

Form **990**

# Return of Organization Exempt From Income Tax

OMB No 1545-0047

# 2005

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

**A** For the 2005 calendar year, or tax year beginning **SEP 1, 2005** and ending **AUG 31, 2006**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>THE ELAINE KAUFMAN CULTURAL CENTER/LUCY MOSES SCHOOL FOR MUSIC AND DANCE</b> Number and street (or P O box if mail is not delivered to street address) Room/suite <b>129 WEST 67TH STREET</b> City or town, state or country, and ZIP + 4 <b>NEW YORK, NY 10023</b>	<b>D</b> Employer identification number <b>13-1991118</b> <b>E</b> Telephone number <b>212-501-3303</b>
	<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) <b>&gt;</b>	
	<b>G</b> Website: <b>WWW.KAUFMAN-CENTER.ORG</b> <b>J</b> Organization type (check only one) <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

**H and I are not applicable to section 527 organizations.**  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates **N/A**  
**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number **N/A**

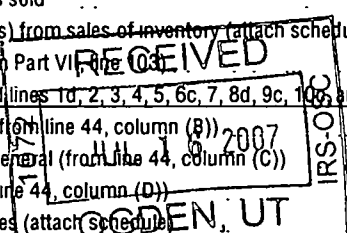
**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **9,747,930.**

**M** Check  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue		Expenses		Net Assets	
<b>1</b>	Contributions, gifts, grants, and similar amounts received:				
<b>a</b>	Direct public support <b>SEE STATEMENT 22</b>	<b>1a</b>	<b>3,530,266.</b>		
<b>b</b>	Indirect public support	<b>1b</b>			
<b>c</b>	Government contributions (grants)	<b>1c</b>	<b>71,900.</b>		
<b>d</b>	Total (add lines 1a through 1c) (cash \$ <b>3,405,908.</b> noncash \$ <b>196,258.</b> )	<b>1d</b>	<b>3,602,166.</b>		
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	<b>3,083,880.</b>		
<b>3</b>	Membership dues and assessments	<b>3</b>			
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>	<b>70,169.</b>		
<b>5</b>	Dividends and interest from securities	<b>5</b>	<b>156,358.</b>		
<b>6a</b>	Gross rents <b>SEE STATEMENT 1</b>	<b>6a</b>	<b>488,499.</b>		
<b>b</b>	Less rental expenses	<b>6b</b>			
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>	<b>488,499.</b>		
<b>7</b>	Other investment income (describe <b>&gt;</b> )	<b>7</b>			
<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
<b>b</b>	Less cost or other basis and sales expenses	<b>8a</b>	<b>1,920,101.</b>	<b>8a</b>	
<b>c</b>	Gain or (loss) (attach schedule)	<b>8b</b>	<b>1,616,301.</b>	<b>8b</b>	
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B)) <b>STMT 2</b>	<b>8c</b>	<b>303,800.</b>	<b>8c</b>	
<b>8d</b>		<b>8d</b>	<b>303,800.</b>		
<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
<b>a</b>	Gross revenue (not including \$ <b>76,500.</b> of contributions reported on line 1a)	<b>9a</b>	<b>426,757.</b>		
<b>b</b>	Less: direct expenses other than fundraising expenses	<b>9b</b>	<b>119,465.</b>		
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a) <b>SEE STATEMENT 3</b>	<b>9c</b>	<b>307,292.</b>		
<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>			
<b>b</b>	Less cost of goods sold	<b>10b</b>			
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			
<b>11</b>	Other revenue (from Part VII, line 10c)	<b>11</b>			
<b>12</b>	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>	<b>8,012,164.</b>		
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>	<b>4,905,915.</b>		
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>	<b>212,711.</b>		
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>	<b>782,040.</b>		
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>			
<b>17</b>	Total expenses (add lines 16 and 44, column (A))	<b>17</b>	<b>5,900,666.</b>		
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>	<b>2,111,498.</b>		
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	<b>13,277,539.</b>		
<b>20</b>	Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 4</b>	<b>20</b>	<b>-261,397.</b>		
<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>	<b>15,127,640.</b>		

SCANNED AUG 27 2007



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**THE ELAINE KAUFMAN CULTURAL CENTER/LUCY  
MOSES SCHOOL FOR MUSIC AND DANCE**

