sch	nedule)	reserves - restraterations	24223	200205000020000055560000000000			28	
29	Total deductions. A	dd lines	14 through 28		64423.5M62				29	0.
30	Unrelated business t	taxable i	ncome before net operating	loss deduction. Subtra	ct line 29	) from line 13			30	64,713.
31	Net operating loss de	eductior	n (limited to the amount on	line 30)					31	
32	Unrelated business t	taxable i	ncome before specific dedu	uction. Subtract line 31 fr	rom line	30			32	64,713.
33			y \$1,000, but see line 33 in						33	1,000.
34			income. Subtract line 33 f		-					
					ietonoli				34	<u>63,713.</u>
72370	1 01-22-18 LHA FO	or Papei	work Reduction Act Notice	e, see instructions.	48	}				Form <b>990-T</b> (2017)

Form 990-T		LOWER EAST SIDE TH	ENEMENT MUSEUM		13-347	5390	Page <b>2</b>
Part I	ll Ta	ax Computation					
35	Organi	zations Taxable as Corporations. See instr	uctions for tax computation.				
	Control	led group members (sections 1561 and 15	63) check here 🕨 🛄 See instruction	s and:			
а	Enter ye	our share of the \$50,000, \$25,000, and \$9,	925,000 taxable income brackets (in that c	order):			
	(1) \$	(2) \$	(3) \$				
b		rganization's share of: (1) Additional 5% ta			1		
-		ditional 3% tax (not more than \$100,000)	here in the second s				¥2
	Income	tax on the amount on line 34	Ψ			35c	13,380.
26	Trueta	Taxable at Trust Rates. See instructions fo	r tay approximation. Income tay on the approximation	unt on line 24	from:	000	
36						26	
07		ax rate schedule or 🛛 🔲 Schedule D (Fc				36	
		ax. See instructions				37	
38		tive minimum tax				38	
39	Tax on	Non-Compliant Facility Income. See instru	uctions			39	10.000
		Add lines 37, 38 and 39 to line 35c or 36, w	hichever applies		*************************	40	13,380.
		ax and Payments					
		tax credit (corporations attach Form 1118;	trusts attach Form 1116)	41a			
				41b			
C	General	business credit. Attach Form 3800		410			
d	Credit f	or prior year minimum tax (attach Form 88	01 or 8827)	41d			
		redits. Add lines 41a through 41d				41e	
						42	13,380.
43	Other ta	t line 41e from line 40 axes. Check if from: 🔛 Form 4255 🔛	Form 8611 Form 8697 Form	n 8866	Other (attach schedule)	43	
44						44	13,380.
45 a	Pavmer	nts: A 2016 overpayment credited to 2017		45a			
b	2017 es	stimated tax payments		45b	16,750.		
- -	Tax der	posited with Form 8868		450		1 1	
b b	Foreign	organizations: Tax paid or withheld at sour	ce (see instructions)	45d			
		withholding (see instructions)			_	4	
		or small employer health insurance premius		2011		- 1	
			arm 0420	778 401		- 1	
ŷ		redits and payments: Form 4136	orm 2439 Total	► 45g			
40		Add lines (Es through (Eg		400		40	16,750.
46	Totarp	ayments. Add lines 45a through 45g			ananananan ang	46	10,750.
		ed tax penalty (see instructions). Check if F				47	()
		e. If line 46 is less than the total of lines 44				48	2 270
		yment. If line 46 is larger than the total of li				49	3,370.
		e amount of line 49 you want: Credited to			Refunded 🕨	50	0.
Part V		atements Regarding Certain					
	-	ime during the 2017 calendar year, did the			•		Yes No
		inancial account (bank, securities, or other		•			
		Form 114, Report of Foreign Bank and Fina	ancial Accounts. If YES, enter the name of	the foreign co	ountry		
	here 🕨						
52	-	the tax year, did the organization receive a		or transferor 1	to, a foreign trust?	mannan	X
		see instructions for other forms the organiz					
53		e amount of tax-exempt interest received o					
01	Unde	er penalties of perjury, I declare that I have examine ct, and complete: Declaration of preparer (other the	d this return, including accompanying schedules In taxpayer) is based on all informatio <u>n of which p</u>	and statements preparer has any	, and to the best of my kno knowledge	wledge and	belief, it is true,
Sign	2455				TING	lay the IRS	discuss this return with
Here			OFFIC	ER	th	e preparer :	shown below (see
		Signature of officer	Date Title		in	structions)?	X Yes No
	F	Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN	
Paid					self- employed		
Prepa	rer M	ARTIN BERKOWITZ				P0	0154047
Use O	1.5	irm's name 🕨 LUTZ AND CAP	RR, CPAS LLP		Firm's EIN	13	-1655065
036 0	···· <b>y</b>  -		AVENUE, SUITE 400				
	F	irm's address <b>NEW YORK</b> ,			Phone no. 2	212-6	97-2299
							Form 990-T (2017)

