#### EXTENDED TO MAY 15, 2023

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning JUL 1. 2021 and ending JUN 30, 2022 C Name of organization D Employer identification number Check if applicable Address change LONG ISLAND CHILDREN'S MUSEUM Name 11-3035221 Doing business as change Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated 11 DAVIS AVENUE 516-224-5800 5,943,238. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended GARDEN CITY, NY 11530 H(a) Is this a group return return
Application
pending F Name and address of principal officer: SUZANNE LEBLANC Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) ( ) **◄** (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: ► WWW.LICM.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > Year of formation: 1990 M State of legal domicile: NY Part I Summary CONNECTING OUR COMMUNITIES Briefly describe the organization's mission or most significant activities: Governance CHILDREN TO A LIFE OF WONDER, IMAGINATION & EXPLORATION if the organization discontinued its operations or disposed of more than 25% of its net assets. 17 3 Number of voting members of the governing body (Part VI, line 1a) 3 16 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Activities & 110 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 87 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 2,822,835. 3,162,523. Contributions and grants (Part VIII, line 1h) 8 Revenue 669,438 1,875,154. Program service revenue (Part VIII, line 2g) 14,985 35,201. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 151,142 381,864. 11 3,658,400 5,454,742. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,990,158. 2,993,606. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 105 566 122 829. **b** Total fundraising expenses (Part IX, column (D), line 25) 1,401,593. 1,751,612. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,497,317. 4,868,047. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 161,083. 586,695. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** Ы 2,096,939 2,998,069. Total assets (Part X, line 16) 1,135,055, 1,738,455. 21 Total liabilities (Part X, line 26) 三年 961,884. 1,259,614. Net assets or fund balances. Subtract line 21 from line 20 ... 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. Signature of officer Date Sign Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 5/8/2023 ALEXANDER LAZZARUOLO <u>azzaruo</u>lo P01775353 Paid Alexander Firm's name CONDON O'MEARA MCGINTY & DONNELLY LLP Firm's EIN ▶ 13-3628255 Preparer Firm's address ONE BATTERY PARK PLAZA, 7TH FL. Use Only Phone no.212-661-7777 NEW YORK, NY 10004 Yes May the IRS discuss this return with the preparer shown above? See instructions No

Pa	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	CONNECTING ALL OUR COMMUNITIES' CHILDREN, AND THOSE WHO CARE FOR THEM,	
	TO ONE ANOTHER AND TO A LIFE OF WONDER, IMAGINATION AND EXPLORATION.	
	HERE, CHILDREN DISCOVER THEIR PASSIONS AND THEIR RELATIONSHIP TO THE	
	WORLD WE SHARE.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	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 X No
•	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	hy expenses
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	
		ai experises, ariu
	revenue, if any, for each program service reported.	315,746.)
4a	(Code: ) (Expenses \$ 2,465,563. including grants of \$ ) (Revenue \$)	313,740.
	SCHOOL GROUPS, PUBLIC PROGRAMS, COMMUNITY PROGRAMS INITIATIVES AND	
	SPECIALIZED PROGRAMMING [EARLY CHILDHOOD, OUTREACH, SCOUTS, BIRTHDAY	
	PARTIES]: SEE SCHEDULE O.	
	1 040 040	1 522 052 \
4b		1,533,852.
	EXHIBITS PROGRAM: SEE SCHEDULE O.	
	177 576	20.240
4c	(Code:) (Expenses \$177,576. including grants of \$) (Revenue \$	29,249.
	THEATER PROGRAM: SEE SCHEDULE O.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses ► 3,692,087.	
		Form <b>990</b> (2021)

### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			•
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		

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# Form 990 (2021) LONG ISLAND CHILDREN'S MUSE Part IV Checklist of Required Schedules (continued)

	· (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		res	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	06		х
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
21	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		х
35.2	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	334		
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  1a 33  Enter the number of Forms W-2G included on line 1a Enter -0- if not applicable	4		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С		1c	х	
132004	(gambling) winnings to prize winners?			(2021)
		. 51111		, · /

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Part V	St	tatements Regarding Other IRS Filings and Tax Compliance 🦽	continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			X
	any contributions that were not tax deductible as charitable contributions?	6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ch		
7	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
a b	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
C	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	75		
·	to file Form 8282?	7с		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/A	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.)  Section 4047(-V4) non-execute the existable truster to the execution filing Form 900 in liquid Form 10412	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?  N/A	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.	iou		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		
	If "Yes." complete Form 6069.			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 17			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	•		
	(The sector 2 registre in a marsh asset 2 meter in a marsh as a construction of the co		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion 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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only) a	availab	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SUZANNE LEBLANC, C/O LICM - 516-224-5800			
	11 DAVIS AVENUE, GARDEN CITY, NY 11530			

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

• 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.

See the instructions for the order in which to list the persons above.

(A)	(B)	1			C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle:	heck ss pe	rson is	than o s both r/trust	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) SUZANNE LEBLANC	35.00	-								
PRESIDENT	0.00	Х		Х				209,969.	0.	9,979.
(2) ROBERT DREYFUSS	35.00	-						110 000	•	0.001
DIRECTOR OF FINANCE	25.00					Х		118,099.	0.	9,201.
(3) ERIKA FLORESKA	35.00	}				х		125 551	0.	_
DIRECTOR OF DEVELOPMENT (4) SCOTT BURMAN	3.00							125,551.	0.	0.
CHAIRPERSON	0.00	x		х				0.	0.	0.
(5) PETER SCHAPERO	3.00	^		Λ				0.	0.	<u> </u>
VICE-CHAIR	0.00	x		x				0.	0.	0.
(6) GLENN TYRANSKI	3.00								••	
TREASURER	0.00	х		х				0.	0.	0.
(7) ADRIENNE ROBB-FUND	3.00									
SECRETARY	0.00	х		х				0.	0.	0.
(8) RONI KOHEN-LEMLE	3.00									
TRUSTEE	0.00	Х						0.	0.	0.
(9) ALEXANDER BERGER	3.00									
TRUSTEE	0.00	х						0.	0.	0.
(10) ALISON BRENNAN	3.00									
TRUSTEE	0.00	Х						0.	0.	0.
(11) STEVEN DUBB	3.00									
TRUSTEE	0.00	Х						0.	0.	0.
(12) ROBERT S. LEMLE	3.00									
TRUSTEE	0.00	Х						0.	0.	0.
(13) LISA WARREN	3.00									
TRUSTEE	0.00	Х						0.	0.	0.
(14) SCOTT RECHLER	3.00									
TRUSTEE	0.00	Х						0.	0.	0.
(15) RICHARD FERRUCCI II	3.00	-								
TRUSTEE	0.00	Х						0.	0.	0.
(16) LYNNE D'AGOSTINO	3.00	4								
TRUSTEE	0.00	Х						0.	0.	0.
(17) KEVIN MURPHY	3.00	1_								_
TRUSTEE	0.00	Х						0.	0.	0. Form <b>990</b> (2021)

