

Form **990**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**

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

OMB No 1545-0047  
**2010**  
**Open to Public Inspection**

**A For the 2010 calendar year, or tax year beginning 09-01-2010 and ending 08-31-2011**

|   |   |  |   |                                     |
|---|---|--|---|-------------------------------------|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>THE ELAINE KAUFMAN CULTURAL CENTER<br>LUCY MOSES SCHOOL FOR MUSIC AND DANCE<br>Doing Business As |  | <b>D</b> Employer identification number<br>13-1991118 |                                     |
|   | Number and street (or P O box if mail is not delivered to street address)<br>129 WEST 67TH STREET                                 | Room/suite   | <b>E</b> Telephone number<br>(212) 501-3303           |                                     |
|   | City or town, state or country, and ZIP + 4<br>NEW YORK, NY 10023   |  | <b>G</b> Gross receipts \$ 10,268,139                 |                                     |
| <b>F</b> Name and address of principal officer<br>LYDIA KONTOS<br>129 WEST 67TH STREET<br>NEW YORK, NY 10023  |   | <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list (see instructions)<br><b>H(c)</b> Group exemption number ▶ |   |                                     |
| <b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |   |  |   |                                     |
| <b>J</b> Website: ▶ WWW KAUFMAN-CENTER ORG  |   |  |   |                                     |
| <b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |   |  | <b>L</b> Year of formation 1962                       | <b>M</b> State of legal domicile NY |

**Part I Summary**

|   |  |                           |              |
|---|--|---------------------------|--------------|
| <b>Activities &amp; Governance</b>                                      | <b>1</b> Briefly describe the organization's mission or most significant activities<br>TO PROVIDE MUSIC EDUCATION AND PERFORMANCE PROGRAMS FOR CHILDREN AND ADULTS OF ALL AGES & ABILITIES |                           |              |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets  |                           |              |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>                  | 22           |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>                  | 21           |
|   | <b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)  | <b>5</b>                  | 252          |
|   | <b>6</b> Total number of volunteers (estimate if necessary)  | <b>6</b>                  | 91           |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>                 | 0            |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 | <b>7b</b>  | 0                         |              |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)   | Prior Year                | Current Year |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)  | 2,986,296                 | 3,097,589    |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | 239,382                   | 671,061      |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | -287,183                  | -308,740     |
|   | <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 6,641,509                 | 7,426,566    |
| <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | 232,141                   | 246,115      |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)  | 0                         | 0            |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | 4,041,298                 | 4,300,583    |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)   | 109,485                   | 34,824       |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 609,209   |                           |              |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)   | 2,150,631                 | 2,350,275    |
|   | <b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)   | 6,533,555                 | 6,931,797    |
| <b>19</b> Revenue less expenses Subtract line 18 from line 12           | 107,954  | 494,769                   |              |
| <b>Net Assets or Fund Balances</b>                                      | <b>20</b> Total assets (Part X, line 16)   | Beginning of Current Year | End of Year  |
|   | <b>21</b> Total liabilities (Part X, line 26)  | 28,893,721                | 29,137,273   |
|   | <b>22</b> Net assets or fund balances Subtract line 21 from line 20  | 1,405,745                 | 1,050,906    |
|   |  | 27,487,976                | 28,086,367   |

**Part II Signature Block**

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

|                  |   |                    |
|------------------|---|--------------------|
| <b>Sign Here</b> | *****<br>Signature of officer                                   | 2012-06-20<br>Date |
|                  | LYDIA KONTOS EXECUTIVE DIRECTOR<br>Type or print name and title |                    |

|                               |                            |   |                      |                     |      |   |                           |
|-------------------------------|----------------------------|---|----------------------|---------------------|------|---|---------------------------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name | FREDERICK H ROTHMAN                               | Preparer's signature | FREDERICK H ROTHMAN | Date | Check if self-employed <input type="checkbox"/> | PTIN                      |
|                               | Firm's name ▶              | LOEB & TROPER LLP                                 |                      |                     |      |   | Firm's EIN ▶              |
|                               | Firm's address ▶           | 655 THIRD AVENUE 12TH FLOOR<br>NEW YORK, NY 10017 |                      |                     |      |   | Phone no ▶ (212) 867-4000 |

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

**Part III Statement of Program Service Accomplishments**

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

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

THE MISSION OF KAUFMAN CENTER IS TO AWAKEN AND ENHANCE APPRECIATION OF AND PARTICIPATION IN MUSIC AND THE OTHER ARTS UNDERLYING THIS MISSION IS THE BELIEF THAT THE ARTS ARE ESSENTIAL TO THE HUMAN EXPERIENCE AND A VITAL COMPONENT OF EDUCATION FOR EVERYONE FOUNDED IN 1962 AS A COMMUNITY SCHOOL FOR MUSIC AND DANCE, TODAY'S KAUFMAN CENTER PROVIDES MUSIC EDUCATION AND PERFORMANCE PROGRAMS FOR MORE THAN 75,000 NEW YORKERS OF ALL AGES AND ABILITY LEVELS EACH YEAR THROUGH THE LUCY MOSES SCHOOL, SPECIAL MUSIC SCHOOL, MERKIN CONCERT HALL AND A VIBRANT MUSICAL THEATER PROGRAM THE CENTER PLAYS HOST TO WORLD-RENOWNED TALENT AS WELL AS BEGINNING LEARNERS

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

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 3,253,147 including grants of \$ 176,507 ) (Revenue \$ 2,693,797 )

LUCY MOSES SCHOOL, NEW YORK'S LARGEST COMMUNITY SCHOOL OF THE ARTS, SERVES ALL AGES, BACKGROUNDS AND SKILL LEVELS -- FROM ACCOMPLISHED MUSICIANS TO ASPIRING BEGINNERS EACH YEAR 2,500 STUDENTS COME TO LUCY MOSES SCHOOL FOR LESSONS AND CLASSES IN MUSIC, DANCE AND THEATER, AS WELL AS INSPIRATIONAL PERFORMANCES BY PEERS AND MASTER CLASSES BY RENOWNED MUSICIANS SUCH AS MIRIAM FRIED, VIOLIN, PHILLIP KAWIN, PIANO, AND BOAZ SHARON, PIANO STUDENTS PAY TUITION, WHICH COVERS ABOUT 60% OF THE COST OF THEIR STUDIES, MANY STUDENTS ARE OFFERED FINANCIAL AID THE CENTER'S THEATER WING IS A CREATIVE HUB OF CLASSES, SCHOOL VACATION PROGRAMS, AND PRESENTATIONS THAT FOCUS ON MUSICAL THEATER WORKS EXAMINING THE MASTERPIECES OF THE GENRE, AND CREATING AND PRESENTING NEW WORKS FOR YOUNG AND ADULT AUDIENCES THE CENTER'S OUTREACH PROGRAMS GIVE STUDENTS IN OTHER AREAS OF THE CITY (LONG ISLAND CITY, HARLEM) ACCESS TO THE CENTER'S FINEST EDUCATIONAL OPPORTUNITIES CLOSER TO HOME, WHILE GIVING THE OPPORTUNITY FOR AND ENCOURAGING PARTICIPATION IN THE CENTER'S COMMUNITY ON WEST 67TH STREET

