

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

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

OMB No 1545 0047

2010

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Ā	For the 2010 cale	endar year, or tax year beginning Jul 1 , 2010, and ending	Jun 30	, 2011				
В	Check if applicable	C Name of organization BARTOW PELL LANDMARK FUND		er Identification Number				
	Address change	Doing Business As	51-0	243951				
	Name change	Number and street (or P O box if mail is not delivered to street addr) Room/sui	te E Telephor	ne number				
	Initial return	895 SHORE ROAD/PELHAM BAY PARK	(718	3) 885-1461				
	Terminated	City, town or country State ZIP code + 4						
	Amended return	BRONX NY 10464	G Gross re	ceipts \$ 357,444.				
	Application pendi		(a) Is this a group return					
			(b) Are all affiliates inclu	ıded? Yes No				
$\overline{\Gamma}$	Tax-exempt status	X 501(c)(3) 501(c) ()	If 'No,' attach a list	(see instructions)				
j			(c) Group exemption nui	mber ►				
ĸ	Form of organization			tate of legal domicile NY				
_	Summ			icite of logic confidence 171				
2.		cribe the organization's mission or most significant activities PRESERVAT	TON, RESTOR	ATION, AND				
•		RETATION OF THE NYC AND NATIONAL HISTORIC LANDMA		3330,2 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
ž		BENEFIT OF THE PUBLIC						
Î.								
Ŏ	2 Check this	box ► ☐ If the organization discontinued its operations or disposed of more	e than 25% of its r	net așsets				
প্		voting members of the governing body (Part VI, line 1a)		3 21				
es		independent voting members of the governing body (Part VI, line 1b)	-	4 21				
Activities & Governance		per of individuals employed in calendar year 2010 (Part V, line 2a) per of volunteers (estimate if necessary)		5 8 6 12				
Act		ated business revenue from Part VIII, column (C), line 12	-	$\frac{3}{7a}$ $\frac{12}{0}$				
	Į.	ed business taxable income from Form 990-T, line 34		7b				
			Prior Year	Current Year				
	8 Contributio	ns and grants (Part VIII, line 1h)	232,4	98. 204,818.				
Revenue	9 Program s	ervice revenue (Part VIII, line 2g)	36,0	04. 59,139.				
e e	10 Investment	income (Part VIII, column (A), lines 3, 4, and 7d)	4,7					
ď		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,2					
		nue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	280,5	89. 299,504.				
		similar amounts paid (Part IX, column (A), lines 1-3)						
		aid to or for members (Part IX, column (A), line 4)						
ø		ther compensation, employee benefits (Part IX, column (A), lines 5-10)	174,3	96. 184,928.				
Expenses		al fundraising fees (Part IX, column (A) Line 11e)						
хре	L .	aising expenses (Part IX require) Uine 25 20,503.						
ш	17 Other expe	nses (Part IX, column (A) lines 11a-11d, 1117 (24f)	103,4	46. 117,035.				
	18 Total expe	nses Add lines (3-17 (must equal Part IX, column (A), line 25).	277,8	42. 301,963.				
	19 Revenue le	ess expenses Subtract Ing 18 from line 12 18	2,7	472,459.				
58		[8]	Beginning of Curren	t Year End of Year				
Not Assets or Fund Balancos	20 Total asse	s (Part X line) 16)	351,8					
2 P	21 Total liabil	ties (Part X, line 26)	103,5	18. 97,607.				
žį	22 Net assets	or fund balances Subtract line 21 from line 20	248,3	74. 260,459.				
B	ાતે 🖟 Signat	ure Block						
Und	er penalties of perjury,	l declare that I have examined this return, including accompanying schedules and statements, and to the eparer (other than officer) is based on all information of which preparer has any knowledge	e best of my knowledge	and belief, it is true, correct, and				
	N		 					
c:	Sign	ature of officer	Date					
Sig He	911 -	Flavie Ofice	× · · · ·	10				
пе	IF	e or print name and title	7 19	14				
		pe preparer's name Preparer's signature Date	Ta T	, PTIN				
_			Check _	」" ❷ h(i .) を)ひょっ				
Pa		ara A. Brill, CPA Sell Sull UM 05/14/1	12 self-employe	ea 1 00 0 0 1 1 0 1				
rr Ula	eparer Firm's n se Only Firm's a			. KI 0620081				
Je	Firm's a		Firm's EIN	- 01-005 170				
		Ossining NY 10562	Phone no	(914) 944-1410				
ıvıa	y ule iro discuss	this return with the preparer shown above? (see instructions)		X Yes No				