132007 12-09-21 Form **990** (2021)

Form 990 (2021) LONG ISLAND (	CHILDREN'S	MUS	EUM						11-30352	21	F	age 8
Part VII   Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Ηiς	ghes	t C	ompensated Employee	s (continued)			
<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related organizations below	tee or director go o	not c , unle:	Posi heck i ss per id a di	more rson is irecto	Highest compensated than c s both employee	an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	co	(F) Estimate amount other mpensate from the reganizating ganizate ganizate	t of r ation ne tion ted
	line)	Individ	Institu	Officer	Key en	Highe emplo	Former					
(18) JONATHAN NUS TRUSTEE	3.00 0.00 3.00	х						0.	0			0.
TRUSTEE	0.00	х						0.	0			0.
		-										
1b Subtotal							<b></b>	453,619.	0		19	,180.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)  Total number of individuals (including but n							<u> </u>	0. 453,619.	0 0 000 of reportable		19	0. ,180.
compensation from the organization  Did the organization list any former officer,									·		Yes	No No
line 1a? If "Yes," complete Schedule J for s  For any individual listed on line 1a, is the su and related organizations greater than \$150	uch individual m of reportabl	e cc	 mpe	ensa	tion	and	oth	ner compensation from t	ne organization	3	Х	Х
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," commoderation B. Independent Contractors										5		Х
Complete this table for your five highest countries the organization. Report compensation for the organization.										ation 1	rom	
(A) Name and business	address	NO	NE					(B) Description of s	ervices		(C) ensatio	n
2 Total number of independent contractors (ii \$100,000 of compensation from the organization).	•	ot lir	nited	d to 1		se lis	ted	above) who received mo	ore than			
										Forr	n <b>990</b>	(2021)

14050508 152490 15097D

Form 990 (2021) LONG ISLAND
Part VIII Statement of Revenue

		Check if Schedule O c	ontains	a response o	or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							Tariotion Tovonas	Business revenue	sections 512 - 514
ts ts	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		1b	223,522.				
Ame G	С	Fundraising events		1c	602,916.				
a ji	d	Related organizations		1d					
s, ( mil	е	Government grants (contri	butions)	1e	1,138,756.				
r ion	f	All other contributions, gifts, g	grants, an	d					
but		similar amounts not included	above	1f	1,197,329.				
g d	g	Noncash contributions included in li	ines 1a-1f	1g \$					
<u> ၁ မ</u>	h	Total. Add lines 1a-1f			<b></b>	3,162,523.			
					Business Code				
မွ	2 a	ADMISSIONS			900099	1,533,852.	1,533,852.		
e Ķ	b				900099	160,518.	160,518.		
Sco	С	BIRTHDAY PARTIES			900099	151,535.	151,535.		
Program Service Revenue	d	THEATRE PERFORMANCES	S		900099	29,249.	29,249.		
о Б	е								
<u>a</u>	f	All other program service r	evenue						
	g	Total. Add lines 2a-2f			<b>&gt;</b>	1,875,154.			
	3	Investment income (includ							
		other similar amounts)				666.			666.
	4	Income from investment of			roceeds				
	5	Royalties							
				(i) Real	(ii) Personal				
	6 a	Gross rents	6a	26,202.					
	b		6b	0.					
	С	Rental income or (loss)	6c	26,202.		26.222			25.000
		Net rental income or (loss)		0	(") Other	26,202.			26,202.
	7 a	Gross amount from sales of	<del>  ``</del>	Securities	(ii) Other				
		assets other than inventory	7a	250,000.					
	b	Less: cost or other basis		215 465					
nue		and sales expenses	7b	215,465.					
ther Revenue		, ,	7c	34,535.		24 525			24 525
Ř		Net gain or (loss)				34,535.			34,535.
ţ.	8 а	Gross income from fundraisin including \$							
0									
		contributions reported on	-	I .	164,634.				
	h	Part IV, line 18		I .	164,634.				
		Net income or (loss) from f				0.			
		Gross income from gaming							
	Ja	Part IV, line 19	-						
	b	Less: direct expenses		I .					
		Net income or (loss) from g			<b>•</b>				
		Gross sales of inventory, le							
		and allowances		I .	237,991.				
	b	Less: cost of goods sold		I .					
		Net income or (loss) from s			<b>&gt;</b>	129,594.			129,594.
		, , , , , , , , , , , , , , , , , , , ,		,	Business Code				-
sno	11 a	CARES ACT - ERTC			900099	222,375.			222,375.
Miscellaneous Revenue	b				900099	3,693.	3,693.		
eke	С								
Aisc	d	All other revenue		<del></del>					
2		Total. Add lines 11a-11d			<b></b>	226,068.			
	12	Total revenue. See instructio	ns		<b></b>	5,454,742.	1,878,847.	0.	413,372.