**4b** (Code ) (Expenses \$ 1,626,702 including grants of \$ ) (Revenue \$ 1,095,317 )

MERKIN CONCERT HALL IS RENOWNED FOR ITS INNOVATIVE AND DIVERSE PROGRAMMING- FROM EXPERIMENTAL WORKS BY UP-AND-COMING COMPOSERS TO CLASSICAL CONCERTS TO BROADWAY CLASSICS AND FAMILY MUSICALS THE LAUNCH OF KAUFMAN CENTER'S ECSTATIC MUSIC FESTIVAL, WHICH BROUGHT TOGETHER MUSICAL GENRES IN UNEXPECTED COLLABORATIONS, CREATED EXCITEMENT AND ENGAGEMENT IN A NEW KIND OF CONCERT EXPERIENCE PRESENTATIONS ALSO INCLUDED TUESDAY MATINEE RECITALS AND BROADWAY CLOSE UP, WHICH PRESENTS AN INSIDERS VIEW OF THE WORLD OF MUSICAL THEATER AND TWO SERIES OF FAMILY CONCERTS BROADWAY PLAYHOUSE AND POPPY SEED PLAYERS SOME OF THE FEATURED PERFORMERS FOR THE 10-11 SEASON INCLUDED REBECCA LUKER, DAN DEACON, LIZ CALLAWAY, WILLIAM FINN AND ALARM WILL SOUND

**4c** (Code ) (Expenses \$ 996,660 including grants of \$ 69,608 ) (Revenue \$ 177,542 )

THE SPECIAL MUSIC SCHOOL IS THE ONLY K-8 PUBLIC SCHOOL IN NEW YORK FORMUSICALLY-GIFTED CHILDREN WHICH PROVIDES A COMPLETE MUSIC CURRICULUM, INCLUDING TWO PRIVATE LESSONS PER WEEK, DURING THE REGULAR SCHOOL DAY KAUFMAN CENTER PROVIDES THE FUNDING FOR THE ENTIRE MUSIC PROGRAM, WHICH INCLUDES THE LESSONS, AND CLASSES IN THEORY, MUSIC HISTORY, AND CHORUS FUNDING FOR THE MUSIC PROGRAM COMES ENTIRELY FROM CONTRIBUTIONS TO KAUFMAN CENTER SINCE, AS A PUBLIC SCHOOL, THE SPECIAL MUSIC SCHOOL DOES NOT COLLECT TUITION STUDENTS WHO HAVE COMPLETED THE EIGHTH GRADE OF THE SPECIAL MUSIC SCHOOL, AS WELL AS APPLICANTS FROM THE LUCY MOSES SCHOOL AND THE REST OF THE COMMUNITY WHO DEMONSTRATE EXTRAORDINARY TALENT AND ACCOMPLISHMENT IN MUSIC, AND WHO HAVE EXPRESSED A DESIRE TO EXPLORE THE PATH TO A CAREER IN MUSIC MAY APPLY TO THE YOUNG ARTISTS PROGRAM, AN AFTER-SCHOOL AND WEEKEND PROGRAM WHICH INCLUDES STUDY ON AN INSTRUMENT, PLUS THEORY, ENSEMBLE AND A ROBUST PERFORMING SCHEDULE ONE OF THE MOST ACTIVE STUDENT PERFORMANCE GROUPS IS KAUFMAN CENTER'S HIGHLY RENOWNED "FACE THE MUSIC" ENSEMBLE" WHICH FOCUSES ON THE PERFORMANCE OF WORKS BY LIVING COMPOSERS, PERFORMED BY TEENAGERS

**4d** Other program services (Describe in Schedule O ) **See also Additional Data for Description**







(Expenses \$ 91,257 including grants of \$ ) (Revenue \$ )

**4e Total program service expenses** \$ 5,967,766

**Part IV Checklist of Required Schedules**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>   | Yes |    |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?  | Yes |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>  |     | No |
| <b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>  |     | No |
| <b>5</b> 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? <i>If "Yes," complete Schedule C, Part III.</i>                         |     |    |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>  |     | No |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>                                       |     | No |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>   |     | No |
| <b>9</b> Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> |     | No |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>   | Yes |    |
| <b>11</b> 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   |     |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>   | Yes |    |
| <b>b</b> 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 "Yes," complete Schedule D, Part VII.</i>   |     | No |
| <b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII.</i>   |     | No |
| <b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX.</i>  |     | No |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>   | Yes |    |
| <b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X.</i>      | Yes |    |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>   | Yes |    |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>              |     | No |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>  | Yes |    |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?   |     | No |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i>                     |     | No |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Parts II and IV.</i>  |     | No |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Parts III and IV.</i>  |     | No |
| <b>17</b> 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? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>                                     | Yes |    |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>   | Yes |    |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>   |     | No |
| <b>20a</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>   |     | No |
| <b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)                          |     |    |

**Part IV Checklist of Required Schedules** *(continued)*

|   |            |     |    |
|---|------------|-----|----|
| <b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .    | <b>21</b>  |     | No |
| <b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .   | <b>22</b>  | Yes |    |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .  | <b>23</b>  | Yes |    |
| <b>24a</b> 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? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .   | <b>24a</b> |     | No |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .  | <b>24b</b> |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .   | <b>24c</b> |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .  | <b>24d</b> |     |    |
| <b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .   | <b>25a</b> |     | No |
| <b>b</b> 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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .   | <b>25b</b> |     | No |
| <b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .   | <b>26</b>  |     | No |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .   | <b>27</b>  |     | No |
| <b>28</b> 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)   |            |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .   | <b>28a</b> |     | No |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  | <b>28b</b> |     | No |
| <b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  | <b>28c</b> |     | No |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>    | <b>29</b>  | Yes |    |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .    | <b>30</b>  |     | No |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .    | <b>31</b>  |     | No |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .   | <b>32</b>  |     | No |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .   | <b>33</b>  |     | No |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .  | <b>34</b>  |     | No |
| <b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .   | <b>35</b>  |     | No |
| <b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |            |     |    |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   | <b>36</b>  |     | No |
| <b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i>  | <b>37</b>  |     | No |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .  | <b>38</b>  | Yes |    |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No columns. Includes rows for backup withholding (1a, 1b), employee reporting (2a, 2b), unrelated business income (3a, 3b), foreign accounts (4a, 4b), prohibited tax shelter transactions (5a, 5b, 5c), annual gross receipts (6a, 6b), and various other organizational requirements (7a-7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b).

