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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2008

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

A For the 2008 calendar year, or tax year beginning

07/01, 2008, and ending

06/30, 2009

<input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization LOWER MANHATTAN CULTURAL COUNCIL, INC.			D Employer identification number 23-7348782	
	Doing Business As			E Telephone number (212) 219-9401	
	Number and street (or P O box if mail is not delivered to street address)			Room/suite	
	125 MAIDEN LANE, 2ND FLOOR				
	City or town, state or country, and ZIP + 4				
	NEW YORK, NY 10038-4912			G Gross receipts \$ 2,544,021	
F Name and address of principal officer CHERRIE NANNINGA SAME AS ABOVE			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			If "No," attach a list (see instructions)		
			H(c) Group exemption number ►		
I Tax-exempt status X 501(c) (3) ► (insert no) 4947(a)(1) or 527					
J Website: ► WWW.LMCC.NET					
K Type of organization X Corporation Trust Association Other ►			L Year of formation 1973 M State of legal domicile NY		

Part I. Summary

1 Briefly describe the organization's mission or most significant activities
TO CREATE A FERTILE & NURTURING ENVIRONMENT FOR ARTISTS & ART GROUPS,
 ENLIVENING PUBLIC SPACES WITH FREE PROGRAMS IN THE VISUAL, PERFORMING
 & NEW MEDIA ARTS, & PROVIDING LEADERSHIP IN PLANNING & ADVOCACY.

2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its assets

3 Number of voting members of the governing body (Part VI, line 1a) 3 18

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 18

5 Total number of employees (Part V, line 2a) 5 26

6 Total number of volunteers (estimate if necessary) 6 24

7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 7a NONE

b Net unrelated business taxable income from Form 990-T, line 34 7b NONE

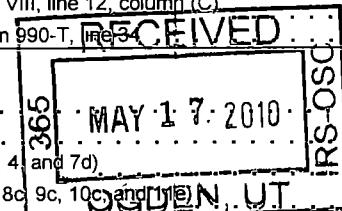
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Activities & Governance

Revenue

Expenses

Net Assets or Fund Balances



		Prior Year	Current Year
8	Contribution and grants (Part VIII, line 1h)	3,104,286.	2,480,967.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4 and 7d)	31,201.	10,404.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c and 11d)	-208,799.	-159,985.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,926,688.	2,331,386.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,282,656.	847,590.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,210,009.	1,204,552.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses, Part IX, column (D), line 25) ► 107,733.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,104,232.	972,115.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,596,897.	3,024,257.
19	Revenue less expenses Subtract line 18 from line 12	-670,209.	-692,871.
20	Total assets (Part X, line 16)	Beginning of Year 5,674,399.	End of Year 5,409,375.
21	Total liabilities (Part X, line 26)	1,465,793.	1,893,640.
22	Net assets or fund balances Subtract line 21 from line 20.	4,208,606.	3,515,735.

Part II. Signature Block

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

Sign Here

5/12/10

Treasurer
of the Board

Type or print name and title

Paid	Preparer's signature ►	Date MAY 11 2010	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (see instructions) P00183769
Preparer's Use Only	Firm's name (or yours if self-employed), address, and ZIP + 4 ► CONDON O'MEARA MCGINTY & DONNELLY L	EIN ► 13-3628255		
	ONE BATTERY PARK PLAZA, NEW YORK, NY 10004-1405	Phone no ► 212-661-7777		

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

JSA
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Part III Statement of Program Service Accomplishments (see instructions)1 Briefly describe the organization's mission

SEE STATEMENT 1

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

If "Yes" describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

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

4a (Code _____) (Expenses \$ 1,429,165. Including grants of \$ 830,638.) (Revenue \$ _____)