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

TEEA0101 03/25/11

BAA	TEEA0102 10/06/10			For	m 99 0	(2010)
(Expenses \$ 4e Total program service expenses ►	including grants of \$) (Revenue \$ 222,347.					
4d Other program services. (Describe in S (Expenses \$						
					· ·	
		- -		- - -		
		. _		- - -		- -
			- - -	- - -	- - -	- -
			- -			- -
			- -	- - -	. .	
				·		
4c (Code) (Expenses \$	including grants of \$) (Re	venue	\$)
				-		
	~		-	 		
4b (Code) (Expenses \$	including grants of \$) (Re	venue	\$)
			. – – –			
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						
AND EDUCATIONAL LECTURE						
	UBLIC, INCLUDING TOURS OF THE MANSION MUS					
	ON OF BARTOW-PELL MUSEUM AND GARDENS K. THE SITE IS UTILIZED TO PROVIDE EDUCAT					
MAINTENANCE OF ARTIFACT	S CONTAINED IN BARTOW-PELL MANSION AS WEL					
4a (Code) (Expenses \$	222, 347. including grants of \$ 0.) (Re	venue	\$	13	9,5	66.)
expenses, and revenue, if any, for each	ch program service reported					
and 501(c)(4) organizations and section	ments for each of the organization's three largest program services on 4947(a)(1) trusts are required to report the amount of grants and	by expe	enses ons to	Section others	n 501	(c)(3) total
If 'Yes,' describe these changes on So	· · · · · · · · · · · · · · · · · · ·	.500	لــا		نت	
If 'Yes,' describe these new services of Did the organization cease conducting	on Schedule O I, or make significant changes in how it conducts, any program serv	uces?	П	Yes	[X]	No
Form 990 or 990-EZ?	on Sahadula O			Yes	X	No
•	gnificant program services during the year which were not listed on	the prio	r			
FOR THE BENEFIT OF THE	PUBLIC					
	YC AND NATIONAL HISTORIC LANDMARK SITE					
DD-0	0.7 3.70					
Check it Schedule O contains a  1 Briefly describe the organization's mis	a response to any question in this Part III					
Paন III Statement of Program Se	•					
Form 990 (2010) BARTOW PELL LAN		51-04	2439	<u> </u>	!	Page 2

Pan 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		<u>x</u> _
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197/f 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts # '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		<u>x</u> _
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets7f 'Yes,' complete Schedule D, Part III	8	Х	
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? 'Yes,' complete Schedule D, Part IV	9		Х_
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments $f'$ 'Yes,' complete Schedule $D$ , $P$ art $V$	10	Х	<b></b> ,
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
á	Did the organization report an amount for land, buildings and equipment in Part X, line 101f 'Yes,' complete Schedule D, Part VI	11 a	Х	
ı	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		_X_
•	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	11 c		<u>x</u> _
(	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	11 d		<u>x</u>
	Did the organization report an amount for other liabilities in Part X, line 253f 'Yes,' complete Schedule D, Part X	<u>11 e</u>		X
	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)3f 'Yes,' complete Schedule D, Part X	11 f		<u>x</u> _
	a Did the organization obtain separate, independent audited financial statements for the tax year the 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	Х	
	Was the organization included in consolidated, independent audited financial statements for the tax year Yes, and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		<u>x</u> _
	Is the organization a school described in section 170(b)(1)(A)(ii)?If 'Yes,' complete Schedule E	13		<u>x</u> _
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States?If 'Yes,' complete Schedule F, Parts I and IV	14b		<u>x</u> _
	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, Parts II and IV	15		x
	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, Parts III and IV	16		<u>x</u> _
	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_
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9alf 'Yes,' complete Schedule G, Part III	19		x_
20	aDid the organization operate one or more hospitals?If 'Yes,' complete Schedule H	20		X_
ا	If 'Yes' to line 20a, did the organization attach its audited financial statements to this return <b>Rote</b> . Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20 b		