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

**Section A. Governing Body and Management**

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year . . . . .   |     |    |
| <b>1b</b> | Enter the number of voting members included in line 1a, above, who are independent . . . . .  |     |    |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .   | Yes |    |
| <b>3</b>  | 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? . . . . . |     | No |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .  |     | No |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .  |     | No |
| <b>6</b>  | Does the organization have members or stockholders? . . . . .   |     | No |
| <b>7a</b> | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .   |     | No |
| <b>7b</b> | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .   |     | No |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  |     |    |
| <b>8a</b> | The governing body? . . . . .   | Yes |    |
| <b>8b</b> | Each committee with authority to act on behalf of the governing body? . . . . .   | Yes |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .        |     | No |

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

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

**Section C. Disclosure**

- 17** List the States with which a copy of this Form 990 is required to be filed **NY**
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website  Another's website  Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization **SUSAN COHEN  
 129 WEST 67TH STREET  
 NEW YORK, NY 10023  
 (212) 501-3303**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees 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)<br>Name and Title                        | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |         | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
|  |  | Individual trustee or director         | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former  |  |   |   |
| (1) MS BETHANY MILLARD<br>CHAIRMAN           | 15 00  | X                                      |                       | X       |              |                              | 0       | 0  | 0   |   |
| (2) MRS ELAINE KAUFMAN<br>HONORARY CHAIRMAN  | 2 00   | X                                      |                       | X       |              |                              | 0       | 0  | 0   |   |
| (3) MRS PHYLLIS FEDER<br>VICE PRESIDENT      | 2 00   | X                                      |                       | X       |              |                              | 0       | 0  | 0   |   |
| (4) MS ROSALIND DEVON<br>VICE PRESIDENT      | 2 00   | X                                      |                       | X       |              |                              | 0       | 0  | 0   |   |
| (5) MR CHARLES DIMSTON<br>VICE PRESIDENT     | 2 00   | X                                      |                       | X       |              |                              | 0       | 0  | 0   |   |
| (6) MR IRVING SITNICK<br>VICE PRESIDENT      | 2 00   | X                                      |                       | X       |              |                              | 0       | 0  | 0   |   |
| (7) MR DAVID KLAFTER<br>VICE PRESIDENT       | 2 00   | X                                      |                       | X       |              |                              | 0       | 0  | 0   |   |
| (8) MS CHRISTINA M MASON<br>TREASURER        | 2 00   | X                                      |                       | X       |              |                              | 0       | 0  | 0   |   |
| (9) MR SOLOMON N MERKIN<br>SECRETARY         | 2 00   | X                                      |                       | X       |              |                              | 0       | 0  | 0   |   |
| (10) MS LYDIA KONTOS<br>EXEC DIRECTOR        | 50 00  | X                                      |                       | X       |              |                              | 334,302 | 0  | 12,810  |   |
| (11) MR LEONARD GOODMAN<br>HONORARY CHAIRMAN | 2 00   | X                                      |                       | X       |              |                              | 0       | 0  | 0   |   |
| (12) MS KARA UNTERBERG<br>TRUSTEE            | 2 00   | X                                      |                       |         |              |                              | 0       | 0  | 0   |   |
| (13) MS ANDREA BROWN<br>TRUSTEE              | 2 00   | X                                      |                       |         |              |                              | 0       | 0  | 0   |   |
| (14) MR GREGORY FIERCE<br>TRUSTEE            | 2 00   | X                                      |                       |         |              |                              | 0       | 0  | 0   |   |
| (15) MS HADASSAH WEINER<br>TRUSTEE           | 2 00   | X                                      |                       |         |              |                              | 0       | 0  | 0   |   |
| (16) MRS CONNIE GOODMAN<br>TRUSTEE           | 2 00   | X                                      |                       |         |              |                              | 0       | 0  | 0   |   |

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

| (A)<br>Name and Title  | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director         | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (17) MS KAREN SHERRY TRUSTEE                                   | 2 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (18) MS JOY WYATT TRUSTEE                                      | 2 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (19) MRS WENDY MOSLER TRUSTEE                                  | 2 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (20) MS CATHY WHITE O'ROURKE TRUSTEE                           | 2 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (21) MR BARRY PIAFSKY TRUSTEE                                  | 2 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (22) MS JUDITH ROM TRUSTEE                                     | 2 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (23) DR TZIPORA JOCHSBERGER FORMER FOUNDING DIRECTOR           | 0 00   |  |                       |         |              |                              | X      | 36,986   | 0   | 0   |
|  |  |  |                       |         |              |                              |        |  |   |   |
|  |  |  |                       |         |              |                              |        |  |   |   |
|  |  |  |                       |         |              |                              |        |  |   |   |
|  |  |  |                       |         |              |                              |        |  |   |   |
| <b>1b Sub-Total</b>  |  |  |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |  |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |  |                       |         |              |                              |        | 371,288  | 0   | 12,810  |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address                        | (B)<br>Description of services | (C)<br>Compensation |
|---|--------------------------------|---------------------|
| EVCO MECHANICAL<br>PO BOX 5000<br>SHORT HILLS, NJ 07078 | ELECTRICAL SERVICES            | 113,800             |
|   |                                |                     |
|   |                                |                     |
|   |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **1**