132009 12-09-21

Form **990** (2021)

# Form 990 (2021) LONG ISLAND CHILDREN'S MUSEUM Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4	) organizations must com	plete all columns. All other or	ganizations must complete column (A).
--------------------------------	--------------------------	---------------------------------	---------------------------------------

	Check if Schedule O contains a respons	e or note to any line in the (A)	his Part IX(B)	(C)	(D)
	t include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic ndividuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	rustees, and key employees	224,055.	173,853.	25,981.	24,221
	Compensation not included above to disqualified				
р	persons (as defined under section 4958(f)(1)) and				
p	persons described in section 4958(c)(3)(B)				
7 (	Other salaries and wages	2,392,550.	1,855,956.	276,178.	260,416
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9 (	Other employee benefits	142,800.	111,457.	18,172.	13,171
	Payroll taxes	234,201.	182,797.	29,803.	21,601
	Fees for services (nonemployees):				
a N	Management				
<b>b</b> L	_egal				
c A	Accounting	33,114.	20,391.	4,087.	8,636
	_obbying				
	Professional fundraising services. See Part IV, line 17	122,829.			122,829
f Ir	nvestment management fees				
g C	Other. (If line 11g amount exceeds 10% of line 25,				
С	column (A), amount, list line 11g expenses on Sch O.)	386,639.	313,723.	62,883.	10,033
12 A	Advertising and promotion	149,942.	113,381.	35,041.	1,520
	Office expenses	99,078.	44,550.	31,967.	22,561
<b>14</b> lr	nformation technology	66,037.	42,530.	2,639.	20,868
15 F	Royalties				
<b>16</b> C	Decupancy				
17 T	Fravel	64,707.	64,707.		
18 F	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials				
19 (	Conferences, conventions, and meetings	12,206.	5,106.	4,561.	2,539
	nterest				
	Payments to affiliates				
<b>22</b> [	Depreciation, depletion, and amortization	342,680.	309,994.	16,343.	16,343
	nsurance	110,495.		110,495.	
a li	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If ine 24e amount exceeds 10% of line 25, column (A), imount, list line 24e expenses on Schedule O.)				
	REPAIRS/MAINT/CUSTODIAL	196,576.	196,276.	300.	
b M	MATERIALS AND SUPPLIES	146,664.	129,406.	756.	16,502
c B	BANK/CREDIT CARD CHARGE	69,952.	63,904.	2,600.	3,448
d M	MISCELLANEOUS	33,418.	32,958.	393.	67
e A	All other expenses	40,104.	31,098.	5,616.	3,390
25 T	Total functional expenses. Add lines 1 through 24e	4,868,047.	3,692,087.	627,815.	548,145
26 J	loint costs. Complete this line only if the organization				
	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2021)

11-3035221

# Form 990 (2021) Part X Balance Sheet

	ιλ	Check if Schedule O contains a response or n	ote to any	line in this Part X			
		·			<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			251,776.	1	675,387.
	2	Savings and temporary cash investments			250,000.	2	
	3	Pledges and grants receivable, net			343,560.	3	509,269.
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ	ed in sect	ion 4958(c)(3)(B)		6	
ι	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			29,163.	8	37,967.
As	9	Prepaid expenses and deferred charges				9	184,134.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	13,669,636.			
	b	Less: accumulated depreciation		13,505,934.	467,414.	10c	163,702.
	11	Investments - publicly traded securities			655,941.	11	1,227,927.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, lin				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			99,085.	15	199,683.
	16	Total assets. Add lines 1 through 15 (must ed			2,096,939.	16	2,998,069.
	17	Accounts payable and accrued expenses	213,986.	17	288,009.		
	18	Grants payable			18		
	19	Deferred revenue			151,621.	19	330,998.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
ú	22	Loans and other payables to any current or fo					
iţi		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the				22	
Ë	23	Secured mortgages and notes payable to unre	769,448.	23	1,119,448.		
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			1,135,055.	26	1,738,455.
		Organizations that follow FASB ASC 958, c	heck here	X			
Ses		and complete lines 27, 28, 32, and 33.					
auc	27	Net assets without donor restrictions	-226,971.	27	-398,842.		
Bal	28	Net assets with donor restrictions	1,188,855.	28	1,658,456.		
nd		Organizations that do not follow FASB ASC					
Ī.		and complete lines 29 through 33.					
o or	29	Capital stock or trust principal, or current fund	ls			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			961,884.	32	1,259,614.
_	33	Total liabilities and net assets/fund balances			2,096,939.	33	2,998,069.

Form **990** (2021)

11-3035221

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5	,454,	742.	
2						
3						
4						
5	Net unrealized gains (losses) on investments	5	-	-288,	965.	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	1	,259,	614.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit				
	Act and OMB Circular A-133?		3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			
			Form	990	(2021)	

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **Employer identification number** LONG ISLAND CHILDREN'S MUSEUM 11-3035221 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

### 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.)

Sec	ction A. Public Support	71		,					
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
	Gifts, grants, contributions, and		, ,	` ,	, , , , , , , , , , , , , , , , , , ,	. ,			
	membership fees received. (Do not								
	include any "unusual grants.")	2,485,302.	2,080,884.	2,202,147.	2,822,835.	3,162,523.	12,753,691.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	2,485,302.	2,080,884.	2,202,147.	2,822,835.	3,162,523.	12,753,691.		
	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)						2,051,405.		
6	Public support. Subtract line 5 from line 4.						10,702,286.		
	ction B. Total Support								
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
	Amounts from line 4	2,485,302.	2,080,884.	2,202,147.	2,822,835.	3,162,523.	12,753,691.		
	Gross income from interest,	, , ,	, , ,	, , .	, , ,	, ,	, , , .		
Ü	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	30,052.	26,835.	36,483.	12,247.	26,868.	132,485.		
۵	Net income from unrelated business			,		21,111			
9	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
10	or loss from the sale of capital								
	· ·	8,696.	10,859.	4,623.	99,821.	226,068.	350,067.		
44	assets (Explain in Part VI.)	0,030.	10,033.	1,023.	33,021.	220,000.	13,236,243.		
	Total support. Add lines 7 through 10					12	4,548,142.		
12	Gross receipts from related activities,	•	,				1,510,112.		
13	First 5 years. If the Form 990 is for the	_		•			▶□		
Sec	organization, check this box and stop ction C. Computation of Publi		centage						
	Public support percentage for 2021 (li			olumn (f))		14	80.86 %		
	<b>5</b> 1 11					15	80.50 %		
15	33 1/3% support test - 2021. If the co								
102									
	stop here. The organization qualifies 33 1/3% support test - 2020. If the o								
L									
47.	and <b>stop here.</b> The organization quali								
1/8	10% -facts-and-circumstances test	ū					•		
	and if the organization meets the facts			=		-	▶ □		
	meets the facts-and-circumstances te	-	•	*	-	7 15 45 in 4			
t	10% -facts-and-circumstances test	_					U% Or		
	more, and if the organization meets the				-		▶ □		
40	organization meets the facts-and-circu		-	•	• • •				
18	Private foundation. If the organization	n ala not check a b	oox on line 13, 16a	, 10D, 1/a, or 1/b,	, crieck this box ai	nd see instructions			