#### Form 990-T (2017) LOWER EAST SIDE TENEMENT MUSEUM

1	3 –	3	4	7	5	3	9	0
_	9	~	ж.		-	-	~	<u> </u>

Page 3

1 Inventory at beginning of year			6 Inventory at end of ye	аг		6		
2 Purchases			7 Cost of goods sold. S	Store and a state of the	ne 6			
3 Cost of labor			from line 5. Enter here					
4 a Additional section 263A costs			line 2			7		
(attach schedule)	4a		8 Do the rules of section	1 263A (v	with respect to		Yes	No
b Other costs (attach schedule)	4b		property produced or	a sa an	Manumatication or an and			-
5 Total. Add lines 1 through 4b	5		the organization?	ossi termi del	CELEBRATINE MARKED AND AND AND AND AND AND AND AND AND AN			
Schedule C - Rent Income	(From Real	Property an		Lease	d With Real Pro	pert	(v)	
(see instructions)			. , ,					
. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent receive	ed or accrued					tudeddinor - elaina	
<ul> <li>(a) From personal property (if the per rent for personal property is more 10% but not more than 50%</li> </ul>	e than	of rent for	and personal property (if the percen personal property exceeds 50% or i nt is based on profit or income)	tage f	3(a)Deductions directl columns 2(a) a		ected with the income (attach schedule)	in
(1)					1			
(2)								
(3)								_
(4)								
Total	0.	Total		0.				
c) Total income. Add totals of columns :				••	(b) Total deductions.			
		.61			Enter here and on page 1,			0
iere and on nade 1. Part I. line 6. column								
		Income (see	instructions)	0.	Part I, line 6, column (B)			0.
nere and on page 1, Part I, line 6, column Schedule E - Unrelated Deb		Income (see			3. Deductions directly control to debt-finan			
Schedule E - Unrelated Deb	ot-Financed	Income (see	2. Gross income from or allocable to debt-		<ol> <li>Deductions directly control to debt-finan</li> <li>Straight line depreciation</li> </ol>		(b) Other deduction	ns
	ot-Financed	Income (see	2. Gross income from		3. Deductions directly con to debt-finan		perty	ns
Schedule E - Unrelated Deb 1. Description of debt-fir	ot-Financed	Income (see	2. Gross income from or allocable to debt-		<ol> <li>Deductions directly control to debt-finan</li> <li>Straight line depreciation</li> </ol>		(b) Other deduction	ns
1. Description of debt-fir	ot-Financed	Income (see	2. Gross income from or allocable to debt-		<ol> <li>Deductions directly control to debt-finan</li> <li>Straight line depreciation</li> </ol>		(b) Other deduction	ns
1. Description of debt-fir (1)	ot-Financed	Income (see	2. Gross income from or allocable to debt-		<ol> <li>Deductions directly control to debt-finan</li> <li>Straight line depreciation</li> </ol>		(b) Other deduction	ns
1. Description of debt-fir (1) (2) (3)	ot-Financed	Income (see	2. Gross income from or allocable to debt-		<ol> <li>Deductions directly control to debt-finan</li> <li>Straight line depreciation</li> </ol>		(b) Other deduction	ns
1. Description of debt-fir (1)	ot-Financed		2. Gross income from or allocable to debt- financed property		3. Deductions diractly con to debt-finan Straight line depreciation (attach schedule)		pperty (b) Other deduction (attach schedule)	ns
1. Description of debt-fir (1) (2) (3) (4)	5. Average of or al debt-finar	Adjusted basis locable to uced property schedule)	2. Gross income from or allocable to debt-		<ol> <li>Deductions directly control to debt-finan</li> <li>Straight line depreciation</li> </ol>		(b) Other deduction	tions
Chedule E - Unrelated Det  1. Description of debt-fir  (1) (2) (3) (4)  4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average of or al debt-finar	adjusted basis locable to ced property	2. Gross income from or allocable to debt- financed property      6. Column 4 divided by column 5		<ol> <li>Deductions diractly contour to debt-finant to debt-finant (attach schedule)</li> <li>7. Gross income reportable (columnti to the schedule)</li> </ol>		(b) Other deduction (attach schedule) (attach schedule) 8, Allocable deduct (column 6 x total of cc	tions