GRANTS AND SERVICES – COMMUNITY ARTS GRANTS FOR ARTISTS AND
ORGANIZATIONS THROUGHOUT THE BOROUGH OF MANHATTAN (ADMINISTERED IN
PARTNERSHIP WITH THE NEW YORK STATE COUNCIL ON THE ARTS AND NYC'S
DEPARTMENT OF CULTURAL AFFAIRS); DOWNTOWN CULTURAL GRANTS FOR
CULTURAL ORGANIZATIONS AND ART PROJECTS IN LOWER MANHATTAN; FISCAL
SPONSORSHIP FOR INDIVIDUAL ARTISTS AND ART GROUPS THAT NEED
NONPROFIT STATUS TO RAISE RESOURCES FOR THEIR PROJECTS;
PROFESSIONAL DEVELOPMENT TRAINING TO HELP INDIVIDUAL ARTISTS
PURSUE THEIR PRACTICE AND THEIR CAREER GOALS.

4b (Code _____) (Expenses \$ 529,485. Including grants of \$ _____) (Revenue \$ _____)

PROGRAMS – A VARIETY OF PUBLIC PROGRAMS (SYMPOSIA, CONFERENCES,
PUBLIC ART EXHIBITS, PERFORMANCES, AND FILM SCREENINGS) PRODUCED
TO STIMULATE INNOVATIVE ART AND DIALOGUE ON CONTEMPORARY URBAN
ISSUES, AND TO BRING ART TO DOWNTOWN AUDIENCES.

4c (Code _____) (Expenses \$ 591,854. Including grants of \$ 16,952.) (Revenue \$ _____)

ARTIST RESIDENCIES – STUDIO RESIDENCY PROGRAM THAT PROVIDES
ARTISTS, WRITERS AND ART GROUPS WORKING IN DIVERSE MEDIA AND
GENRES WITH FREE WORKSPACE AND ACCESS TO OTHER RESOURCES AND
SERVICES.

4d Other program services (Describe in Schedule O)

(Expenses \$ _____ Including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ► \$ 2,550,504. (Must equal Part IX, Line 25, column (B))

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 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3 X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4 X	
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any accounts where 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 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 X	
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9 X	
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11 X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12 X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 X	
14a Did the organization maintain an office, employees, or agents outside of the U S ?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16 X	
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17 X	
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 X	
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20 X	
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c 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	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) 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 Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b X	
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26 X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27 X	

Part IV Checklist of Required Schedules (continued)

28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee

- a** Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV
- b** Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV
- c** Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1

35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

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

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

	Yes	No
28a		X
28b	X	
28c	X	
29	X	
30	X	
31	X	
32	X	
33	X	
34	X	
35	X	
36	X	
37	X	

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable.

1a	85
----	----

1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.

1b	NONE
----	------

1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c	
----	--

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return

2a	26
----	----

2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?

2b	X
----	---

Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)

3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?

3a	
----	--

3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O

3b	
----	--

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

4a	X
----	---

4b If "Yes," enter the name of the foreign country ►
 See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?

5a	X
----	---

5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

5b	X
----	---

5c

6a Did the organization solicit any contributions that were not tax deductible?

6a	X
----	---

6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

6b	
----	--

7 **Organizations that may receive deductible contributions under section 170(c).**

7a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?

7a	X
----	---

7b If "Yes," did the organization notify the donor of the value of the goods or services provided?

7b	X
----	---

7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

7c	X
----	---

7d If "Yes," indicate the number of Forms 8282 filed during the year

7d	
----	--

7e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

7e	X
----	---

7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

7f	X
----	---

7g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?

7g	
----	--

7h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?

7h	
----	--

8 **Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

8	
---	--

9 **Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**

9a Did the organization make any taxable distributions under section 4966?

9a	X
----	---

9b Did the organization make a distribution to a donor, donor advisor, or related person?

9b	X
----	---

10 **Section 501(c)(7) organizations.** Enter

10a Initiation fees and capital contributions included on Part VIII, line 12

10a	
-----	--

10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

10b	
-----	--

11 **Section 501(c)(12) organizations.** Enter

11a Gross income from members or shareholders

11a	
-----	--

11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)

11b	
-----	--

12a **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?

12a	
-----	--

12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

12b	
-----	--

Part VI: Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.