**Part VIII Statement of Revenue**

|   |   | (A)  | (B)                                | (C)                        | (D)   |         |
|---|---|--|------------------------------------|----------------------------|---|---------|
|   |   | Total revenue  | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512, 513, or 514 |         |
| <b>Contributions, gifts, grants and other similar amounts</b>                         | <b>1a</b> Federated campaigns . . . . . <b>1a</b>   |  |                                    |                            |   |         |
|   | <b>b</b> Membership dues . . . . . <b>1b</b>  |  |                                    |                            |   |         |
|   | <b>c</b> Fundraising events . . . . . <b>1c</b>   | 622,102  |                                    |                            |   |         |
|   | <b>d</b> Related organizations . . . . . <b>1d</b>  |  |                                    |                            |   |         |
|   | <b>e</b> Government grants (contributions) . . . . . <b>1e</b>  | 379,064  |                                    |                            |   |         |
|   | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . . <b>1f</b>                                   | 2,096,423  |                                    |                            |   |         |
|   | <b>g</b> Noncash contributions included in lines 1a-1f \$ . . . . .   | 30,319   |                                    |                            |   |         |
|   | <b>h Total.</b> Add lines 1a-1f . . . . .   | 3,097,589  |                                    |                            |   |         |
|   | <b>Program Service Revenue</b>  | <b>2a</b> TUITION  | 611600                             | 2,693,797                  | 2,693,797   |         |
| <b>b</b> PRESENTATION/FACILITY  |   | 711130   | 1,095,317                          | 1,095,317                  |   |         |
| <b>c</b> SPECIAL MUSIC SCHOOL   |   | 611600   | 177,542                            | 177,542                    |   |         |
| <b>d</b> _____  |   |  |                                    |                            |   |         |
| <b>e</b> _____  |   |  |                                    |                            |   |         |
| <b>f</b> All other program service revenue  |   |  |                                    |                            |   |         |
| <b>g Total.</b> Add lines 2a-2f . . . . .   |   |  | 3,966,656                          |                            |   |         |
| <b>Other Revenue</b>  |   | <b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . . |                                    | 231,841                    |   | 231,841 |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds . . . . .   |  |                                    |                            |   |         |
|   | <b>5</b> Royalties . . . . .  |  |                                    |                            |   |         |
|   | <b>6a</b> Gross Rents   | (i) Real   | 606,861                            |                            |   |         |
|   |   | (ii) Personal  |                                    |                            |   |         |
|   |   | <b>b</b> Less rental expenses  | 855,704                            |                            |   |         |
|   |   | <b>c</b> Rental income or (loss)   | -248,843                           |                            |   |         |
|   | <b>d</b> Net rental income or (loss) . . . . .  |  | -248,843                           |                            | -248,843  |         |
|   | <b>7a</b> Gross amount from sales of assets other than inventory  | (i) Securities   | 2,300,262                          |                            |   |         |
|   |   | (ii) Other   |                                    |                            |   |         |
|   |   | <b>b</b> Less cost or other basis and sales expenses   | 1,861,042                          |                            |   |         |
|   |   | <b>c</b> Gain or (loss)  | 439,220                            |                            |   |         |
|   | <b>d</b> Net gain or (loss) . . . . .   |  | 439,220                            |                            | 439,220   |         |
|   | <b>8a</b> Gross income from fundraising events (not including \$ 622,102 of contributions reported on line 1c) See Part IV, line 18 . . . . . | <b>a</b>   |                                    | 64,930                     |   |         |
|   |   | <b>b</b> Less direct expenses . . . . . <b>b</b>   |                                    | 124,827                    |   |         |
| <b>c</b> Net income or (loss) from fundraising events . . . . .                       |   |  | -59,897                            |                            | -59,897   |         |
| <b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b> | <b>b</b> Less direct expenses . . . . . <b>b</b>  |  |                                    |                            |   |         |
|   | <b>c</b> Net income or (loss) from gaming activities . . . . .  |  |                                    |                            |   |         |
|   | <b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>   |  |                                    |                            |   |         |
| <b>b</b> Less cost of goods sold . . . . . <b>b</b>                                   |   |  |                                    |                            |   |         |
| <b>c</b> Net income or (loss) from sales of inventory . . . . .                       |   |  |                                    |                            |   |         |
| <b>Miscellaneous Revenue</b>  | <b>11a</b> _____  |  |                                    |                            |   |         |
|   | <b>b</b> _____  |  |                                    |                            |   |         |
|   | <b>c</b> _____  |  |                                    |                            |   |         |
|   | <b>d</b> All other revenue . . . . .  |  |                                    |                            |   |         |
|   | <b>e Total.</b> Add lines 11a-11d . . . . .   |  |                                    |                            |   |         |
|   | <b>12 Total revenue.</b> See Instructions . . . . .   |  | 7,426,566                          | 3,966,656                  | 0   | 362,321 |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. |  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b>   | Grants and other assistance to governments and organizations in the U S See Part IV, line 21   |                       |                                 |  |                             |
| <b>2</b>   | Grants and other assistance to individuals in the U S See Part IV, line 22   | 246,115               | 246,115                         |  |                             |
| <b>3</b>   | Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| <b>4</b>   | Benefits paid to or for members  |                       |                                 |  |                             |
| <b>5</b>   | Compensation of current officers, directors, trustees, and key employees . . . . .   | 306,773               | 168,725                         | 46,015                                 | 92,033                      |
| <b>6</b>   | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .  | 55,326                | 43,331                          | 11,995                                 |                             |
| <b>7</b>   | Other salaries and wages   | 3,350,950             | 3,121,214                       | 4,444                                  | 225,292                     |
| <b>8</b>   | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .  | 89,853                | 54,547                          | 28,383                                 | 6,923                       |
| <b>9</b>   | Other employee benefits . . . . .  | 202,477               | 176,055                         | 4,081                                  | 22,341                      |
| <b>10</b>  | Payroll taxes . . . . .  | 295,204               | 263,384                         | 4,914                                  | 26,906                      |
| <b>a</b>   | Fees for services (non-employees)  |                       |                                 |  |                             |
|  | Management . . . . .   |                       |                                 |  |                             |
| <b>b</b>   | Legal . . . . .  | 97,239                |                                 | 97,239                                 |                             |
| <b>c</b>   | Accounting . . . . .   | 27,204                |                                 | 27,204                                 |                             |
| <b>d</b>   | Lobbying . . . . .   |                       |                                 |  |                             |
| <b>e</b>   | Professional fundraising services See Part IV, line 17 . . . . .   | 34,824                |                                 |  | 34,824                      |
| <b>f</b>   | Investment management fees . . . . .   | 40,602                |                                 | 40,602                                 |                             |
| <b>g</b>   | Other . . . . .  | 601,716               | 558,322                         | 25,103                                 | 18,291                      |
| <b>12</b>  | Advertising and promotion . . . . .  | 270,658               | 219,543                         | 4,005                                  | 47,110                      |
| <b>13</b>  | Office expenses . . . . .  | 395,876               | 330,392                         | 10,657                                 | 54,827                      |
| <b>14</b>  | Information technology . . . . .   |                       |                                 |  |                             |
| <b>15</b>  | Royalties . . . . .  |                       |                                 |  |                             |
| <b>16</b>  | Occupancy . . . . .  | 272,915               | 236,972                         | 13,475                                 | 22,468                      |
| <b>17</b>  | Travel . . . . .   |                       |                                 |  |                             |
| <b>18</b>  | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .   |                       |                                 |  |                             |
| <b>19</b>  | Conferences, conventions, and meetings . . . . .   |                       |                                 |  |                             |
| <b>20</b>  | Interest . . . . .   | 3,181                 |                                 | 3,181                                  |                             |
| <b>21</b>  | Payments to affiliates . . . . .   |                       |                                 |  |                             |
| <b>22</b>  | Depreciation, depletion, and amortization . . . . .  | 605,906               | 527,995                         | 31,416                                 | 46,495                      |
| <b>23</b>  | Insurance . . . . .  |                       |                                 |  |                             |
| <b>24</b>  | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )  |                       |                                 |  |                             |
| <b>a</b>   | CULTIVATION EXPENSE  | 23,750                | 10,106                          | 2,108                                  | 11,536                      |
| <b>b</b>   | CONCESSION EXPENSE   | 11,065                | 11,065                          |  |                             |
| <b>c</b>   | SUNDRY   | 163                   |                                 |  | 163                         |
| <b>d</b>   |  |                       |                                 |  |                             |
| <b>e</b>   |  |                       |                                 |  |                             |
| <b>f</b>   | All other expenses   |                       |                                 |  |                             |
| <b>25</b>  | <b>Total functional expenses.</b> Add lines 1 through 24f  | 6,931,797             | 5,967,766                       | 354,822                                | 609,209                     |
| <b>26</b>  | <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation |                       |                                 |  |                             |