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**Part II Statement of Functional Expenses**

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>128909</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/>	22 128,909.	128,909.	STATEMENT 7	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc. * *	25 253,093.	176,997.	31,781.	44,315.
26 Other salaries and wages	26 2,940,646.	2,541,497.	23,852.	375,297.
27 Pension plan contributions	27 84,997.	70,887.	1,482.	12,628.
28 Other employee benefits	28 171,638.	147,351.	2,553.	21,734.
29 Payroll taxes	29 234,974.	170,612.	29,462.	34,900.
30 Professional fundraising fees	30 60,000.			60,000.
31 Accounting fees	31 20,098.		20,098.	
32 Legal fees	32 17,190.	4,118.	13,072.	
33 Supplies	33 199,667.	158,105.	2,759.	38,803.
34 Telephone	34 20,197.	14,400.	1,553.	4,244.
35 Postage and shipping	35 90,356.	66,814.	5,838.	17,704.
36 Occupancy	36 360,934.	335,668.	7,219.	18,047.
37 Equipment rental and maintenance	37 132,047.	113,423.	6,353.	12,271.
38 Printing and publications	38 13,754.	4,719.	5,490.	3,545.
39 Travel	39			
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 305,710.	284,311.	6,114.	15,285.
43 Other expenses not covered above (itemize):				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
f _____	43f			
g <b>SEE STATEMENT 5</b>	43g 866,456.	688,104.	55,085.	123,267.
44 <b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 5,900,666.	4,905,915.	212,711.	782,040.

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;  
 (iii) the amount allocated to Management and general \$ N/A , and (iv) the amount allocated to Fundraising \$ N/A

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\* \* SEE STATEMENT 6

THE ELAINE KAUFMAN CULTURAL CENTER/LUCY  
MOSES SCHOOL FOR MUSIC AND DANCE

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**Part III** Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 8	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others )
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a</b> CLASSES AND PRIVATE LESSONS IN MUSIC, DANCE, AND THEATER FOR OVER 2,000 CHILDREN AND ADULTS AT THE LUCY MOSES SCHOOL, TAUGHT BY AN EXPERT FACULTY OF OVER 100.	
(Grants and allocations \$ 128,909. ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	2,285,162.
<b>b</b> CONCERTS IN MERKIN CONCERT HALL PRESENTED BY THE CENTER AS WELL AS BY INDEPENDENT ARTISTS AND ORGANIZATIONS AND STUDENTS FROM THE CENTER'S SCHOOLS.	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,376,386.
<b>c</b> PRE-PROFESSIONAL MUSIC TRAINING PROGRAM FOR THE 140 STUDENTS AT THE SPECIAL MUSIC SCHOOL (PS 859), WHICH IS A PARTNERSHIP BETWEEN THE KAUFMAN CENTER AND THE NYC DEPARTMENT OF EDUCATION.	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,195,770.
<b>d</b> ARTS OUTREACH PROGRAMS IN PUBLIC SCHOOLS AND COMMUNITY CENTERS.	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	21,318.
<b>e</b> Other program services (attach schedule) SEE STATEMENT 9	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	27,279.
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	4,905,915.

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**Part IV Balance Sheets** (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	503,483.	327,591.
	46 Savings and temporary cash investments	1,098,841.	1,549,348.
	47 a Accounts receivable	776.	
	b Less: allowance for doubtful accounts	250.	526.
	48 a Pledges receivable	1,928,524.	
	b Less: allowance for doubtful accounts		1,928,524.
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges	476,254.	500,496.
	54 Investments - securities STMT 10 STMT 11 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	6,310,516.	6,215,618.
	55 a Investments - land, buildings, and equipment: basis		
b Less: accumulated depreciation			
56 Investments - other			
57 a Land, buildings, and equipment: basis	9,906,192.		
b Less: accumulated depreciation STMT 12	4,191,926.	5,714,266.	
58 Other assets (describe <input type="checkbox"/> SEE STATEMENT 13 )	43,245.	52,605.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	14,376,094.	16,288,974.	
Liabilities	60 Accounts payable and accrued expenses	156,065.	197,154.
	61 Grants payable		
	62 Deferred revenue	750,122.	782,448.
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable		
	65 Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 14 )	192,368.	181,732.
66 <b>Total liabilities.</b> Add lines 60 through 65)	1,098,555.	1,161,334.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	6,667,385.	7,331,221.
	68 Temporarily restricted	867,469.	2,017,120.
	69 Permanently restricted	5,742,685.	5,779,299.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19, column (B) must equal line 21)	13,277,539.	15,127,640.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	14,376,094.	16,288,974.