Schedule A (Form 990) 2021

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to rexpended on its behalf						
<b>5</b> T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						_
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
<b>b</b> U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
<b>11</b> N a	dd lines 10a and 10b						
<b>12</b> C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						<b>&gt;</b>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		17	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.5	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

132023 01-04-22

Schedule A (Form 990) 2021

### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

  If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No 1 2 За 3b Зс 4a 4b 4c 5a 5b <u>5c</u> 6 7 8 9a 9b 9с 10a 10b

Pai	TIV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	<i>y</i> 11 0 0		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		1		
0	organization's governing documents in effect on the date of notification, to the extent not previously provided?	_		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u>Sac</u>	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	Nov. 20, 1970 ( explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2021

Par	rt V	Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	ınizations <sub>(continu</sub>	ed)	
Sect	ion D -	Distributions				Current Year
1	Amou	nts paid to supported organizations to accomplish exer	mpt purposes		1	
2		nts paid to perform activity that directly furthers exemp				
	organi	zations, in excess of income from activity		2		
3	Admin	istrative expenses paid to accomplish exempt purpose	s	3		
4		nts paid to acquire exempt-use assets			4	
5		ied set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6		distributions (describe in Part VI). See instructions.	, , , , , , , , , , , , , , , , , , ,		6	
7		annual distributions. Add lines 1 through 6.			7	
8		outions to attentive supported organizations to which the	ne organization is responsive			
		de details in <b>Part VI</b> ). See instructions.	3		8	
9		outable amount for 2021 from Section C, line 6			9	
10		amount divided by line 9 amount			10	
			(i)	(ii)		(iii)
Secti	ion E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	s	Distributable Amount for 2021
_1_	Distrib	outable amount for 2021 from Section C, line 6				
2	Under	distributions, if any, for years prior to 2021 (reason-				
	able c	ause required - explain in Part VI). See instructions.				
3	Exces	s distributions carryover, if any, to 2021				
a	From 2	2016				
b	From 2	2017				
С	From 2	2018				
d	From 2	2019				
е	From 2	2020				
f	Total	of lines 3a through 3e				
g	Applie	ed to underdistributions of prior years				
h	Applie	ed to 2021 distributable amount				
i	Carryo	over from 2016 not applied (see instructions)				
	Remai	inder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distrib	outions for 2021 from Section D,				
	line 7:	\$				
a	Applie	ed to underdistributions of prior years				
		ed to 2021 distributable amount				
	Remai	inder. Subtract lines 4a and 4b from line 4.				
5		ining underdistributions for years prior to 2021, if				
		subtract lines 3g and 4a from line 2. For result greater				
		ero, explain in <b>Part VI.</b> See instructions.				
6		ining underdistributions for 2021. Subtract lines 3h				
		o from line 1. For result greater than zero, explain in				
		1. See instructions.				
7		s distributions carryover to 2022. Add lines 3j				
•	and 4					
8		down of line 7:				
		s from 2017				
		s from 2018				
		s from 2019				
		s from 2020				
		s from 2021				

Schedule A (Form 990) 2021

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	(See Instructions.)

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

LONG ISLAND CHILDREN'S MUSEUM

**Employer identification number** 

11-3035221

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		mılar Funds or A	ccounts. Complete if the	Э
	,,	(a) Donor advised	d funds	(b) Funds and other accoun	nts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v	vriting that the assets hel	d in donor advised fur	nds	
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes	☐ No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that gra	nt funds can be used	only	
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any	other purpose confer	ring	
	impermissible private benefit?			Yes	☐ No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes	on Form 990, Part IV	/, line 7.	
1	Purpose(s) of conservation easements held by the organization		1		
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of a hist	torically important land area	
	Protection of natural habitat		Preservation of a cer	tified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization of the complete lines 2a throu	ied conservation contribu	tion in the form of a co		
	day of the tax year.			Held at the End of the	Tax Year
а	Total number of conservation easements			2a	
b				2b	
С	Number of conservation easements on a certified historic stru			2c	
d	Number of conservation easements included in (c) acquired a	·			
	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or te	erminated by the orgar	nization during the tax	
	year ▶				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the peri	• •	on, handling of		
	violations, and enforcement of the conservation easements it				No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations, and	d enforcing conservati	on easements during the yea	ar
-	Amount of aurona incomed in manifesting incomeding bond	lina of cialations and out			
7	Amount of expenses incurred in monitoring, inspecting, hand > \$	ling of violations, and enf	ording conservation ea	asements during the year	
0	Does each conservation easement reported on line 2(d) above	a actiofy the requirements	of coation 170/b)/4)/P	)\(i\	
8		•			□ No
0	and section 170(h)(4)(B)(ii)?				NO
9	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footn		•		
	, , , , , , , , , , , , , , , , , , , ,	ote to the organization's	imanciai statements tr	iat describes the	
Pai	organization's accounting for conservation easements.  † III Organizations Maintaining Collections of	Art. Historical Trea	sures, or Other S	Similar Assets.	
1 0.	Complete if the organization answered "Yes" on Form	-		J	
1a	If the organization elected, as permitted under FASB ASC 95		nue statement and ba	lance sheet works	
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education.	or research in furthera	ince of public	
	service, provide in Part XIII the text of the footnote to its finan	, ,		į.	
b	If the organization elected, as permitted under FASB ASC 956			e sheet works of	
	art, historical treasures, or other similar assets held for public	•			
	provide the following amounts relating to these items:	, 22222113.1, 01		(	
	(i) Revenue included on Form 990, Part VIII, line 1			• \$	
	(m) 4			<b>.</b> .	
2	If the organization received or held works of art, historical trea				
~	the following amounts required to be reported under FASB A			provide	
а	Revenue included on Form 990, Part VIII, line 1	~		• \$	
	Assets included in Form 990, Part X				
	ADDELO INCIDIDADO INTEGRALA	• • • • • • • • • • • • • • • • • • • •		. 🚩 Ψ	