**Part X Balance Sheet**

|  |  | (A)               |            | (B)         |
|--|--|-------------------|------------|-------------|
|  |  | Beginning of year |            | End of year |
| <b>Assets</b>  | <b>1</b> Cash—non-interest-bearing . . . . .   |                   | <b>1</b>   |             |
|  | <b>2</b> Savings and temporary cash investments . . . . .  | 4,533,522         | <b>2</b>   | 4,835,054   |
|  | <b>3</b> Pledges and grants receivable, net . . . . .  | 702,667           | <b>3</b>   | 403,194     |
|  | <b>4</b> Accounts receivable, net . . . . .  | 4,092             | <b>4</b>   | 5,504       |
|  | <b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .   |                   | <b>5</b>   |             |
|  | <b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L . . . . . |                   | <b>6</b>   |             |
|  | <b>7</b> Notes and loans receivable, net . . . . .   |                   | <b>7</b>   |             |
|  | <b>8</b> Inventories for sale or use . . . . .   |                   | <b>8</b>   |             |
|  | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 124,571           | <b>9</b>   | 125,655     |
|  | <b>10a</b> Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D  | 24,516,450        |            |             |
|  | <b>b</b> Less accumulated depreciation . . . . .   | 7,708,037         | <b>10c</b> | 16,808,413  |
|  | <b>11</b> Investments—publicly traded securities . . . . .   | 6,243,166         | <b>11</b>  | 6,880,340   |
|  | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .   |                   | <b>12</b>  |             |
|  | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .  |                   | <b>13</b>  |             |
|  | <b>14</b> Intangible assets . . . . .  |                   | <b>14</b>  |             |
|  | <b>15</b> Other assets. See Part IV, line 11 . . . . .   | 50,077            | <b>15</b>  | 79,113      |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 28,893,721   | <b>16</b>         | 29,137,273 |             |
| <b>Liabilities</b>   | <b>17</b> Accounts payable and accrued expenses . . . . .  | 199,224           | <b>17</b>  | 271,633     |
|  | <b>18</b> Grants payable . . . . .   |                   | <b>18</b>  |             |
|  | <b>19</b> Deferred revenue . . . . .   | 617,351           | <b>19</b>  | 657,004     |
|  | <b>20</b> Tax-exempt bond liabilities . . . . .  |                   | <b>20</b>  |             |
|  | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .  |                   | <b>21</b>  |             |
|  | <b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .   |                   | <b>22</b>  |             |
|  | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   | 458,020           | <b>23</b>  |             |
|  | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   |                   | <b>24</b>  |             |
|  | <b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .   | 131,150           | <b>25</b>  | 122,269     |
|  | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .  | 1,405,745         | <b>26</b>  | 1,050,906   |
| <b>Net Assets or Fund Balances</b>   | <b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>  |                   |            |             |
|  | <b>27</b> Unrestricted net assets . . . . .  | 19,384,350        | <b>27</b>  | 19,433,716  |
|  | <b>28</b> Temporarily restricted net assets . . . . .  | 2,012,676         | <b>28</b>  | 2,561,701   |
|  | <b>29</b> Permanently restricted net assets . . . . .  | 6,090,950         | <b>29</b>  | 6,090,950   |
|  | <b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>   |                   |            |             |
|  | <b>30</b> Capital stock or trust principal, or current funds . . . . .   |                   | <b>30</b>  |             |
|  | <b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .  |                   | <b>31</b>  |             |
|  | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .   |                   | <b>32</b>  |             |
| <b>33</b> Total net assets or fund balances . . . . .                                | 27,487,976   | <b>33</b>         | 28,086,367 |             |
| <b>34</b> Total liabilities and net assets/fund balances . . . . .                   | 28,893,721   | <b>34</b>         | 29,137,273 |             |

**Part XI Reconciliation of Net Assets**

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

|          |   |          |            |
|----------|---|----------|------------|
| <b>1</b> | Total revenue (must equal Part VIII, column (A), line 12)   | <b>1</b> | 7,426,566  |
| <b>2</b> | Total expenses (must equal Part IX, column (A), line 25)  | <b>2</b> | 6,931,797  |
| <b>3</b> | Revenue less expenses Subtract line 2 from line 1   | <b>3</b> | 494,769    |
| <b>4</b> | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | <b>4</b> | 27,487,976 |
| <b>5</b> | Other changes in net assets or fund balances (explain in Schedule O)  | <b>5</b> | 103,622    |
| <b>6</b> | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | <b>6</b> | 28,086,367 |

**Part XII Financial Statements and Reporting**

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

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant?  |     | No |
| <b>b</b>  | Were the organization's financial statements audited by an independent accountant?   | Yes |    |
| <b>c</b>  | If "Yes," to 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | Yes |    |
| <b>d</b>  | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis             |     |    |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   |     | No |
| <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   |     |    |

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

**Public Charity Status and Public Support**

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

Name of the organization  
THE ELAINE KAUFMAN CULTURAL CENTER  
LUCY MOSES SCHOOL FOR MUSIC AND DANCE

Employer identification number  
13-1991118

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
  - (ii) a family member of a person described in (i) above?
  - (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

|                 | Yes | No |
|-----------------|-----|----|
| <b>11g(i)</b>   |     |    |
| <b>11g(ii)</b>  |     |    |
| <b>11g(iii)</b> |     |    |

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

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3  |          |          |          |          |          |           |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |          |          |          |          |          |           |
| <b>6 Public Support.</b> Subtract line 5 from line 4   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010  | (f) Total |
|--|----------|----------|----------|----------|-----------|-----------|
| <b>7</b> Amounts from line 4   |          |          |          |          |           |           |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  |          |          |          |          |           |           |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on  |          |          |          |          |           |           |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  |          |          |          |          |           |           |
| <b>11 Total support.</b> (Add lines 7 through 10)  |          |          |          |          |           |           |
| <b>12</b> Gross receipts from related activities, etc. (See instructions.)   |          |          |          |          | <b>12</b> |           |
| <b>13 First Five Years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> ▶ |          |          |          |          |           |           |

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

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

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)    | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b  |          |          |          |          |          |           |
| <b>8 Public Support</b> (Subtract line 7c from line 6)  |          |          |          |          |          |           |




**Section B. Total Support**

| Calendar year (or fiscal year beginning in)    | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on   |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)   |          |          |          |          |          |           |
| <b>13 Total support</b> (Add lines 9, 10c, 11 and 12)   |          |          |          |          |          |           |
| <b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>  |          |          |          |          |          |           |

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

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

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

|   |           |  |
|---|-----------|--|
| <b>17</b> Investment income percentage for <b>2010</b> (line 10c column (f) divided by line 13 column (f))  | <b>17</b> |  |
| <b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17   | <b>18</b> |  |
| <b>19a 33 1/3% support tests—2010.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization          |           |  |
| <b>b 33 1/3% support tests—2009.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization  |           |  |
| <b>20 Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions   |           |  |

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**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization THE ELAINE KAUFMAN CULTURAL CENTER LUCY MOSES SCHOOL FOR MUSIC AND DANCE

Employer identification number 13-1991118

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
(i) Revenues included in Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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

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

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

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

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

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

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

**b** If "Yes," explain the arrangement in Part XIV and complete the following table

|   | Amount |
|---|--------|
| <b>1c</b> Beginning balance             |        |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> Ending balance                |        |