	Yes	No
1a	18	
1b	18	
2		X
3		X
4		X
5		X
6		X
7a		X
7b		X
8a	X	
8b	X	
9a		X
9b		
10	X	
11		X

1a Enter the number of voting members of the governing body

1b Enter the number of voting members that are independent

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?

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?

4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a material diversion of the organization's assets?

6 Does the organization have members or stockholders?

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?

b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.

a The governing body?

b Each committee with authority to act on behalf of the governing body?

9a Does the organization have local chapters, branches, or affiliates?

b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?

10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990

11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

Section B. Policies

	Yes	No
12a	X	
12b	X	
12c	X	
13	X	
14	X	
15a	X	
15b	X	
16a		X
16b		

12a Does the organization have a written conflict of interest policy? If "No," go to line 13

b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done

13 Does the organization have a written whistleblower policy?

14 Does the organization have a written document retention and destruction policy?

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

a The organization's CEO, Executive Director, or top management official?

b Other officers or key employees of the organization?

Describe the process in 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?

b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► NEW YORK

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply

Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► THE COUNCIL, 125 MAIDEN LANE, 2ND FLOOR, NEW YORK, NY 10038-4912
212-219-9401

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

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

1b Total ► 175,000. NONE 6,530.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 1

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person.

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
SEE STATEMENT 2		
		</td

JSA

Part VIII. Statement of Revenue

23-7348782

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts					
1a Federated campaigns	1a				
1b Membership dues	1b				
1c Fundraising events	1c	451,517.			
1d Related organizations	1d				
1e Government grants (contributions)	1e	1,293,570.			
1f All other contributions, gifts, grants, and similar amounts not included above	1f	735,880.			
g Noncash contributions included in lines 1a-1f		\$			
h Total. Add lines 1a-1f		► 2,480,967.			
Program Service Revenue		Business Code			
2a					
b					
c					
d					
e					
f All other program service revenue		►			
g Total. Add lines 2a-2f		►			
Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts)	STMT 3	► 10,404.			10,404.
4 Income from investment of tax-exempt bond proceeds	►				
5 Royalties	►				
6a Gross Rents	(i) Real	(ii) Personal			
b Less rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)	►				
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less cost or other basis and sales expenses					
c Gain or (loss)					
d Net gain or (loss)	►				
8a Gross income from fundraising events (not including \$ 451,517. of contributions reported on line 1c) See Part IV, line 18	a 52,629.	STMT 4			
b Less direct expenses	b 212,635.				
c Net income or (loss) from fundraising events	► STMT 5		-160,006.	-160,006.	
9a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses	b				
c Net income or (loss) from gaming activities	►				
10a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory.	►				
Miscellaneous Revenue		Business Code			
11a MISC. REVENUE			21.	21.	
b					
c					
d All other revenue					
e Total Add lines 11a-11d	►	21.			
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	►	2,331,386.	-159,985.		10,404.

Part IX Statement of Functional Expenses**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the US See Part IV, line 21 . . .	687,310.	687,310.		
2 Grants and other assistance to individuals in the US See Part IV, line 22	160,280.	160,280.		
3 Grants and other assistance to governments, organizations, and individuals outside the US See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	181,530.	134,940.	31,249.	15,341.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .				
7 Other salaries and wages	837,467.	622,531.	144,164.	70,772.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . . .				
9 Other employee benefits	105,758.	78,615.	18,206.	8,937.
10 Payroll taxes	79,797.	59,317.	13,736.	6,744.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	15,335.	14,185.	1,077.	73.
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	107,025.	95,221.	11,052.	752.
12 Advertising and promotion	2,859.	2,735.	124.	
13 Office expenses	52,023.	46,489.	3,871.	1,663.
14 Information technology				
15 Royalties				
16 Occupancy	190,831.	162,748.	28,083.	
17 Travel	4,377.	4,073.	259.	45.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	21,675.	20,638.	932.	105.
20 Interest	85,258.		85,258.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	160,730.	143,050.	14,466.	3,214.
23 Insurance	27,297.	21,838.	5,459.	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a ARTIST'S FEES	132,711.	132,711.		
b EQUIPMENT RENTAL & MAINT	33,912.	28,955.	4,883.	74.
c PRODUCTION	117,266.	117,078.	188.	
d MISCELLANEOUS	20,816.	17,790.	3,013.	13.
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	3,024,257.	2,550,504.	366,020.	107,733.
26 Joint Costs Check here ► <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X: Balance Sheet