	r		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1?/f 'Yes,' complete Schedule I, Parts I and II	21		<u>x</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2 ⁹ If 'Yes,' complete Schedule I, Parts I and III	22		Х
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? 'Yes,' complete Schedule J	23		Х
24 a	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, and that was issued after December 31, 20027/f 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 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		
25 a	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		Х
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# 'Yes,' complete Schedule L, Part I	25b		Х
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? Yes, complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee?If 'Yes,' complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		X
	Did the organization receive more than \$25,000 in non-cash contributions 7f 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
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? '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 sections 301 7701-2 and 301 7701-37 If 'Yes,' complete Schedule R, Part I	33		х
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	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?// 'Yes,' complete Schedule R, Part V, line 2  Yes X No		   	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 .	36		x
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 in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	х	

	L-0243951		⊃age 5
Part V. Statements Regarding Other IRS Filings and Tax Compliance			_
Check if Schedule O contains a response to any question in this Part V			
		Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	7		1
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	-	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	e gaming	1	<b> </b>
(gambling) winnings to prize winners?	10		<u> </u>
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-	· ·	# 2 ' p'	ļ
ments, filed for the calendar year ending with or within the year covered by this return.	8		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	21	<u> X</u>	<del> </del>
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to-file (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3	-	X
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	31	b	├
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authori	ty over, a	_	\ _V
financial account in a foreign country (such as a bank account, securities account, or other financial account)		4	<del>  x</del>
b If 'Yes,' enter the name of the foreign country		비	
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accoun		-	<del> </del>
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	51		<u>  X</u> _
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5	<u>c </u>	<del> </del>
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	nization		l
solicit any contributions that were not tax deductible?	6:	a	<u> </u>
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or g	ufts were		1
not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c).	- 61	-	-
· · · · · · · · · · · · · · · · · · ·		,	<u> </u>
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods a services provided to the payor?	and 7	a X	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7		┼──
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requi		N A	+-
Form 8282?	7	С	X
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	? 7	е	Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7	f	Х
q If the organization received a contribution of qualified intellectual property, did the organization file Form 889	<del>)</del> 9		
as required?	7	g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file			
Form 1098-C?	7	<u></u>	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization			-
supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess busi holdings at any time during the year?	iness 8		
9 Sponsoring organizations maintaining donor advised funds.		$\top$	<b>†</b>
a Did the organization make any taxable distributions under section 4966?	9	a	
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	9	b	
10 Section 501(c)(7) organizations. Enter			1
a Initiation fees and capital contributions included on Part VIII, line 12		143 1- 148 100 1-44	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		4	1
11 Section 501(c)(12) organizations. Enter		<b>7</b>	
a Gross income from members or shareholders		***	*
b Gross income from other sources (Do not net amounts due or paid to other sources			
against amounts due or received from them )			
12a Section 4947(a)(1) nonexempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12	a	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a is the organization licensed to issue qualified health plans in more than one state?	13	а	
Note. See the instructions for additional information the organization must report on Schedule O			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in	\ \frac{\pi}{2}		-
which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand .		+-	
14a Did the organization receive any payments for indoor tanning services during the tax year?		a	X_

b If 'Yes,' has it filed a Form 720 to report these payments 7 If 'No,' provide an explanation in Schedule O

14b

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  $\overline{\mathbf{x}}$ Check if Schedule O contains a response to any question in this Part VI Section 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 1a **b** Enter the number of voting members included in line 1a, above, who are independent 1 b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee or key employee? 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? 3 Х 4 Did the organization make any significant changes to its governing documents Δ Х since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Х Х 6 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7 a Х 7b Х **b** Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a Х a The governing body? **b** Each committee with authority to act on behalf of the governing body? 8b Х 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 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No Yes 10a Does the organization have local chapters, branches, or affiliates? 10 a Х b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with those of the organization? 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 a Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Does the organization have a written conflict of interest policy? If 'No.' go to line 13 12a Х b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Х c Does the organization regularly and consistently monitor and enforce compliance with the policy If 'Yes,' describe in Schedule O how this is done 120 Х 13 Х 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 14 Х 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 15 a Х b Other officers of key employees of the organization 15 b Х If 'Yes' to line 15a or 15b, 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 16 a Х 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? 16_b Section C. Disclosure New York List the states with which a copy of this Form 990 is required to be filed 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 X | Upon request 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 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