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

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

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

|   | (a) Current Year | (b) Prior Year | (c) Two Years Back | (d) Three Years Back | (e) Four Years Back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     | 6,065,950        | 6,065,950      | 5,552,950          |                      |                     |
| <b>b</b> Contributions . . . . .                                  |                  |                |                    |                      |                     |
| <b>c</b> Investment earnings or losses . . . . .                  | 657,150          | 223,648        | 513,000            |                      |                     |
| <b>d</b> Grants or scholarships . . . . .                         | 657,150          | 223,648        |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs . . . . . |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance . . . . .                            | 6,065,950        | 6,065,950      | 6,065,950          |                      |                     |

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

- a** Board designated or quasi-endowment
- b** Permanent endowment  100.000 %
- c** Term endowment

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

|  | Yes              | No |
|--|------------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b> Yes | No |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b>    | No |
| <b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>        |    |

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

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

| Description of investment   | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .  |                                      | 993,154                         |                              | 993,154        |
| <b>b</b> Buildings . . . . .  | 10,187,829                           | 11,205,620                      | 6,776,973                    | 14,616,476     |
| <b>c</b> Leasehold improvements . . . . .   |                                      |                                 |                              |                |
| <b>d</b> Equipment . . . . .  |                                      | 2,129,847                       | 931,064                      | 1,198,783      |
| <b>e</b> Other . . . . .  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) |                                      |                                 |                              | 16,808,413     |



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

|           |   |           |           |
|-----------|---|-----------|-----------|
| <b>1</b>  | Total revenue (Form 990, Part VIII, column (A), line 12)                        | <b>1</b>  | 7,426,566 |
| <b>2</b>  | Total expenses (Form 990, Part IX, column (A), line 25)                         | <b>2</b>  | 6,931,797 |
| <b>3</b>  | Excess or (deficit) for the year Subtract line 2 from line 1                    | <b>3</b>  | 494,769   |
| <b>4</b>  | Net unrealized gains (losses) on investments                                    | <b>4</b>  | 103,622   |
| <b>5</b>  | Donated services and use of facilities  | <b>5</b>  |           |
| <b>6</b>  | Investment expenses   | <b>6</b>  |           |
| <b>7</b>  | Prior period adjustments  | <b>7</b>  |           |
| <b>8</b>  | Other (Describe in Part XIV)  | <b>8</b>  |           |
| <b>9</b>  | Total adjustments (net) Add lines 4 - 8   | <b>9</b>  | 103,622   |
| <b>10</b> | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | <b>10</b> | 598,391   |

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

|          |   |           |           |
|----------|---|-----------|-----------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                        | <b>1</b>  | 8,099,175 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12  |           |           |
| <b>a</b> | Net unrealized gains on investments . . . . .   | <b>2a</b> | 103,622   |
| <b>b</b> | Donated services and use of facilities . . . . .  | <b>2b</b> |           |
| <b>c</b> | Recoveries of prior year grants . . . . .   | <b>2c</b> |           |
| <b>d</b> | Other (Describe in Part XIV) . . . . .  | <b>2d</b> | 855,704   |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   | <b>2e</b> | 959,326   |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  | <b>3</b>  | 7,139,849 |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>                                |           |           |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> |           |
| <b>b</b> | Other (Describe in Part XIV) . . . . .  | <b>4b</b> | 286,717   |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   | <b>4c</b> | 286,717   |
| <b>5</b> | Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12 ) . . . . . | <b>5</b>  | 7,426,566 |

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

|          |  |           |           |
|----------|--|-----------|-----------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                       | <b>1</b>  | 7,500,784 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25   |           |           |
| <b>a</b> | Donated services and use of facilities . . . . .   | <b>2a</b> |           |
| <b>b</b> | Prior year adjustments . . . . .   | <b>2b</b> |           |
| <b>c</b> | Other losses . . . . .   | <b>2c</b> |           |
| <b>d</b> | Other (Describe in Part XIV) . . . . .   | <b>2d</b> | 855,704   |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  | <b>2e</b> | 855,704   |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   | <b>3</b>  | 6,645,080 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :                                 |           |           |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                 | <b>4a</b> | 40,602    |
| <b>b</b> | Other (Describe in Part XIV) . . . . .   | <b>4b</b> | 246,115   |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  | <b>4c</b> | 286,717   |
| <b>5</b> | Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18 ) . . . . . | <b>5</b>  | 6,931,797 |

**Part XIV Supplemental Information**

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

| Identifier  | Return Reference | Explanation  |
|---|------------------|--|
| DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS      | PART V, LINE 4   | ENDOWMENT FUNDS ARE RESTRICTED TO INVESTMENT IN PERPETUITY, THE INCOME FROM WHICH IS EXPENDABLE TO SUPPORT VARIOUS PROGRAMS AND THE OPERATIONS OF THE ENTITY   |
| DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48 | PART X           | THE CENTER HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS PERIODS ENDING AUGUST 31, 2008 AND SUBSEQUENT REMAIN SUBJECT TO EXAMINATION BY APPLICABLE TAXING AUTHORITIES |
| PART XII, LINE 2D - OTHER ADJUSTMENTS               |                  | RENTAL EXPENSE-BUILDING 198,057 RENTAL EXPENSE-DEPRECIATION 441,288 RENTAL EXPENSE- SALARY & FRINGE 216,359  |
| PART XII, LINE 4B - OTHER ADJUSTMENTS               |                  | SCHOLARSHIP AWARDS 246,115 INVESTMENT ADVISORY FEES 40,602   |
| PART XIII, LINE 2D - OTHER ADJUSTMENTS              |                  | RENTAL EXPENSE-BUILDING 198,057 RENTAL EXPENSE-DEPRECIATION 441,288 RENTAL EXPENSE- SALARY & FRINGE 216,359  |
| PART XIII, LINE 4B - OTHER ADJUSTMENTS              |                  | SCHOLARSHIP AWARDS 246,115   |

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

**Schools**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**  
▶ **Attach to Form 990 or Form 990-EZ.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE ELAINE KAUFMAN CULTURAL CENTER  
LUCY MOSES SCHOOL FOR MUSIC AND DANCE

**Employer identification number**

13-1991118

**Part I**

- 1** 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?
- 2** 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?
- 3** 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 use Part II.

|          | YES | NO |
|----------|-----|----|
| <b>1</b> | Yes |    |
| <b>2</b> | Yes |    |
| <b>3</b> | Yes |    |

- 4** Does the organization maintain the following?
  - a** Records indicating the racial composition of the student body, faculty, and administrative staff?
  - b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
  - c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
  - 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, use Part II.

|           |     |  |
|-----------|-----|--|
| <b>4a</b> | Yes |  |
| <b>4b</b> | Yes |  |
| <b>4c</b> | Yes |  |
| <b>4d</b> | Yes |  |

- 5** Does the organization discriminate by race in any way with respect to
  - a** Students' rights or privileges?
  - b** Admissions policies?
  - c** Employment of faculty or administrative staff?
  - d** Scholarships or other financial assistance?
  - e** Educational policies?
  - f** Use of facilities?
  - g** Athletic programs?
  - h** Other extracurricular activities?
 If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.

|           |  |    |
|-----------|--|----|
| <b>5a</b> |  | No |
| <b>5b</b> |  | No |
| <b>5c</b> |  | No |
| <b>5d</b> |  | No |
| <b>5e</b> |  | No |
| <b>5f</b> |  | No |
| <b>5g</b> |  | No |
| <b>5h</b> |  | No |