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MOSES SCHOOL FOR MUSIC AND DANCE

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Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	N/A		
c	Dues, assessments, and similar amounts from members		
	85c N/A		
d	Section 162(e) lobbying and political expenditures		
	85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
	86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
	87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ., section 4912 ▶ 0 .; section 4955 ▶ 0 .		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0 .		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0 .		
90 a	List the states with which a copy of this return is filed ▶ NY		
b	Number of employees employed in the pay period that includes March 12, 2005	90b	175
91 a	The books are in care of ▶ SUSAN COHEN Telephone no ▶ 212-501-3303 Located at ▶ 129 WEST 67TH STREET, NEW YORK, NY ZIP + 4 ▶ 10023		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ N/A	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶	92	N/A

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MOSES SCHOOL FOR MUSIC AND DANCE

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**Part VII Analysis of Income-Producing Activities** (See the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>Note:</b> Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a TUITION					2,039,414.
b CONCERT DIVISION					1,044,466.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	70,169.	
96 Dividends and interest from securities			14	156,358.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	488,499.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	303,800.	
101 Net income or (loss) from special events			01	307,292.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		1,326,118.	3,083,880.
105 Total (add line 104, columns (B), (D), and (E))					4,409,998.

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	TUITION FOR EDUCATION IN THE ARTS AND JEWISH CULTURE
93B	INCOME FROM CONCERT PRESENTATIONS AND PRODUCTIONS FOR PROFESSIONALS AND STUDENTS

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here

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

Signature of officer: *[Signature]* Date: 6/18/07 Type or print name and title: Lydia Korbes, Executive Director

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: 5/24/07 Check if self-employed:  Preparer's SSN or PTIN: \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: LOEB & TROPER, 655 THIRD AVENUE, NEW YORK, NY 10017

EIN: \_\_\_\_\_ Phone no: 212-867-4000

Form 990 (2005)

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

**Organization Exempt Under Section 501(c)(3)**

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**2005**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization **THE ELAINE KAUFMAN CULTURAL CENTER/LUCY MOSES SCHOOL FOR MUSIC AND DANCE** Employer identification number **13: 1991118**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JUDITH RINGER 129 WEST 67TH ST., NEW YORK, NY 10023	DIR. DEVELOP 40.00	113,124.	9,701.	
KATHY HUBBARD 129 WEST 67TH ST., NEW YORK, NY 10023	DIR. BUS. ADMIN. 40.00	72,958.	38,722.	
SEAN HARTLEY 129 WEST 67TH ST., NEW YORK, NY 10023	DIR. THEATER 40.00	68,305.	29,462.	
JENNIFER UNDECOFLER 129 WEST 67TH ST., NEW YORK, NY 10023	MUSIC DIRECTOR 40.00	56,603.	365.	
YAKOBINA JOSEPH 129 WEST 67TH ST., NEW YORK, NY 10023	COORDINATOR 40.00	51,154.	2,249.	
Total number of other employees paid over \$50,000 ▶	0			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
ROBERT AM STERN ARCHITECTS 460 WEST 34TH ST NY NY 10001	ARCHITECT	383,333.
GOODALE ASSOCIATES 509 MADISON AVE. SUITE 1112, NY, NY 10022	FUNDRAISING	60,000.
SUSAN J. COHEN 140 STANMORE PLACE WESTFIELD NJ 07090	ACCOUNTING	54,468.
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Total number of others receiving over \$50,000 for professional services ▶	0	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None" See page 2 of the instructions )

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
JONATHAN ROSE COMPANIES 551 FIFTH AVE 23RD FLOOR NY NY 10176	OWNER'S REPRESENTATIVE- C	100,724.
WATKINS PRINTING SERVICE, INC 210 WEST 101 STREET, #H10 NY NY 10025	PRINTING	93,554.
MANDARIN ORIENTAL, NEW YORK 80 COLUMBUS AVE NY NY 10019	CATERER	82,920.
ARISTA AIR CONDITIONING CORP. 38-26 TENTH STREET LONG ISLAND CITY, NY 11101	AIR CONDITIONING INSTALLATION	52,574.
-----		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