		(A) Beginning of year		(B) End of year
Assets				
1	Cash - non-interest-bearing	19,041	1	313,768
2	Savings and temporary cash investments	642,826	2	276,293
3	Pledges and grants receivable, net	745,758	3	411,790
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sales or use		8	
9	Prepaid expenses and deferred charges	2,365	9	2,916
10a	Land, buildings, and equipment cost basis	10a	4,822,310	
b	Less accumulated depreciation Complete Part VI of Schedule D.	10b	506,231	4,164,076
11	Investments - publicly traded securities		10c	4,316,079
12	Investments - other securities See Part IV, line 11		11	
13	Investments - program-related See Part IV, line 11		12	
14	Intangible assets		13	
15	Other assets See Part IV, line 11	100,333	14	88,529
16	Total assets. Add lines 1 through 15 (must equal line 34)	5,674,399	15	5,409,375
Liabilities				
17	Accounts payable and accrued expenses	89,884	16	181,481
18	Grants payable		17	
19	Deferred revenue		18	
20	Tax-exempt bond liabilities		19	
21	Escrow account liability Complete Part IV of Schedule D		20	
22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		21	
23	Secured mortgages and notes payable to unrelated third parties STMT. 6	1,137,159	22	1,137,159
24	Unsecured notes and loans payable		23	
25	Other liabilities Complete Part X of Schedule D	238,750	24	575,000
26	Total liabilities. Add lines 17 through 25	1,465,793	25	1,893,640
Net Assets or Fund Balances				
	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	3,414,727	27	3,376,234
28	Temporarily restricted net assets	793,879	28	139,501
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	4,208,606	33	3,515,735
34	Total liabilities and net assets/fund balances	5,674,399	34	5,409,375

Part XI: Financial Statements and Reporting

1	Accounting method used to prepare the Form 990	<input type="checkbox"/> Cash	<input checked="" type="checkbox"/> Accrual	<input type="checkbox"/> Other	Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				2a	X
b	Were the organization's financial statements audited by an independent accountant?				2b	X
c	If "Yes" to lines 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	X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?				3a	
b	If "Yes," did the organization undergo the required audit or audits?				3b	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

LOWER MANHATTAN CULTURAL COUNCIL, INC.

Employer identification number

23-7348782

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

The organization is not a private foundation because it is (Please check only one organization)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H)
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives (1) more than 3 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 3 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h

a Type I b Type II c Type III - Functionally Integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box _____
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____
 - (ii) A family member of a person described in (i) above? _____
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____
- h Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

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

Schedule A (Form 990 or 990-EZ) 2008

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)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	7,973,844.	6,407,214.	3,332,429.	3,104,286.	2,480,967.	23,298,740.
2 Tax revenues levied for the organization'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 1-3	7,973,844.	6,407,214.	3,332,429.	3,104,286.	2,480,967.	23,298,740.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						4,280,375.
6 Public support. Subtract line 5 from line 4						19,018,365.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	7,973,844.	6,407,214.	3,332,429.	3,104,286.	2,480,967.	23,298,740.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	25,235.	21,637.	57,637.	31,201.	10,404.	146,114.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	407,786.	NONE	21.	2,973.	21.	410,801.
11 Total support. Add lines 7 through 10						23,855,655.
12 Gross receipts from related activities, etc (See instructions)					12	454,534.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	79.72 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	74.91 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%
19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2004	2005	2006	2007	2008	TOTAL
MISCELLANEOUS REVENUE	57,786.	NONE	21.	2,973.	21.	60,801.
LEASE TERMINATION	350,000.	NONE	NONE	NONE	NONE	350,000.
<u>REIMBURSEMENT</u>						
<u>TOTALS</u>	<u>407,786.</u>	<u>NONE</u>	<u>21.</u>	<u>2,973.</u>	<u>21.</u>	<u>410,801.</u>

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

OMB No. 1545-0047

2008**Open to Public
Inspection**

Name of the organization

LOWER MANHATTAN CULTURAL COUNCIL, INC.