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

Schedule D (Form 990) 2021

Par	t III Organizations Maintaining C	ollections of Art	i, Historical Tre	asures, or	Other S	Similar	Assets	(conti	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	following that n	nake sigr	nificant u	se of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange program	n					
b	b Scholarly research e Other									
С										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	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 ma							Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the organizatio	n answered "Y	es" on F	orm 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia		•					,	_	_
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:							
						$\vdash$		Amoun	t	
С	Beginning balance					1c				
	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
	Did the organization include an amount on Fo		•		•	?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete i									
		(a) Current year	(b) Prior year	(c) Two years			ears back	<b>(e)</b> Fou		
1a	Beginning of year balance	800,000.	500,000.	· · · · · · · · · · · · · · · · · · ·		25	50,611.		250,	000.
b	Contributions	265,000.	300,000.	250,	000.					
С	Net investment earnings, gains, and losses						1,176.			611.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs			1,	787.					
f	Administrative expenses									
g	End of year balance	1,065,000.	800,000.	500,	000.	25	51,787.		250,	611.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)	)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment   100	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3а	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	nd administered	d for the	organiza	tion		1	
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza							_3b		
4 Do:	Describe in Part XIII the intended uses of the		wment funds.							
Pai	t VI Land, Buildings, and Equipm		Dort IV line 11e C	'aa Farm 000 I	Dort V lin	no 10				
	Complete if the organization answered									
	Description of property	(a) Cost or of	, , ,	or other	` '	umulate	d	( <b>d</b> ) Boo	k valu	е
		basis (investm	Dasis	(other)	uepr	eciation				
_	Land									
b	Buildings		0	661 001		0 5/7 5	10		114	202
_	Leasehold improvements	I	8	,661,901.	•	8,547,5			114,	
d	Equipment			589,399.		565,2				194.
	Other		•	,418,336.		4,393,2	.10.			126.
ı ota	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990, Part )</u>	<u>X, column (B), line 1</u>	<u> </u>			Schodulo	D /F	163,	

Schedule D (Form 990) 2021

(a) Description of security or category (including name of security)	(b) Book value	e 11b. See Form 990, Part X, line 12.  (c) Method of valuation: Cost or end	l-of-year market value
) Financial derivatives			•
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) > Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	I-ot-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Complete if the organization answered "Yes" o	Description	FITA. See Form 990, Fart A, line 15.	
	•		(b) Book value
(1) EMPLOYEE RETENTION TAX CREDITS RECEIVA	•		<b>(b)</b> Book value 199,68
(1) EMPLOYEE RETENTION TAX CREDITS RECEIVA (2)	•		
(1) EMPLOYEE RETENTION TAX CREDITS RECEIVA (2) (3)	•		
(1) EMPLOYEE RETENTION TAX CREDITS RECEIVA (2) (3) (4)	•		
(1) EMPLOYEE RETENTION TAX CREDITS RECEIVA (2) (3) (4) (5)	•		
(1) EMPLOYEE RETENTION TAX CREDITS RECEIVA (2) (3) (4) (5) (6)	•		
(1) EMPLOYEE RETENTION TAX CREDITS RECEIVA (2) (3) (4) (5) (6) (7)	•		
(1) EMPLOYEE RETENTION TAX CREDITS RECEIVA (2) (3) (4) (5) (6) (7) (8)	•		
(1) EMPLOYEE RETENTION TAX CREDITS RECEIVA (2) (3) (4) (5) (6) (7) (8) (9)	BLE		199,68
(1) EMPLOYEE RETENTION TAX CREDITS RECEIVA (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		199,68
(1) EMPLOYEE RETENTION TAX CREDITS RECEIVA (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of the complete of the organization and the or	15.)		199,68
(1) EMPLOYEE RETENTION TAX CREDITS RECEIVA (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	15.)		199,68
(1) EMPLOYEE RETENTION TAX CREDITS RECEIVA (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line eart X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes	15.)		199,68
(1) EMPLOYEE RETENTION TAX CREDITS RECEIVA (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)	15.)		199,68
(1) EMPLOYEE RETENTION TAX CREDITS RECEIVA (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3)	15.)		199,68
(1) EMPLOYEE RETENTION TAX CREDITS RECEIVA (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4)	15.)		199,68
(1) EMPLOYEE RETENTION TAX CREDITS RECEIVA (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	15.)		199,68
(1) EMPLOYEE RETENTION TAX CREDITS RECEIVA (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	15.)		199,68
(1) EMPLOYEE RETENTION TAX CREDITS RECEIVA (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	15.)		199,68
(1) EMPLOYEE RETENTION TAX CREDITS RECEIVA (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line eart X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	15.)		199,68
(1) EMPLOYEE RETENTION TAX CREDITS RECEIVA (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line eart X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	15.)	e 11e or 11f. See Form 990, Part X, line 25.	199,68

Par	t XI Reconciliation of Revenue per Audited Financial	Statements With R	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statement	s		1	5,429,774.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-288,965.		
b	Donated services and use of facilities	2b	263,997.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-24,968.
3	Subtract line 2e from line 1			3	5,454,742.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 12.)		5	5,454,742.
Pai	T XII Reconciliation of Expenses per Audited Financia		xpenses per F	keturn.	
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.			
1	Total expenses and losses per audited financial statements			1	5,132,044.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities		263,997.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	263,997.
3	Subtract line 2e from line 1			3	4,868,047.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
_5_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I.	line 18.)		5	4,868,047.
Pai	t XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b ar	nd 2b; Part V, line 4	; Part X, Iir	ne 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prov	ide any additional informa	ation.		
PART	V, LINE 4:				
THE	MUSEUM'S ENDOWMENT CONSISTS OF A DONOR RESTRICTED FUN	ID ESTABLISHED TO			
SUPP	ORT THE PROGRAMS OF THE MUSEUM.				

#### SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

**Employer identification number** 

LONG ISLAN	D CHILDREN'S MUSEUM				11-303522	21	
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.  a							
(i) Name and address of individual or entity (fundraiser)	I III ACTIVITY I have custody I I Y I TO (Or retained by)						
R & L CONSULTING - 97 HEMLOCK		Yes	No				
STREET, ARDEN, NC 28704	GRANT WRITING		Х	0.	122,829.	-122,829.	
3 List all states in which the organization	on is registered or licensed to solicit o				122,829. it is exempt from re	•	
or licensing.							