THE ELAINE KAUFMAN CULTURAL CENTER/LUCY

**Part III** Statements About Activities (See page 2 of the instructions )

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities <b>\$</b> _____ <b>\$</b> <u>16,000.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B ) <b>VI-B, LINE I</b>	<b>X</b>	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		<b>X</b>
b Lending of money or other extension of credit?		<b>X</b>
c Furnishing of goods, services, or facilities?		<b>X</b>
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V-A, FORM 990</b>	<b>X</b>	
e Transfer of any part of its income or assets?		<b>X</b>
3 a Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments ) <b>SEE STATEMENT 19</b>	<b>X</b>	
b Do you have a section 403(b) annuity plan for your employees?	<b>X</b>	
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		<b>X</b>
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		<b>X</b>
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		<b>X</b>

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

- The organization is not a private foundation because it is (Please check only **ONE** applicable box.)
- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
  - 6  A school. Section 170(b)(1)(A)(ii) (Also complete Part V )
  - 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
  - 8  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
  - 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state **▶** \_\_\_\_\_
  - 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A )
  - 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
  - 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
  - 12  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A )
  - 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization. **▶**  Type 1  Type 2  Type 3

Provide the following information about the supported organizations (See page 6 of the instructions )

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions )

THE ELAINE KAUFMAN CULTURAL CENTER/LUCY

Schedule A (Form 990 or 990-EZ) 2005 MOSES SCHOOL FOR MUSIC AND DANCE

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**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. N/A  
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	0.	0.	0.	0.	0.
24 Line 23 minus line 17					
25 Enter 1% of line 23					

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	N/A
c Total support for section 509(a)(1) test Enter line 24, column (e)	26c	N/A
d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____	26d	N/A
e Public support (line 26c minus line 26d total)	26e	N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	N/A %

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year	(2004)	(2003)	(2002)	(2001)
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.	(2004)	(2003)	(2002)	(2001)
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c	N/A		
d Add: Line 27a total _____ and line 27b total _____	27d	N/A		
e Public support (line 27c total minus line 27d total)	27e	N/A		
f Total support for section 509(a)(2) test Enter amount on line 23, column (e)	27f	N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	N/A %		
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	N/A %		

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

THE ELAINE KAUFMAN CULTURAL CENTER/LUCY

**Part V Private School Questionnaire** (See page 7 of the instructions)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement ) <b>SEE STATEMENT 20</b>	X	
32	Does the organization maintain the following.		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )	X	
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		X
b	Admissions policies?		X
c	Employment of faculty or administrative staff?		X
d	Scholarships or other financial assistance?		X
e	Educational policies?		X
f	Use of facilities?		X
g	Athletic programs?		X
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		X
34 a	Does the organization receive any financial aid or assistance from a governmental agency? <i>Stmnt #18</i>	X	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		X
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	X	

THE ELAINE KAUFMAN CULTURAL CENTER/LUCY

Schedule A (Form 990 or 990-EZ) 2005 MOSES SCHOOL FOR MUSIC AND DANCE

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**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check  a  if the organization belongs to an affiliated group Check  b  if you checked "a" and "limited control" provisions apply.

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations		
	N/A			
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36			
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37			
38 Total lobbying expenditures (add lines 36 and 37)	38			
39 Other exempt purpose expenditures	39			
40 Total exempt purpose expenditures (add lines 38 and 39)	40			
41 Lobbying nontaxable amount. Enter the amount from the following table -	41			
<b>If the amount on line 40 is -</b>			<b>The lobbying nontaxable amount is -</b>	
Not over \$500,000			20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000			\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000			\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000			\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42			
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43			
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44			

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
	X	
X		
	X	
	X	
	X	
X		16,000.
	X	
		16,000.