Employer identification number

23-7348782

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?	<input type="checkbox"/>	Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area
 Protection of natural habitat Preservation of certified historic structure
 Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
2a	
2b	
2c	
2d	

a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____
4 Number of states where property subject to conservation easement is located ► _____
5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Yes No
6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► _____
7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$ _____
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

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

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

a <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other _____
c <input type="checkbox"/> Preservation for future generations	

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,293,879.				
b Contributions	70,000.				
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	724,378.				
f Administrative expenses					
g End of year balance	639,501.				

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

a Board designated or quasi-endowment ► 78.1859 %

b Permanent endowment ► %

c Term endowment ► 21.8141 %

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

Yes	No
-----	----

3a(i)	X
-------	---

3a(ii)	X
--------	---

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b	
----	--

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

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

	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land					
b Buildings					
c Leasehold improvements		4,542,463.	359,159.		4,183,304.
d Equipment		279,847.	147,072.		132,775.
e Other					

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c)) ► 4,316,079.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other _____		

Total. (Column (b) should equal Form 990, Part X, col (B) line 12)

Part VII Investments - Program Related. See Form 990, Part X, line 13

Total. (Column (b) should equal Form 990, Part X, col (B) line 13)

Part IX Other Assets. See Form 990, Part X, line 15.

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

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

(a) Description of liability	(b) Amount	
Federal income taxes		
LINE OF CREDIT	575,000	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,331,386.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,024,257.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-692,871.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-692,871.

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

1	Total revenue, gains, and other support per audited financial statements	1	4,823,579.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	2,279,558.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	212,635.
e	Add lines 2a through 2d	2e	2,492,193.
3	Subtract line 2e from line 1	3	2,331,386.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	2,331,386.

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

1	Total expenses and losses per audited financial statements	1	5,516,450.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	2,279,558.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	212,635.
e	Add lines 2a through 2d	2e	2,492,193.
3	Subtract line 2e from line 1	3	3,024,257.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	3,024,257.

Part XIV Supplemental Information

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

SEE PAGE 5

Part XIV Supplemental Information (continued)

ENDOWMENT FUNDS

PART V- QUESTION 4

BOARD DESIGNATED FUNDS CONSIST OF FUNDS THAT WILL BE USED AT THE
DISCRETION OF THE COUNCIL'S BOARD OF DIRECTORS.

TEMPORARY RESTRICTED FUNDS REPRESENT EXPENDABLE GRANTS AND CONTRIBUTIONS

RECEIVED, WHICH ARE RESTRICTED BY THE DONOR OR ARE MULTI-YEAR GRANTS THAT
RELATE TO FUTURE PERIODS.

RECONCILIATION OF REVENUE

PART XII - QUESTION 2D

2D. DIRECT FUNDRAISING EXPENSES - \$212,635.

RECONCILIATION OF EXPENSES

PART XIII - QUESTION 2D

2D. DIRECT FUNDRAISING EXPENSES - \$212,635.

Supplemental Information Regarding Fundraising or Gaming Activities

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Department of the Treasury
Internal Revenue Service

Name of the organization

LOWER MANHATTAN CULTURAL COUNCIL, INC.