Chedule E - Unrelated Det     1. Description of debt-fir     1.     2)     3)     4)     4. Amount of average acquisition     debt on or allocable to debt-financed     property (attach schedule)     1)	5. Average of or al debt-finar	adjusted basis locable to ced property	2. Gross income from or allocable to debt- financed property 6. Column 4 divided by column 5		<ol> <li>Deductions diractly contour to debt-finant to debt-finant (attach schedule)</li> <li>7. Gross income reportable (columnti to the schedule)</li> </ol>		(b) Other deduction (attach schedule) (attach schedule) 8, Allocable deduct (column 6 x total of cc	tions
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)      Schedule 2	5. Average of or al debt-finar	adjusted basis locable to ced property	2. Gross income from or allocable to debt- financed property 6. Column 4 divided by column 5 %		<ol> <li>Deductions diractly contour to debt-finant to debt-finant (attach schedule)</li> <li>7. Gross income reportable (columnti to the schedule)</li> </ol>		(b) Other deduction (attach schedule) (attach schedule) 8, Allocable deduct (column 6 x total of cc	tions
1. Description of debt-fir 1. 2) 3) 4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 1) 2) 3)	5. Average of or al debt-finar	adjusted basis locable to ced property	2. Gross income from or allocable to debt- financed property 6. Column 4 divided by column 5 %		<ol> <li>Deductions diractly contour to debt-finant to debt-finant (attach schedule)</li> <li>7. Gross income reportable (columnti to the schedule)</li> </ol>		(b) Other deduction (attach schedule) (attach schedule) 8, Allocable deduct (column 6 x total of cc	ns
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)      Solution	5. Average of or al debt-finar	adjusted basis locable to ced property	2. Gross income from or allocable to debt- financed property 6. Column 4 divided by column 5 %	(a)	<ol> <li>Deductions diractly contour debt-finant to debt-finant (attach schedule)</li> <li>T. Gross income reportable (column 2 x column 6)</li> </ol>		(b) Other deduction (attach schedule) (attach schedule) (attach schedule) 8. Allocable deduct (column 6 x total of cc 3(a) and 3(b))	ns ) tions plumns
1. Description of debt-fir 1. 2) 3) 4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 1) 2) 3)	5. Average of or al debt-finar	adjusted basis locable to ced property	2. Gross income from or allocable to debt- financed property 6. Column 4 divided by column 5 %	(a)	<ol> <li>Deductions diractly contour to debt-finant to debt-finant (attach schedule)</li> <li>7. Gross income reportable (columnti to the schedule)</li> </ol>		(b) Other deduction (attach schedule) (attach schedule) 8, Allocable deduct (column 6 x total of cc	ns itions olumns
Chedule E - Unrelated Det     1. Description of debt-fir     (1)     (2)     (3)     (4)     4. Amount of average acquisition     debt on or allocable to debt-financed	5. Average of or al debt-finar	adjusted basis locable to ced property	2. Gross income from or allocable to debt- financed property 6. Column 4 divided by column 5 %	(a)	<ul> <li>3. Deductions directly conto debt-finan</li> <li>Straight line depreciation (attach schedule)</li> <li>7. Gross income reportable (column 2 x column 6)</li> <li>Ler here and on page 1,</li> </ul>		(b) Other deduction (attach schedule) (attach schedule) 8, Allocable deduct (column 6 x total of cc 3(a) and 3(b)) Enter here and on page	ns itions olumns

Form 990-T (2017)