SEE STATEMENT 21



Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
	BUILDINGS											
2	BUILDING		SL	40.000	16	3,799,308.			3,799,308.	2,540,794.		94,983.
3	BUILDING IMPROVEMENTS		SL	.000	16	3,541,235.			3,541,235.	866,179.		155,335.
	* 990 PAGE 2 TOTAL											
	BUILDINGS					7,340,543.		0.	7,340,543.	3,406,973.	0.	250,318.
	FURNITURE & FIXTURES											
	FURNITURE AND											
4	EQUIPMENT		SL	.000	16	749,088.			749,088.	479,243.		55,392.
	* 990 PAGE 2 TOTAL											
	FURNITURE & FIXTURES					749,088.		0.	749,088.	479,243.	0.	55,392.
	LAND											
1	LAND			.000	16	993,154.			993,154.			0.
	CONSTRUCTION IN											
5	PROGRESS			.000	16	823,407.			823,407.			0.
	* 990 PAGE 2 TOTAL											
	LAND					1,816,561.		0.	1,816,561.	0.	0.	0.
	* GRAND TOTAL 990 PAGE											
2	DEPR					9,906,192.		0.	9,906,192.	3,886,236.	0.	305,710.

528102, 01-06-06 (D) - Asset disposed \* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 RENTAL INCOME STATEMENT 1

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
NYC DEPT OF EDUCATION - MUSIC EDUC. PRGM.	1	488,499.
TOTAL TO FORM 990, PART I, LINE 6A		488,499.

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 2

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	1,920,101.	1,616,301.	0.	303,800.
TO FORM 990, PART I, LINE 8	1,920,101.	1,616,301.	0.	303,800.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 3

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
HONORS GALA	503,257.	76,500.	426,757.	119465.	307,292.
TO FM 990, PART I, LINE 9	503,257.	76,500.	426,757.	119465.	307,292.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 4

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	-261,397.
TOTAL TO FORM 990, PART I, LINE 20	-261,397.

FORM 990

OTHER EXPENSES

STATEMENT 5

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
SERVICE CHARGE/BANK CHARGES	34,318.	34,230.	28.	60.
OUTSIDE SERVICES	365,844.	277,563.	16,143.	72,138.
ADVERTISING	62,305.	60,399.	1,709.	197.
CULTIVATION EXPENSE	25,256.	11,653.	3,057.	10,546.
MARKETING DIVISION	70,910.	53,183.		17,727.
SUNDRY	4,444.	4,313.		131.
ARTIST FEES	161,385.	161,385.		
COMPUTERIZATION	13,468.	7,605.	3,375.	2,488.
PROMOTIONAL MATERIALS	33,417.	23,978.		9,439.
INVESTMENTS ADVISORY FEES	36,181.	5,408.	30,773.	
GRAPHIC ARTIST ADVERTISING OTHER	36,113.	26,322.		9,791.
CONCERTS	18,293.	17,543.		750.
CONCESSION EXPENSE	4,522.	4,522.		
<b>TOTAL TO FM 990, LN 43</b>	<b>866,456.</b>	<b>688,104.</b>	<b>55,085.</b>	<b>123,267.</b>

FORM 990 OFFICER COMPENSATION ALLOCATION STATEMENT 6  
PART II, LINE 25

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
LYDIA KONTOS	196,364.	20,729.		217,093.
A. PROGRAM SERVICES	123,709.	17,288.		140,997.
B. MANAGEMENT AND GENERAL	31,418.	363.		31,781.
C. FUNDRAISING	41,237.	3,078.		44,315.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
TZIPORAH JOCHSBERGER	36,000.			36,000.
A. PROGRAM SERVICES	36,000.			36,000.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

TOTAL PROGRAM SERVICES				176,997.
TOTAL MANAGEMENT AND GENERAL				31,781.
TOTAL FUNDRAISING				44,315.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				253,093.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 7

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
NEED & MERIT BASED SCHOLARSHIPS	240 AWARDS GIVEN		NONE	128,909.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				128,909.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 8  
PART III

EXPLANATION

A MULTI-ARTS ORGANIZATION COMPRISING THE RENOWNED MERKIN CONCERT HALL, THE LUCY MOSES SCHOOL (A COMMUNITY ARTS SCHOOL) AND THE SPECIAL MUSIC SCHOOL P.S. 859, A NEW YORK CITY PUBLIC SCHOOL FOR MUSICALLY-GIFTED CHILDREN). DEDICATED TO ARTS EDUCATION AND PERFORMANCE, THE KAUFMAN CENTER IS A UNIQUE RESOURCE IN A CITY FILLED WITH OPTIONS FOR BOTH. THROUGH ITS THREE DIVISIONS THE CENTER IS COMMITTED TO PROVIDING EXCELLENCE IN TEACHING AND INNOVATION IN PROGRAMMING.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 9