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

Schedule G (Form 990) 2021

_		of fundraising event contributions and gr			<del> </del>	ts greater than \$5,000.
			(a) Event #1 CUPCAKES AND	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			COCKTAIL			col. (c))
e l			(event type)	(event type)	(total number)	COI. (C))
Revenue	1	Gross receipts	767,550.			767,550.
	2	Less: Contributions	602,916.			602,916
_	3	Gross income (line 1 minus line 2)	164,634.			164,634.
	4	Cash prizes				
S	5	Noncash prizes				
esuec	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	102,836.			102,836.
ā	8	Entertainment	3,773.			3,773.
	9	Other direct expenses				58,025.
	10	Direct expense summary. Add lines 4 throug			<b>&gt;</b>	164,634.
	11	Net income summary. Subtract line 10 from				0
<b>a</b>	rt I	<b>II</b> Gaming. Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
_		\$15,000 on Form 990-EZ, line 6a.	_		_	_
aune			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue	1	Gross revenue				
25	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Jirect E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes %  No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)		<b>)</b>	
		ter the state(s) in which the organization cond the organization licensed to conduct gaming a				Yes No
		No," explain:				
)a	We	ere any of the organization's gaming licenses r	evoked, suspended, or te	rminated during the tax	year?	Yes No
		Yes," explain:			•	

Sch	edule G (Form 990) 2021 LONG ISLAND CHILDREN'S MUSEUM 11	-30352	21	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No No
	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 conducted in:			
	The organization's facility	13a		%
	An outside facility		1	<del>/</del> 6
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Effect the flame and address of the person who prepares the organization's garning/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 > \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	-			
	-			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
а			Voc	☐ No
h	retain the state gaming license?  Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	—		
b	organization's own exempt activities during the tax year $\blacktriangleright$ \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	Part III lir	nes 9	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, III	100 0,	00, 100,
	100, 100, 10, and 110, as applicable. Also provide any additional information, essembly additions.			
				-

Schedule G (Form 990) LONG ISLAND CHILDREN'S MUSEUM	11-3035221	Page 4
Schedule G (Form 990) LONG ISLAND CHILDREN'S MUSEUM  Part IV Supplemental Information (continued)		<u> </u>
· · (continues)		

### SCHEDULE J (Form 990)

**Compensation Information** 

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

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

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

2021

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

LONG ISLAND CHILDREN'S MUSEUM

Employer identification number 11-3035221

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
_				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ X Approval by the board or compensation committee			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		X
b	Any related organization?	6b		Х
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			Х
	not described on lines 5 and 6? If "Yes," describe in Part III	7		_
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	6		х
Ω	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	9		
	Regulations section 53.4958-6(c)?	J		

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

Schedule J (Form 990) 2021

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

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

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

<b>(A)</b> Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SUZANNE LEBLANC	(i)	183,522.	25,000.	1,447.	0.	9,979.	219,948.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

#### **SCHEDULE 0** (Form 990)

## Supplemental Information to Form 990 or 990-EZ

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

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

Department of the Treasury Internal Revenue Service

Name of the organization

LONG ISLAND CHILDREN'S MUSEUM

**Employer identification number** 11-3035221

OMB No. 1545-0047

PART III - LINE 4A SCHOOL GROUPS, PUBLIC PROGRAMS, COMMUNITY PROGRAMS INITIATIVES AND SPECIALIZED PROGRAMMING [EARLY CHILDHOOD, OUTREACH, SCOUTS, BIRTHDAY PARTIES]: THE LONG ISLAND CHILDREN'S MUSEUM (THE "MUSEUM") FOCUSES ITS PUBLIC PROGRAMMING ON CHILDREN FROM BIRTH THROUGH 12 AND THEIR FAMILIES, AND SCHOOL GROUP PROGRAMS ON THE PRE-SCHOOL LEVEL THROUGH GRADE 6, WITH SCHOOL SUB-CONTRACTS FOR SPECIAL INITIATIVES SERVING YOUNG PEOPLE THROUGH MIDDLE SCHOOL AND HIGH SCHOOL. PUBLIC PROGRAMS INCLUDE CULTURAL FESTIVALS, PROGRAMMING THEMED TO SUPPLEMENT NEW AND TRAVELING EXHIBITS ORGANIZED WORKSHOPS AND POP-UP ACTIVITIES. DURING THE 2021/2022 FISCAL YEAR, THE MUSEUM'S SCHOOL GROUP PROGRAMS HAVE INCLUDED A BROAD RANGE OF DISCIPLINES, SUPPORTED STATE AND NATIONAL STANDARDS. AND EMPHASIZED INQUIRY BASED LEARNING ON A VARIETY OF TOPICS, INCLUDING STEM (SCIENCE, TECHNOLOGY, ENGINEERING, MATH), ART AND CULTURES. COMMUNITY PROGRAM INITIATIVES SERVE PRIMARILY LOW INCOME FAMILIES AND HIGH NEED SCHOOL DISTRICTS. THE MUSEUM RECEIVED THE NATIONAL MEDAL FOR MUSEUM AND LIBRARY SERVICE AT THE WHITE HOUSE IN NOVEMBER 2012 FOR ITS COMMUNITY BASED PROGRAMMING. THESE INITIATIVES INCLUDE: [1] STEM PARTNERSHIP WITH THE WESTBURY SCHOOL DISTRICT: THE WESTBURY STEM PARTNERSHIP IS A SCHOOL-MUSEUM TEACHING MODEL WHICH EXPANDS THE DISTRICT'S SCIENCE EDUCATION PROGRAM BEYOND THE CONFINES OF THE CLASSROOM. THE WESTBURY STEM PARTNERSHIP EMPHASIZES INQUIRY-BASED LEARNING - WHERE STUDENTS DEVELOP EXPERIMENTAL AND ANALYTICAL SKILLS RATHER THAN JUST THE MEMORIZATION OF INFORMATION. THE PROGRAM INCLUDES A SUBSTANTIAL TEACHER PROFESSIONAL DEVELOPMENT COMPONENT AND SERVES ALL