- 6a** Does the organization receive any financial aid or assistance from a governmental agency?
  - b** Has the organization's right to such aid ever been revoked or suspended?
- If you answered "Yes" to either line 6a or line 6b, explain on Part II.
- 7** 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," explain on Part II.

|           |     |    |
|-----------|-----|----|
| <b>6a</b> | Yes |    |
| <b>6b</b> |     | No |
| <b>7</b>  | Yes |    |

**Part III Supplemental Information**

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions).

| Identifier  | Return Reference           | Explanation   |
|---|----------------------------|---|
| EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION | SCHEDULE E, PART I, LINE 3 | 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 THE NEW YORK POST, THEIR SCHOOL BROCHURES AND ON THE SCHOOL WEB SITE. |
| EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE      | SCHEDULE E, PART I, LINE 6 | RECEIVED DONATION FOR PROPAGATION OF CULTURAL ARTS  |

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2010

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization THE ELAINE KAUFMAN CULTURAL CENTER LUCY MOSES SCHOOL FOR MUSIC AND DANCE

Employer identification number 13-1991118

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

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

2a Did the organization have a written or oral agreement with any individual... Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization.

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

NY

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

|   |  | (a) Event #1                | (b) Event #2 | (c) Other Events | (d) Total Events              |
|---|--|-----------------------------|--------------|------------------|-------------------------------|
|   |  | <b>GALA</b><br>(event type) | (event type) | (total number)   | (Add col (a) through col (c)) |
| <b>Revenue</b>  | <b>1</b> Gross receipts . . . . .  | 687,032                     |              |                  | 687,032                       |
|   | <b>2</b> Less Charitable contributions . . . . .                                 | 622,102                     |              |                  | 622,102                       |
|   | <b>3</b> Gross income (line 1 minus line 2) . . . . .                            | 64,930                      |              |                  | 64,930                        |
| <b>Direct Expenses</b>  | <b>4</b> Cash prizes . . . . .   |                             |              |                  |                               |
|   | <b>5</b> Non-cash prizes . . . . .   |                             |              |                  |                               |
|   | <b>6</b> Rent/facility costs . . . . .   | 124,827                     |              |                  | 124,827                       |
|   | <b>7</b> Food and beverages . . . . .  |                             |              |                  |                               |
|   | <b>8</b> Entertainment . . . . .   |                             |              |                  |                               |
|   | <b>9</b> Other direct expenses . . . . .   |                             |              |                  |                               |
|   | <b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶ |                             |              |                  | 124,827                       |
| <b>11</b> Net income summary Combine lines 3 and 10 in column (d) . . . . . ▶ |  |                             |              | -59,897          |                               |

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

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

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

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

**b** If "No," Explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**b** If "Yes," Explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 11** Does the organization operate gaming activities with nonmembers? . . . . .  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .  Yes  No

**13** Indicate the percentage of gaming activity operated in

|  |            |
|--|------------|
| <b>a</b> The organization's facility . . . . . | <b>13a</b> |
| <b>b</b> An outside facility . . . . .         | <b>13b</b> |

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .  Yes  No

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

**c** If "Yes," enter name and address

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information

Name ▶ \_\_\_\_\_

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

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

- Director/officer                       Employee                       Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .  Yes  No

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

**Part IV** Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

| Identifier | ReturnReference | Explanation |
|------------|-----------------|-------------|
|------------|-----------------|-------------|



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

| <b>(a)</b> Type of grant or assistance | <b>(b)</b> Number of recipients | <b>(c)</b> Amount of cash grant | <b>(d)</b> Amount of non-cash assistance | <b>(e)</b> Method of valuation (book, FMV, appraisal, other) | <b>(f)</b> Description of non-cash assistance |
|--|---------------------------------|---------------------------------|--|--|---|
| (1) SCHOLARSHIPS                       | 150                             | 246,115                         |  |  |   |
|  |                                 |                                 |  |  |   |
|  |                                 |                                 |  |  |   |
|  |                                 |                                 |  |  |   |
|  |                                 |                                 |  |  |   |
|  |                                 |                                 |  |  |   |
|  |                                 |                                 |  |  |   |

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

| <b>Identifier</b> | <b>Return Reference</b> | <b>Explanation</b>   |
|-------------------|-------------------------|--|
| OTHER INFORMATION | PART IV                 | SCHEDULE I, PART I, LINE 2 THE ORGANIZATION AWARDS GRANTS BASED ON FINANCIAL NEED THE GRANTS ARE ENTIRELY NON CASH REDUCTIONS IN TUITION, THEIR USE IS CONTROLLED BY THE SCHOOL AND RECORDED VIA THE ACCOUNTS RECEIVABLE SYSTEM FACULTY AND STAFF ARE RESPONSIBLE FOR MONITORING STUDENTS ATTENDANCE |

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

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

**Employer identification number**

13-1991118

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment from the organization or a related organization?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

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

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

- a** The organization?
- b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

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

- a** The organization?
- b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

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

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

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

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

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

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

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

| (A) Name                   |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|----------------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
|                            |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |  |
| (1) MS LYDIA KONTOS        | (i)  | 201,086  | 0                                   | 133,216                             | 0  | 12,810                  | 347,112                         | 0  |
|                            | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
| (2) DR TZIPORA JOCHSBERGER | (i)  | 36,986   | 0                                   | 0                                   | 0  | 0                       | 36,986                          | 0  |
|                            | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
| (3)                        |      |  |                                     |                                     |  |                         |                                 |  |
| (4)                        |      |  |                                     |                                     |  |                         |                                 |  |
| (5)                        |      |  |                                     |                                     |  |                         |                                 |  |
| (6)                        |      |  |                                     |                                     |  |                         |                                 |  |
| (7)                        |      |  |                                     |                                     |  |                         |                                 |  |
| (8)                        |      |  |                                     |                                     |  |                         |                                 |  |
| (9)                        |      |  |                                     |                                     |  |                         |                                 |  |
| (10)                       |      |  |                                     |                                     |  |                         |                                 |  |
| (11)                       |      |  |                                     |                                     |  |                         |                                 |  |
| (12)                       |      |  |                                     |                                     |  |                         |                                 |  |
| (13)                       |      |  |                                     |                                     |  |                         |                                 |  |
| (14)                       |      |  |                                     |                                     |  |                         |                                 |  |
| (15)                       |      |  |                                     |                                     |  |                         |                                 |  |
| (16)                       |      |  |                                     |                                     |  |                         |                                 |  |

**Part III Supplemental Information**

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

| Identifier               | Return Reference | Explanation   |
|--------------------------|------------------|---|
| SUPPLEMENTAL INFORMATION | PART III         | IN 2010 THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES RETAINED THE SERVICES OF A COMPENSATION CONSULTANT FOR THE PURPOSES OF REVIEWING THE COMPENSATION OF THE EXECUTIVE DIRECTOR. THE RESULTING REPORT INDICATED A SUBSTANTIAL UNDERPAYMENT IN THE TEN YEAR PERIOD STUDIED. THE AMOUNT IN PART II, LINE 1, COLUMN III REPRESENTS AN AMOUNT DESIGNATED AS DEFERRED COMPENSATION CONTRIBUTIONS IN CONSIDERATION FOR SERVICES PERFORMED IN PRIOR YEARS IN WHICH COMPENSATION WAS LESS THAN COMPETITIVE. |

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

2010

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization THE ELAINE KAUFMAN CULTURAL CENTER LUCY MOSES SCHOOL FOR MUSIC AND DANCE

Employer identification number 13-1991118

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining oncash contribution amounts. Rows include Art, Books, Cars, Securities, etc.