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
LIBRARY OF MUSIC BOOKS AND SCORES, WITH A SPECIAL COLLECTION OF ISRAELI AND JEWISH MUSIC.		27,279.
TOTAL TO FORM 990, PART III, LINE E		27,279.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 10

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
INDEX FUND	FMV			192,600.	192,600.
CORPORATE BONDS	FMV		1,438,705.		1,438,705.
COMMON STOCKS	FMV	2,959,452.			2,959,452.
TO FORM 990, LINE 54, COL B		2,959,452.	1,438,705.	192,600.	4,590,757.



FORM 990

PART V-A - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 15

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MS. LYDIA KONTOS 129 WEST 67TH STREET NEW YORK, NY 10023	EXEC. DIRECTOR 40.00	196,364.	20,729.	0.
MRS. PHYLLIS FEDER 129 WEST 67TH STREET NEW YORK, NY 10023	CHAIRMAN 2.00	0.	0.	0.
MR. LEONARD GOODMAN 129 WEST 67TH STREET NEW YORK, NY 10023	HONORARY CHAIR 2.00	0.	0.	0.
MRS. ELAINE KAUFMAN 129 WEST 67TH STREET NEW YORK, NY 10023	TRUSTEE 2.00	0.	0.	0.
MRS. LINDA SHAPIRO CHEMTOB 129 WEST 67TH STREET NEW YORK, NY 10023	VICE PRESIDENT 2.00	0.	0.	0.
MS. ROSALIND DEVON 129 WEST 67TH STREET NEW YORK, NY 10023	VICE PRESIDENT 2.00	0.	0.	0.
MR. CHARLES DIMSTON 129 WEST 67TH STREET NEW YORK, NY 10023	VICE PRESIDENT 2.00	0.	0.	0.
MS. BETHANY MILLARD 129 WEST 67TH STREET NEW YORK, NY 10023	VICE PRESIDENT 2.00	0.	0.	0.
MR. IRVING SITNICK 129 WEST 67TH STREET NEW YORK, NY 10023	VICE PRESIDENT 2.00	0.	0.	0.
MR. EMMANUEL GENAUER 129 WEST 67TH STREET NEW YORK, NY 10023	TREASURER 2.00	0.	0.	0.
MRS. ETTA BRANDMAN 129 WEST 67TH STREET NEW YORK, NY 10023	ASSISTANT TREASURER 2.00	0.	0.	0.

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MR. SOLOMON N. MERKIN 129 WEST 67TH STREET NEW YORK, NY 10023	SECRETARY 2.00	0.	0.	0.
MS. SALLY F. BROIDO 129 WEST 67TH STREET NEW YORK, NY 10023	TRUSTEE 2.00	0.	0.	0.
MS. ANDREA BROWN 129 WEST 67TH STREET NEW YORK, NY 10023	TRUSTEE 2.00	0.	0.	0.
MS. JULIANA CHEN 129 WEST 67TH STREET NEW YORK, NY 10023	TRUSTEE 2.00	0.	0.	0.
MS. PAULA DEL NUNZIO 129 WEST 67TH STREET NEW YORK, NY 10023	TRUSTEE 2.00	0.	0.	0.
MR. ADRIAN ELLIS 129 WEST 67TH STREET NEW YORK, NY 10023	TRUSTEE 2.00	0.	0.	0.
MRS. CONNIE GOODMAN 129 WEST 67TH STREET NEW YORK, NY 10023	TRUSTEE 2.00	0.	0.	0.
MS. JOY WYATT 129 WEST 67TH STREET NEW YORK, NY 10023	TRUSTEE 2.00	0.	0.	0.
MR. DAVID KLAFTER 129 WEST 67TH STREET NEW YORK, NY 10023	TRUSTEE 2.00	0.	0.	0.
MRS. CHRISTINA M. MASON 129 WEST 67TH STREET NEW YORK, NY 10023	TRUSTEE 2.00	0.	0.	0.
MRS. WENDY MOSLER 129 WEST 67TH STREET NEW YORK, NY 10023	TRUSTEE 2.00	0.	0.	0.
MR. ROY NIEDERHOFFER 129 WEST 67TH STREET NEW YORK, NY 10023	TRUSTEE 2.00	0.	0.	0.
MS. CATHY WHITE O'ROURKE 129 WEST 67TH STREET NEW YORK, NY 10023	TRUSTEE 2.00	0.	0.	0.