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2

Schedule O (Form 990) 2021	Page 2
Name of the organization  LONG ISLAND CHILDREN'S MUSEUM	Employer identification number 11-3035221
FIRST AND SECOND GRADE STUDENTS AND TEACHERS IN THE DISTRICT MULTIPLE	
TIMES DURING THE YEAR. (APPROXIMATELY 1,000 STUDENTS);	
- AT THE REQUEST OF THE TEACHER ADVISORY COUNCIL, THE MUSEUM EXPANDED	
THIS PROGRAM TO SERVE ALL OF THE THIRD GRADE, AND SUBSEQUENTLY RECEIVED	
FEDERAL FUNDING TO CONTINUE THIS EXPANSION AND ADD ALL STUDENTS WITH	
SPECIAL NEEDS IN THE DISTRICT FROM GRADES K THROUGH 12.	
[2] TOGETHER TO KINDERGARTEN: THIS PROGRAM SERVES IMMIGRANT FAMILIES	
WITH LIMITED ENGLISH PROFICIENCY WHO HAVE CHILDREN ABOUT TO ENTER	
KINDERGARTEN. IT PROVIDES DAILY, ENGLISH LANGUAGE IMMERSION, HALF-DAY	
SESSIONS AT THE MUSEUM FOR A MONTH FOR PRE-SCHOOL AGE CHILDREN ABOUT TO	
ENTER KINDERGARTEN, FOCUSING ON SOCIAL AND ACADEMIC SKILLS, AND HALF	
DAY, ONCE PER WEEK SESSIONS FOR THEIR PARENTS/CAREGIVERS. SESSIONS FOR	
PARENTS/CAREGIVERS ARE TAUGHT IN THE LANGUAGE OF THEIR COUNTRY OF	
ORIGIN, AND ACCLIMATE THEM TO THE CULTURE OF THE U.S. CLASSROOM AND	
PUBLIC EDUCATION SYSTEM AS WELL AS PROVIDING TECHNIQUES AND ACTIVITIES	
TO SUPPORT THEIR CHILDREN'S EDUCATION. TOGETHER TO KINDERGARTEN IS	
DIVIDED INTO TWO SEPARATE COMPONENTS - JUNTOS AL KINDER [SPANISH] AND	
ANSANM, ANSANM POU KINDEGATEN (HAITIANCREOLE]. THE PROGRAM HAS NOW	
ADDED FAMILIES FROM FRENCH SPEAKING AFRICAN COUNTRIES. THE PROGRAM IS	
PROVIDED FREE OF CHARGE AND INCLUDES DOOR-TO-DOOR TRANSPORTATION FOR	
PARTICIPANTS;	
-AS A RESULT OF POSITIVE CHANGES NECESSITATED BY THE COVID 19 PANDEMIC,	
THE MUSEUM OPENED UP THIS PROGRAM TO FAMILIES FROM OTHER COMMUNITIES	
AND OTHER CULTURAL/ETHNIC GROUPS AS LONG AS THEY COULD GET TO THE	
MUSEUM ON THEIR OWN. THIS WAS A VERY SUCCESSFUL ADAPTATION AND MADE THE	
PROGRAM MORE INCLUSIVE. PARTICIPANTS IN THE FIRST FEW YEARS OF THIS	
PROGRAM ARE NOW ATTENDING COLLEGE. ONE STUDENT, NOW ATTENDING HOFSTRA	
UNIVERSITY, CAME BACK TO THE MUSEUM TO WORK PART-TIME AND WROTE A	_

<u>Schedule O (Form 990) 2021</u>

Name of the organization **Employer identification number** LONG ISLAND CHILDREN'S MUSEUM 11-3035221 TESTIMONIAL ABOUT HOW IMPORTANT THIS PROGRAM HAD BEEN TO HER AND HER FAMILY. [3] EARLY LEARNING WORKSHOPS: THESE WORKSHOPS ARE HELD DAILY IN THE MUSEUM'S EARLY CHILDHOOD WORKSHOP SPACE AND INCLUDE: STORY AND ART, MUSIC AND MOVEMENT, AND KIDS IN THE KITCHEN; [4] OUTREACH: THE MUSEUM PROVIDES OFF-SITE EDUCATIONAL PROGRAMS AND WORKSHOPS AT SCHOOLS, COMMUNITY GROUPS, LIBRARIES AND CHILDREN'S HOSPITALS FOR GROUPS WHO CANNOT COME TO THE MUSEUM. LED BY MUSEUM EDUCATORS. ALL WORKSHOPS COMPLEMENT THEMES PRESENTED IN MUSEUM EXHIBITS AND PROGRAMS; [5] BIRTHDAY PARTIES: THE MUSEUM INCORPORATES THE THEMES AND LESSONS OF ITS EXHIBITS IN THE SETTING OF A CHILD'S BIRTHDAY PARTY. EACH PARTY RUNS 90 MINUTES AND PARTICIPANTS EXPLORE THE MUSEUM TOGETHER, AS WELL AS PARTICIPATE IN WORKSHOP ACTIVITIES IN A CLASSROOM SETTING PART III - LINE 4B EXHIBIT PROGRAM: THE MUSEUM'S EXHIBITS ARE THE MOST PUBLIC FACING PROGRAM OFFERING, ENJOYED BY ALL VISITORS. APPROXIMATELY 268,000 VISITORS ATTENDED THE MUSEUM AND ENGAGED WITH THE HIGHLY INTERACTIVE EXHIBITS IN THE 2021-2022 FISCAL YEAR. THESE VISITORS INCLUDE FAMILIES FROM THROUGHOUT LONG ISLAND AND EASTERN QUEENS, SCHOOL AND CAMP GROUPS AND CHILDREN AND ADULTS ATTENDING SPECIAL PROGRAMS AND INITIATIVES. DURING FISCAL YEAR 2021-2022, THE MUSEUM HAS MORE THAN 29,000 SQUARE FEET OF EXHIBIT SPACE, INCLUDING AN AWARD-WINNING, 4,000 SQ. FT. EXHIBITION, OUR BACKYARD. IN ADDITION TO THE PERMANENT EXHIBIT GALLERIES, LICM HAS A TRAVELING EXHIBIT GALLERY, HOSTING THREE TRAVELING EXHIBITS EACH YEAR, AND TWO ART GALLERY SPACES - ONE EXHIBITING WORKS BY A DIVERSE GROUP OF ADULT ARTISTS AND A COMMUNITY