Employer identification number

23-7348782

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

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

<input type="checkbox"/> a	Mail solicitations	<input type="checkbox"/> e	Solicitation of non-government grants
<input type="checkbox"/> b	Email solicitations	<input type="checkbox"/> f	Solicitation of government grants
<input type="checkbox"/> c	Phone solicitations	<input type="checkbox"/> g	Special fundraising events
<input type="checkbox"/> d	In-person solicitations		

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

Total

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

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

	(a) Event #1 SPRING GALA (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	504,146.		504,146.
	2 Less Charitable contributions	451,517.		451,517.
	3 Gross revenue (line 1 minus line 2)	52,629.		52,629.
Direct Expenses	4 Cash prizes			
	5 Non-cash prizes			
	6 Rent/facility costs	2,000.		2,000.
	7 Other direct expenses	210,635.		210,635.
	8 Direct expense summary Add lines 4 through 7 in column (d)			► (212,635.)
	9 Net income summary Combine lines 3 and 8 in column (d)			► -160,006.

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

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

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

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," Explain

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Yes	No
9a	
10a	
11	
12	

13 Indicate the percentage of gaming activity operated in

a The organization's facility
 b An outside facility

	Yes	No
13a	%	
13b	%	

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

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

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

c If "Yes," enter name and address

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

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

15a

17a

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

Organizations

5

185

4

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990)

Name of the organization

LOWER MANHATTAN CULTURAL COUNCIL, INC.

Part I. Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCH STREET SCHOOL FOR MUSIC AND ARTS	13-3693660	501(C) (3)	18,250.				CAPITAL GRANT
74 WARREN STREET NEW YORK, NY 10007							
CIRCUS AMOK	11-3485125	501(C) (3)	7,000.				PUBLIC SPACE GRANT
55 S 11TH STREET BROOKLYN, NY 11211							
CREATIVE TIME, INC.	13-2835047	501(C) (3)	15,000.				PUBLIC SPACE GRANT
59 E. 6TH STREET, SUITE 6E							
CULTURE PUSH, INC.	26-3250931	501(C) (3)	13,000.				PUBLIC SPACE GRANT
122 SPRING STREET, APT 2N							
NEW YORK CLASSICAL THEATER, INC.	86-1056388	501(C) (3)	10,000.				PUBLIC SPACE GRANT
741 W END AVENUE, APT 1E NEW YORK, NY 10025							
PALISSIMO, INC.	80-0117621	501(C) (3)	6,250.				PUBLIC SPACE GRANT
875 W 181ST STREET NEW YORK, NY 10033							
STOREFRONT FOR ART AND ARCHITECTURE, INC.	13-3525743	501(C) (3)	12,000.				PUBLIC SPACE GRANT
97 KENMAR STREET NEW YORK, NY 10012							
ALWAN FOUNDATION, INC.	81-0643585	501(C) (3)	11,000.				PRODUCTION GRANT
16 BEAVER STREET, FL 4 NEW YORK, NY 10004							
AMERICAN DOCUMENTARY, INC.	13-3447752	501(C) (3)	9,000.				PRODUCTION GRANT
32 BROADWAY, 14TH FLOOR NEW YORK, NY 10004							
APEX ART CURATORIAL PROGRAM, INC.	13-3884375	501(C) (3)	6,000.				PRODUCTION GRANT
291 CHURCH STREET NEW YORK, NY 10013							
ASIAN AMERICAN ARTS CENTER, INC.	13-2841149	501(C) (3)	10,000.				PRODUCTION GRANT
26 BOWERY NEW YORK, NY 10013							
NUBIN PICTURES, INC.	13-3912334	501(C) (3)	10,000.				PRODUCTION GRANT
225 W 34TH STREET, SUITE 1800							
CENTER FOR TRADITIONAL MUSIC & DANCE, INC.	23-7379817	501(C) (3)	11,700.				PRODUCTION GRANT
32 BROADWAY NEW YORK, NY 10004							
COLLECTIVE UNCONSCIOUS CORPORATION	06-1577137	501(C) (3)	9,000.				PRODUCTION GRANT
PO BOX 20226 NEW YORK, NY 10013							
THE FLEA THEATER, INC.	1775 BROADWAY, SUITE 708 NEW YORK, NY 10019	13-3904262	10,000.				PRODUCTION GRANT
2 Enter total number of Section 501(c)(3) and government organizations							185
3 Enter total number of other organizations							

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

Continuation of Grants and Other Assistance to Individuals in the U.S. (Schedule I (Form 990) Part III)

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008

**Open to Public
Inspection**

Name of the organization

LOWER MANHATTAN CULTURAL COUNCIL, INC.