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MS. BROOKE ROSE 129 WEST 67TH STREET NEW YORK, NY 10023	TRUSTEE 2.00	0.	0.	0.
MR. MORTON G. SCHERAGA 129 WEST 67TH STREET NEW YORK, NY 10023	TRUSTEE 2.00	0.	0.	0.
MRS. JAQUELINE B. SCHNEIDER 129 WEST 67TH STREET NEW YORK, NY 10023	TRUSTEE 2.00	0.	0.	0.
MS. KAREN SHERRY 129 WEST 67TH STREET NEW YORK, NY 10023	TRUSTEE 2.00	0.	0.	0.
MRS. BARBARA A. SLOAN 129 WEST 67TH STREET NEW YORK, NY 10023	TRUSTEE 2.00	0.	0.	0.
MS. DAVIA TEMIN 129 WEST 67TH STREET NEW YORK, NY 10023	TRUSTEE 2.00	0.	0.	0.
MR. JEFFREY WECKER 129 WEST 67TH STREET NEW YORK, NY 10023	TRUSTEE 2.00	0.	0.	0.
MS. ROSEMARIE WOLFE RUBENFELD 129 WEST 67TH STREET NEW YORK, NY 10023	TRUSTEE 2.00	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V-A

196,364.	20,729.	0.
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FORM 990

OFFICERS, DIRECTORS, TRUSTEES AND  
KEY EMPLOYEES COMPENSATION EXPLANATION  
PART V-A

STATEMENT 16

PERSON'S NAME

LYDIA KONTOS

COMPENSATION EXPLANATION

SALARY: \$196,364. BENEFITS INCLUDE 457(B) DEFERRED COMPENSATION ACCRUAL OF \$15,000, HEALTH/DENTAL INSURANCE OF \$533, LIFE INSURANCE OF \$1,114, AND MEDICAL REIMBURSEMENTS OF \$4,082.

FORM 990

FORMER OFFICERS, DIRECTORS, TRUSTEES AND  
KEY EMPLOYEES COMPENSATION EXPLANATION  
PART V-B

STATEMENT 17

PERSON'S NAME

TZIPORA JOCHSBERGER

COMPENSATION EXPLANATION

COMPENSATION CONSISTS OF 36,000 OF TAXABLE WAGES.

FOOTNOTES

STATEMENT 18

FORM 990, SCHEDULE A, PART V, LINE 34A:

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 19  
PART III, LINE 3A

AS A COMMUNITY ARTS SCHOOL, LUCY MOSES WORKS WITH ALL FAMILIES TO ENSURE THEIR ABILITY TO ENROLL FOR LESSONS OR CLASSES REGARDLESS OF ABILITY TO PAY. FAMILIES MAY APPLY FOR TUITION ASSISTANCE BY COMPLETING AN APPLICATION AND SUPPLYING RELEVANT SUPPORTING MATERIALS INCLUDING TAX RETURNS, WAGE STATEMENTS, ETC. BASED ON THIS INFORMATION, AND COUPLED WITH THE PROPOSED PROGRAM REGISTRATION OF THE CHILD (OR CHILDREN) AND THE RELATED COSTS, THE APPLICATION IS REVIEWED BY THE DIRECTOR OF THE SCHOOL IN TANDEM WITH CONVERSATIONS WITH RELEVANT FACULTY AND ADMINISTRATIVE COLLEAGUES. AWARDS ARE APPLIED FOR ON AN ANNUAL BASIS. RENEWAL OF AWARDS INVOLVE APPLICATION, REVIEW OF PROGRESS REPORTS, CLASS ATTENDANCE, AND REFERENCES FROM TEACHERS. STUDENTS WHO RECEIVE AWARDS ARE ASKED TO SIGN A LETTER OF AGREEMENT REGARDING ATTENDANCE, ATTITUDE, AND COMMUNITY INVOLVEMENT AND PARTICIPATION WITHIN THE LUCY MOSES SCHOOL.