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

29

Table with 3 columns: Question, Yes, No. Rows include 30a, 31, 32a, 33 regarding contribution reporting and policies.

**Part II**

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

| Identifier                                    | Return Reference   | Explanation   |
|---|--------------------|---|
| METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS | PART I, COLUMN (B) | FOR DONATED SECURITIES AND MUSICAL INSTRUMENTS THE CENTER IS REPORTING THE NUMBER OF CONTRIBUTORS |

**Schedule M (Form 990) 2010**

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

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

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

| Identifier                           | Return Reference | Explanation   |
|--------------------------------------|------------------|---|
| FORM 990, PART VI, SECTION A, LINE 2 |                  | LEONARD GOODMAN AND CONNIE GOODMAN HAVE A FAMILY RELATIONSHIP |

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 13-1991118  
**Name:** THE ELAINE KAUFMAN CULTURAL CENTER  
LUCY MOSES SCHOOL FOR MUSIC AND DANCE

## Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

### 4d. Other program services

(Code ) (Expenses \$ 51,345 including grants of \$ ) (Revenue \$ )

SPECIAL PROJECTS AT KAUFMAN CENTER ARE GENERALLY SHORT TERM INITIATIVES THAT ARE FUNDED SEPARATELY TO PROMOTE THE CENTER'S MISSION. PROJECTS IN 2010-11 INCLUDED A MUSIC/DRAMA RESIDENCY AT MANHATTAN SCHOOL FOR CHILDREN (PS333), TWO STAFF DEVELOPMENT WORKSHOPS ON INNOVATION AND TECHNOLOGY, THE LAUNCHING OF KAUFMAN CENTER'S INTERN PROGRAM AND SPECIAL JOINT MEETINGS OF THE SPECIAL MUSIC SCHOOL'S MUSIC AND ACADEMIC FACULTY. THE NEWLY-RENOVATED BIRNBAUM MUSIC LIBRARY SERVES THE DIVERSE POPULATIONS OF KAUFMAN CENTER. WITH ITS COMPREHENSIVE COLLECTION OF ISRAELI MUSIC AND TAPES, THE LIBRARY IS AVAILABLE TO COMPOSERS AND PERFORMERS ALIKE. FACULTY AND STUDENTS OF BOTH KAUFMAN CENTER SCHOOLS CAN FIND REPERTOIRE THEY NEED TO TEACH OR PERFORM.

(Code ) (Expenses \$ 39,912 including grants of \$ ) (Revenue \$ )

THE BIRNBAUM MUSIC LIBRARY SERVES THE DIVERSE POPULATIONS OF KAUFMAN CENTER. WITH ITS COMPREHENSIVE COLLECTION OF ISRAELI MUSIC AND TAPES, THE LIBRARY IS AVAILABLE TO COMPOSERS AND PERFORMERS ALIKE. FACULTY AND STUDENTS OF BOTH KAUFMAN CENTER SCHOOLS CAN FIND REPERTOIRE THEY NEED TO TEACH OR PERFORM.

| Identifier                            | Return Reference | Explanation   |
|---------------------------------------|------------------|---|
| FORM 990, PART VI, SECTION B, LINE 11 |                  | REVIEW WILL BE AT THE BOARD MEETING SUBSEQUENT TO THE PREPARATION OF THIS DOCUMENT BUT BEFORE FILING THE TAX RETURN |

| Identifier | Return Reference                                | Explanation  |
|------------|---|--|
|            | FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 12C | THE ELAINE KAUFMAN CULTURAL CENTER (THE "CENTER") SHALL NOT ENTER INTO TRANSACTIONS WHERE THERE IS A CONFLICT OF INTEREST OR POTENTIAL CONFLICT OF INTEREST UNLESS THERE IS A COMPELLING REASON TO DO SO IF A TRUSTEE OR A FAMILY MEMBER HAS A CONFLICT OF INTEREST IN A PROPOSED TRANSACTION WITH THE CENTER, HE OR SHE MUST MAKE FULL DISCLOSURE BEFORE ANY ACTION ON THE CONTRACT OR TRANSACTION SUCH DISCLOSURE SHALL BE DOCUMENTED ANY TRUSTEE WHO IS AWARE OF A POTENTIAL PERSONAL CONFLICT OF INTEREST WITH RESPECT TO ANY MATTER COMING BEFORE THE BOARD OF TRUSTEES OR ANY COMMITTEE OF THE BOARD MAY BE PRESENT FOR ANY DISCUSSION, BUT SHALL BE EXCUSED FROM ANY VOTING THAT MAY TAKE PLACE IN CONNECTION WITH THE MATTER |

| Identifier | Return Reference                      | Explanation  |
|------------|---------------------------------------|--|
|            | FORM 990, PART VI, SECTION B, LINE 15 | THE BOARD OF TRUSTEES INCLUDES A COMPENSATION COMMITTEE CHARGED WITH REVIEWING THE COMPENSATION OF THE EXECUTIVE DIRECTOR. A STUDY OF CURRENT AND PAST COMPENSATION WAS UNDERTAKEN BY AN INDEPENDENT BENEFITS CONSULTANT IN SPRING 2010, UTILIZING COMPARABILITY DATA. THE STUDY WAS REVIEWED BY THE COMPENSATION COMMITTEE AND WAS LATER APPROVED BY THE EXECUTIVE COMMITTEE. |

| Identifier | Return Reference                         | Explanation   |
|------------|--|---|
|            | FORM 990, PART VI,<br>SECTION C, LINE 19 | THE ELAINE KAUFMAN CULTURAL CENTER MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST |

| Identifier | Return Reference             | Explanation   |
|------------|------------------------------|---|
|            | FORM 990 PART 7<br>SECTION A | AS PART OF HER RETIREMENT AGREEMENT THE CENTER AGREED TO PAY DR JOCHSBERGER \$36,986<br>PER YEAR FOR THE REST OF HER LIFETIME |

| Identifier                             | Return Reference          | Explanation                                 |
|--|---------------------------|---|
| CHANGES IN NET ASSETS OR FUND BALANCES | FORM 990, PART XI, LINE 5 | NET UNREALIZED GAINS ON INVESTMENTS 103,622 |

| Identifier | Return Reference            | Explanation                                   |
|------------|-----------------------------|---|
|            | FORM 990, PART XII, LINE 2C | THIS PROCESS HAS NOT CHANGED FROM PRIOR YEARS |