Employer identification number

23-7348782

Part I Questions Regarding Compensation

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

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

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

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

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

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a.

a Receive a severance payment or change of control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

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

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

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

	Yes	No
1 b		
2		
4 a		X
4 b	X	
4 c	X	
5 a		X
5 b	X	
6 a		X
6 b	X	
7		X
8		X

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

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

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

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

OMB No 1545-0047

2008

**Open to Public
Inspection**

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

Employer Identification number

LOWER MANHATTAN CULTURAL COUNCIL, INC.

23-7348782

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Employee highest compensated			
MICHAEL ASHWORTH DIRECTOR	3.	X					NONE	NONE	NONE
KIM BLACKLOW DIRECTOR	3.	X					NONE	NONE	NONE
MARCIA CABAN DIRECTOR	3.	X					NONE	NONE	NONE
ERIC DEUTSCH DIRECTOR	3.	X					NONE	NONE	NONE
CARMEN DIRIENZO DIRECTOR	3.	X					NONE	NONE	NONE
HILLARY GAZ DIRECTOR	3.	X					NONE	NONE	NONE
JOHN HAWORTH DIRECTOR	3.	X					NONE	NONE	NONE
NED MC GUIRE DIRECTOR	3.	X					NONE	NONE	NONE
ANTONIO PEREZ DIRECTOR	3.	X					NONE	NONE	NONE
FRANK SCIAME DIRECTOR	3.	X					NONE	NONE	NONE
AMY STURSBERG DIRECTOR	3.	X					NONE	NONE	NONE
FREDERIKE TAYLOR DIRECTOR	3.	X					NONE	NONE	NONE
MADELYN WILS DIRECTOR	3.	X					NONE	NONE	NONE
JOSHUA ZAMIR DIRECTOR	3.	X					NONE	NONE	NONE
CHERRIE NANNINGA CHAIR	3.		X				NONE	NONE	NONE
TIMUR GALEN VICE-CHAIR	3.		X				NONE	NONE	NONE
FRANCIS GREENBURGER TREASURER	3.		X				NONE	NONE	NONE
STEVEN DAVIS SECRETARY	3.		X				NONE	NONE	NONE
MAGGIE BOEPPE PRESIDENT - FORMER	50.		X				175,000.	NONE	6,530.

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

Schedule J-2 (Form 990) 2008

JSA

8E1294 1 000

8BC08M M261

V08-8.3

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

LOWER MANHATTAN CULTURAL COUNCIL, INC.

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545.0047

2008

**Open to Public
Inspection**

Employer identification number

23-7348782

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION A. - QUESTION 10

THE FINANCE COMMITTEE OF THE BOARD WILL REVIEW THE FORM 990 AND RECOMMEND
TO THE FULL BOARD TO APPROVE OR NOT APPROVE. THE FORM 990 WOULD THEN BE
PROVIDED TO THE ENTIRE BOARD FOR REVIEW AND VOTE FOR APPROVAL WOULD THEN
BE CONDUCTED.

Name of the organization

LOWER MANHATTAN CULTURAL COUNCIL, INC.

Employer identification number

23-7348782

GOVERNANCE, MANAGEMENT, AND DISCLOSUREPART VI, SECTION B. - QUESTION 12CANY CONFLICTS ARE READ INTO THE MEETING MINUTES OF THE SUBSEQUENT BOARDMEETING.

Name of the organization

LOWER MANHATTAN CULTURAL COUNCIL, INC.