SCHEDULE A PRIVATE SCHOOL QUESTIONNAIRE - PART V, LINE 31 STATEMENT 20

THE KAUFMAN CENTER DOES NOT DISCRIMINATE ON THE BASIS OF SEX, RACE, RELIGION, COLOR, NATIONAL ORIGIN OR ANCESTRY, CITIZENSHIP STATUS, PREGNANCY, MARITAL STATUS, NON-JOB RELATED PHYSICAL HANDICAPS, AGE OR SEXUAL ORIENTATION IN EMPLOYMENT OR ADMINISTRATION OF ITS EDUCATIONAL POLICIES, ADMISSION POLICIES, SCHOLARSHIP PROGRAMS OR OTHER SCHOOL-ADMINISTERED PROGRAMS OR ACTIVITIES. THE CENTER IS AN EQUAL OPPORTUNITY EMPLOYER. THE CENTER PUBLISHES THIS STATEMENT IN VARIOUS PRINT MEDIA.

SCHEDULE A STATEMENT OF LOBBYING ACTIVITIES - PART VI-B STATEMENT 21

THE ORGANIZATION PAID A CONSULTANT TO LOBBY THE NEW YORK CITY COUNCIL ON CULTURAL MATTERS RELATING TO THE ORGANIZATION'S VARIOUS PROGRAMS AND PROJECTS.

FORM 990 LINE 1A - DIRECT PUBLIC SUPPORT STATEMENT 22

DIRECT PUBLIC SUPPORT INCLUDES GIFTS TOWARD THE ANNUAL FUND, AS WELL AS \$2,117,568 IN GIFTS RESTRICTED FOR USE TOWARDS THE RENOVATION OF THE CENTER'S FACILITY.

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

<b>Part II Additional (not automatic) 3-Month Extension of Time.</b> You must file original and one copy.		
Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>Elaine Kaufman Cultural Center/ Lucy Moses School</b>	Employer identification number <b>13 1991118</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>129 West 67th Street</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>New York, NY 10023</b>	

Check type of return to be filed (File a separate application for each return):

- |  |   |                                      |                                    |
|--|---|--------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF                              | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720   | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 5227   |                                    |

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

- The books are in the care of **Susan Cohen**  
Telephone No. **( 212 ) 501-3303** FAX No. **( )**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **\_\_\_\_\_**. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **July 15**, 20**07**.
- 5 For calendar year \_\_\_\_\_, or other tax year beginning **September 1**, 20**05**, and ending **August 31**, 20**06**.
- 6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension **Information necessary to file an accurate return is not available. It is expected that all data will be available prior to extended due date.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	<b>0</b>

**Signature and Verification**

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

Signature *Frederick H. Rothman* Title **CPA** Date **4/5/2007**

**Notice to Applicant. (To Be Completed by the IRS)**

- We **have** approved this application. Please attach this form to the organization's return.
- We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.
- Other \_\_\_\_\_

Director \_\_\_\_\_ By: \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address.** Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name <b>Loeb &amp; Troper-- Frederick H. Rothman</b>
	Number and street (include suite, room, or apt. no.) or a P.O. box number <b>655 Third Avenue 12th Floor</b>
	City or town, province or state, and country (including postal or ZIP code) <b>New York, NY 10017</b>

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

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box . . . . . ▶
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868*

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

**Form 990-T corporations** requesting an automatic 6-month extension—check this box and complete Part I only . . . . . ▶

*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile)

Type or print  File by the due date for filing your return. See instructions	Name of Exempt Organization <b>Elaine Kaufman Cultural Ctr/Lucy Moses School</b>	Employer identification number <b>13-1991118</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>129 West 67th Street</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>New York, New York 10023</b>	

### Check type of return to be filed (file a separate application for each return):

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ Susan Cohen

Telephone No ▶ 212-501-3303 FAX No ▶ \_\_\_\_\_

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

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until April 16, 20 07 to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year 20\_\_ or

▶  tax year beginning September 1, 20 05 and ending August 31, 20 06

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions . . . . . \$ 0.00

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit . . . . . \$ 0.00

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions . . . . . \$ 0.00

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