<u>Schedule O (Form 990) 2021</u>

Name of the organization **Employer identification number** LONG ISLAND CHILDREN'S MUSEUM 11-3035221 GALLERY EXHIBITING WORKS BY CHILDREN. DURING THE FISCAL YEAR 2021-2022 ONE OF THE HIGHLY SUCCESSFUL TRAVELING EXHIBITS WAS A DINOSAUR EXHIBIT FEATURING ANIMATRONIC DINOSAURS. ONE OF THE COMMUNITY GALLERY EXHIBITIONS FEATURED WORKS BY HIGH SCHOOL STUDENTS, PAIRED WITH VETERANS. WORKS EXHIBITED BY THE STUDENTS INCLUDED PORTRAITS AND STORIES OF THE VETERANS. AN OPENING RECEPTION WAS ATTENDED BY PARTICIPATING VETERANS. THE STUDENTS AND THEIR FAMILIES AND REPRESENTATIVES OF VETERAN ORGANIZATIONS. LICM'S INTERACTIVE EXHIBITS ARE INTERDISCIPLINARY, AGE-APPROPRIATE, AND INTERGENERATIONAL FOSTERING BOTH INDEPENDENT AND COOPERATIVE EXPLORATION. AND ENCOURAGING CONCEPT DEVELOPMENT AND SKILLS BUILDING. LICM HAS BEEN PART OF A NATIONAL TRAVELING EXHIBIT CONSORTIUM, YOUTH MUSEUMS EXHIBIT COLLABORATIVE (YMEC). AS PART OF ITS MEMBERSHIP IN THE CONSORTIUM, THE MUSEUM CREATED AN EXHIBIT - BROKEN? FIX IT! -WHICH OPENED AT LICM AND THEN TRAVELED TO FIVE OTHER CHILDREN'S MUSEUMS ACROSS THE COUNTRY AND IS NOW INSTALLED AS A PERMANENT EXHIBIT AT THE MUSEUM. PART III - LINE 4C PERFORMANCES ARE INTERACTIVE AND DIVERSE IN THEIR CONTENT AND THE INTIMATE NATURE OF THE SPACE DECREASES AESTHETIC DISTANCE BETWEEN AUDIENCE AND PERFORMER, MAKING IT AN EXCELLENT VENUE FOR FAMILIES AND CHILDREN TO ENJOY CULTURAL, THEATRICAL AND MUSICAL PERFORMANCES AS WELL AS DANCE AND PUPPETRY. SPECIAL PROGRAM SERIES INCLUDE COLLABORATIONS WITH PERFORMERS OUTSIDE THE U.S. AS WELL AS THE DEVELOPMENT OF IN-HOUSE PRODUCTIONS TO AUGMENT THE MUSEUM'S EXHIBITIONS AND PROGRAMS AND TO OFFER PERFORMANCES TO SCHOOLS, MANY OF WHICH CHOOSE THE DOUBLE YOUR LEARNING OPTION AND ADD ON A PERFORMANCE TO THE TRADITIONAL FIELD TRIP OPTION FOR ONE BUS PRICE. THE EDUCATIONAL, COMMUNITY AND FAMILY-BASED

<u>Schedule O (Form 990) 2021</u> Page **2** 

**Employer identification number** Name of the organization LONG ISLAND CHILDREN'S MUSEUM 11-3035221 FOCUS OF THE MUSEUM DEFINES THE PHILOSOPHY OF THE THEATER: WHEN PARENTS INTRODUCE EVEN THEIR YOUNGEST CHILDREN TO LIVE THEATER AT THE MUSEUM THE MUSEUM SUPPORTS THE DEVELOPMENT OF FUTURE AUDIENCES FOR THE PERFORMING ARTS. THE MUSEUM IS COMMITTED TO KEEPING THEATER ADMISSION COSTS LOW FOR AFFORDABILITY AND ACCESS FOR CHILDREN AND FAMILIES FROM A VARIETY OF ECONOMIC BACKGROUNDS. WITH GRANTS FROM THE INSTITUTE OF MUSEUM AND LIBRARY SERVICES (IMLS), LICM WAS ABLE TO PROTOTYPE NEW THEATER PRESENTATIONS AND HAS DEVELOPED A RICH SCHEDULE OF IN-HOUSE THEATER PRODUCTIONS IN ADDITION TO BRINGING IN OUTSIDE PERFORMERS. THIS HAS ENABLED THE MUSEUM TO SERVE SCHOOL GROUPS IN A DIFFERENT WAY. FOR MOST OF THE PARTICIPATING SCHOOLS, THIS IS THEIR ONLY THEATER-ORIENTED FIELD TRIP EXPERIENCE. FORM 990, PART VI, SECTION A, LINE 2: ROBERT & RONI LEMLE [TRUSTEE AND BOARD CHAIR RESPECTIVELY] ARE MARRIED. FORM 990, PART VI, SECTION A, LINE 3: & FORM 990, PART V, LINE 2A: THE MUSEUM LEASES THEIR EMPLOYEES THROUGH PRESTIGE, PROFESSIONAL EMPLOYMENT ORGANIZATION. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 DISTRIBUTED TO ALL TRUSTEES FOR REVIEW PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE. FORM 990, PART VI, SECTION B, LINE 12C: THE MUSEUM REQUIRES INDIVIDUALS WHO FALL UNDER THE DISCLOSURE TO SIGN THE CONFLICT OF INTEREST POLICY STATEMENT ANNUALLY.

Name of the organization	Employer identification number
LONG ISLAND CHILDREN'S MUSEUM	11-3035221
FORM 990, PART VI, SECTION B, LINE 15:	
THE CHAIR OF THE BOARD PRESENTS TO THE BOARD THE COMPENSATION PACKAGE FOR	
THE PRESIDENT FOR APPROVAL. OTHER MEMBERS OF MANAGEMENTS' COMPENSATION IS	
DETERMINED BY THE PRESIDENT AND PRESENTED TO THE BOARD FOR APPROVAL.	
FORM 990, PART VI, SECTION C, LINE 19:	
CERTAIN GOVERNING DOCUMENTS, CONFLICTS OF INTEREST AND FINANCIAL STATEMENTS	
ARE AVAILABLE UPON REQUEST.	

#### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print LONG ISLAND CHILDREN'S MUSEUM 11-3035221 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 11 DAVIS AVENUE return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. GARDEN CITY, NY 11530 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 05 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) SUZANNE LEBLANC, C/O LICM The books are in the care of ► 11 DAVIS AVENUE - GARDEN CITY, NY 11530 Telephone No. ▶ 516-224-5800 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 
and attach a list with the names and TINs of all members the extension is for. MAY 15, 2023 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year , and ending JUN 30, 2022 ► X tax year beginning JUL 1, 2021

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Initial return

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

If the tax year entered in line 1 is for less than 12 months, check reason:

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

estimated tax payments made. Include any prior year overpayment allowed as a credit.

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Change in accounting period

any nonrefundable credits. See instructions.

Form **8868** (Rev. 1-2022)

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Final return

3b