Employer identification number

23-7348782

GOVERNANCE, MANAGEMENT, AND DISCLOSUREPART VI, SECTION B. - QUESTIONS 15A & 15BTHE FINANCE DEPARTMENT CONDUCT RESEARCH ON COMPENSATION LEVELS ATCOMPARABLE ORGANIZATION BY REVIEWING FORM 990S THROUGH GUIDESTAR.ORG, ANDBY VARIOUS NON PROFIT SALARY SURVEYS RECEIVED BY THE COUNCIL.

Name of the organization

LOWER MANHATTAN CULTURAL COUNCIL, INC.

Employer identification number

23-7348782

GOVERNANCE, MANAGEMENT, AND DISCLOSUREPART VI, SECTION C. - QUESTION 19THE COUNCIL MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICYAND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST. ALSO MOST DOCUMENTS CANBE FOUND ON THE COUNCIL'S WEBSITE.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ►

• **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

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

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization LOWER MANHATTAN CULTURAL COUNCIL, INC.	Employer identification number 23-7348782
	Number, street, and room or suite no. If a P O box, see instructions 125 MAIDEN LANE, 2ND FLOOR	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions NEW YORK, NY 10038-4912	

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

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

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

- The books are in the care of ► **THE COUNCIL**

Telephone No ► **212 219-9401** FAX No ► **212 219-2058**

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

- 4 I request an additional 3-month extension of time until **05/15/2010**
- 5 For calendar year , or other tax year beginning **07/01/2008**, and ending **06/30/2009**
- 6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period
- 7 State in detail why you need the extension **ALL THE INFORMATION NECESSARY TO COMPLETE THE RETURN IS NOT AND WILL NOT BE AVAILABLE BY THE DUE DATE. THEREFORE WE RESPECTFULLY REQUEST ADDITIONAL TIME TO COMPLETE THE RETURN.**

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

Signature and Verification

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

ACCOUNTANTS AUTHORIZED TO SIGN RETURNS **SEB 1 2 2010**

Signature ►

Title ►

Date ►

CONDON O'MEARA MCGINTY & DONNELLY L
ONE BATTERY PARK PLAZA
NEW YORK, NY 10004-1405

Form 8868 (Rev 4-2009)

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

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

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

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

Part I only.....►

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization <u>LOWER MANHATTAN CULTURAL COUNCIL, INC.</u>	Employer identification number 23-7348782
	Number, street, and room or suite no. If a P O box, see instructions <u>125 MAIDEN LANE, 2ND FLOOR</u>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <u>NEW YORK, NY 10038-4912</u>	

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

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

- The books are in the care of ► THE COUNCIL

Telephone No ► 212 219-9401 FAX No ► 212 219-2058

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for

► calendar year _____ or
► tax year beginning _____ 07/01/2008, and ending _____ 06/30/2009

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

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

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

=====

LMCC'S MISSION IS TO CREATE A FERTILE AND NURTURING ENVIRONMENT FOR ARTISTS & ART GROUPS, ENLIVENING PUBLIC SPACES WITH FREE PROGRAMS IN THE VISUAL, PERFORMING AND NEW MEDIA ARTS, AND TO PROVIDE LEADERSHIP IN CULTURAL PLANNING AND ADVOCACY.

LOWER MANHATTAN CULTURAL COUNCIL, INC.

23-7348782

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

=====

NAME AND ADDRESS

DESCRIPTION OF SERVICES COMPENSATION

KOKOBO PLANTSCAPES
279 BALDWIN ROAD
HEMPSTEAD, NY 11550

CONTRACTOR

478,649.

TOTAL COMPENSATION

478,649.

STATEMENT 2

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST INCOME	10,404.			10,404.
TOTALS	10,404.			10,404.

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
SPRING GALA	451,517.
TOTAL	451,517.

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
SPRING GALA	52,629.	212,635.	-160,006.
TOTALS	52,629.	212,635.	-160,006.

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

=====

LENDER: PROMISSORY NOTE

ORIGINAL AMOUNT: 1,137,159.

BEGINNING BALANCE DUE 1,137,159.
ENDING BALANCE DUE 1,137,159.
=====TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE 1,137,159.
=====TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE 1,137,159.
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