### Form 990-T (2017) LOWER EAST SIDE TENEMENT MUSEUM Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

			Exempt C	Controlled O	rganizati	ions				
1. Name of controlled organ	ization	2. Employer identification number		elated income instructions)		tal of specified ments made	include	of column 4 ad in the contration's gross i	rolling	6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)		1								
(4)									_	
Nonexempt Controlled Orga	anizations									
7. Taxable Income		inrelated income (loss) see instructions)	9. Total of specified made		of specified payments made		10. Part of column 9 that is in the controlling organiza gross income		11. De witi	aductions directly connected h income in column 10
(1)										
(2)										
(3)										
(4)									-	
						Add colur Enter here and line 8,		a 1, Part I,		dd columns 6 and 11 here and on page 1, Part I, líne 8, column (B)
Totals					•			0.		0.
Schedule G - Investr	ment Inco				(17) O	rganizatio	n			
1. [	Description of inc	ome		2. Amount d	f income	<ol> <li>Deduction</li> <li>directly connection</li> <li>(attach scheduction)</li> </ol>	ected	<b>4</b> . Set (attach	-asides schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)

13-3475390

Page 4

Totals	▶ 0.			0.
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B)
(4)				
(3)				
(2)				
(1)				
1. Description of income	2. Amount of income	directly connected (attach schedule)	(attach schedule)	(col. 3 plus col. 4)

## Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(eoo instructions)

(see Instri	uctions)					1
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	<b>6.</b> Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A)	Enter here and on page 1, Part I, line 10, col. (B)				Enter here and on page 1, Part II, line 26
Totals 🕨	. 0.	0.				0

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	<b>6.</b> Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2) (3)						1
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.
						Form 990-T (2017

#### Form 990-T (2017) LOWER EAST SIDE TENEMENT MUSEUM

13-3475390

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

#### 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7 7. Excess readership costs (column 6 minus column 5, but not more 2. Gross advertising 3. Direct 5. Circulation 6. Readership 1. Name of periodical advertising costs income costs income than column 4). (1) (2) (3) (4) **Totals from Part I** 0. 0. 0. Enter here and on Enter here and Enter here and on page 1, Part I, line 11, col. (A) page 1, Part I, line 11, col. (B) on page 1, Part II, line 27. Totals, Part II (lines 1-5) 0 0 0. Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of Compensation attributable to unrelated business time devoted to business 2. Title 1. Name (1) % (2) % (3) % (4) % 0. Total. Enter here and on page 1, Part II, line 14

Form 990-T (2017)

Page 5

13-3475390

STATEMENT

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1 BUSINESS ACTIVITY

VOLUNTARY EMPLOYEE DEDUCTIONS ON QUALIFIED TRANSIT BENEFITS

TO FORM 990-T, PAGE 1

FOOTNOTES

FORM 990-T PART III TAX CALCULATION UNRELATED BUSINESS INCOME TAX ON QUALIFIED TRANSPORTATION BENEFITS (QTB) - VOLUNTARY DEDUCTIONS ALL RELATES TO THE PERIOD 1/1/2018-6/30/2018 AND HAS BEEN CALCULATED SEPERATELY AT THE TAX RATE OF 21% APPLICABLE AFTER 12/31/2017

TAX ON QTB - \$63,713 X 21%

13,380.

2

13-3475390

FORM 990-T	OTHER	INCOME	STATEMENT	3
DESCRIPTION			AMOUNT	
QUALIFIED TRANSIT BENEFITS - VOLUNTARY EMPLOYEE DEDUCTIONS AFTER 12/31/17			64,713.	
TOTAL TO FORM 990-T, PAGE	1, LINE 12		64,71	13.

LOWER EAST SIDE TENEMENT MUSEUM

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TENTATIVE MINIMUM TAX (TMT) PRORATION	STATEMENT	4
TENTATIVE MIMIMUM TAX FOR THE ENTIRE YEAR 4,743.		
TMT IN EFFECT BEFORE 01/01/2018 4,743.		
TMT IN EFFECT AFTER 12/31/2017 0.		
DAYS		
TMT PRORATED FOR NUMBER OF DAYS IN 2017. 1842,391.TMT PRORATED FOR NUMBER OF DAYS IN 2018. 1810.		
TMT PRORATED	2,3	91.