BAA

ELLEN BRUZELIUS 895 SHORE ROAD BRONX NY 10464 (718) 885-1461

Form <b>990</b> (2010)	BARTOW	PELL	LANDMARK	FUND

BAA

51-0243951

Page 7

Form 990 (2010)

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization	n nor any	relate	d or			ion co	mpe	ensated any current of	fficer, director, or trus	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week (describe hours for related organizations in Schedule O)	Po adirector	institutional teuslee	_		High est compensated	א) במיטהו	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) ELLEN BRUZELIUS EXECUTIVE DIRECTOR	50.00				х			58,465.	0.	0.
(2) SEE ATTACHED	0.00	Х						0.	0.	0.
(3)										
(4)										
(5)										1,30,000
			_							
			-							
(9)										
(19)			_						· · · · · · · · · · · · · · · · · ·	
(11)				-		-	-			
(12)										
(13)										-
(14)										
(15)										
(16)										
ــــــــــــــــــــــــــــــــــــــ										

TEEA0107 12/21/10

BAA

Form 990 (2010)

, (A)				(0	:)			(D)	pensated Emp (E)	(F)
Name and title	Average hours per week (describe hours for related organi- zations in Sch O)			Officer		Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W 2/1099 MISC)	Estimated amount of other compensation from the organization and related organizations
(18)										
(19)										
(20)										
(21)										
(22)										
(23)	-									
(24)										
(25)	-			-	-					
(26)	-									
(27)	-		-							
(28)					-					
(29)	-				-					
1 b Sub-total	<u></u>	1	'	<u> </u>	<u></u>		>	58,465.	0.	0
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)	Α						<b>&gt;</b>	58,465.	0.	0
2 Total number of individuals (including but not limite	d to tho	se li	stec	ab	ove)	wh	o re		\$100,000 in report	
from the organization										Yes No
3 Did the organization list anyformer officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or truste ndividua	ee, k ıl	кеу (	emp	loye	e, c	r hi	ghest compensate	ed employee	3 X
4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater to such individual	portable han \$15	e coi 50,00	mpe )0 <i>?l1</i>	nsa f 'Ye	tion s' c	and omp	l oth <i>lete</i>	er compensation Schedule J for	from	4 X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' c	ompens omplete	satio Sch	n fra nedu	om a ule J	any I for	unre suc	elate h pe	ed organization or erson	ındıvıdual	5 X
Section B. Independent Contractors	lad inda		do		1		ء دا ا		han \$100,000 at	
<ol> <li>Complete this table for your five highest compensa- compensation from the organization</li> </ol>		pen	aent		ntrac	ctors	tna	it received more t	nan \$100,000 or	
(A) Name and business address	ss							Description	of services	(C) Compensation
		_								
		_								
2 Total number of independent contractors (including \$100,000 in compensation from the organization►	but not	lımı	ted	to ti	nose	list	ed a	above) who receiv	ed more than	A COLUMN TO THE PARTY OF THE PA

TEEA0108 12/21/10

Par	t VIII   Statement of Revenue				<del></del>
	•	<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns1 ab Membership dues1 b59,877.c Fundraising events1 c39,730.d Related organizations1 de Government grants (contributions)1 e45,529.				
CONTRIBUTION AND OTHER S	f All other contributions, gifts, grants, and similar amounts not included above 1 f 59, 682.  g Noncash contributions included in lns 1a-1f: \$	204 919			
<del>-</del>	h Total. Add lines 1a-1f  Business Code	204,818.			
2	<del></del>				
2	2a MUSEUM_VISITORS900099	9,825.	9,825.	0.	0.
ER	b PROGRAMS & EDUCATION 900099	24,114.	24,114.	0.	0.
<u>ک</u> ا	c USE OF PROPERTY 900099	25,200.	25,200.	0.	0.
8	d				
Ψ	e				
<u>ي</u> ا	f All other program service revenue				
28	g Total. Add lines 2a-2f	59,139.			
	Investment income (including dividends, interest and other similar amounts)	4,302.	0.	0.	4,302.
	4 Income from investment of tax-exempt bond proceeds				<del></del>
	5 Royalties				
	(i) Real (ii) Personal				Ì
	6a Gross Rents				i
	<b>b</b> Less rental expenses				
ì	c Rental income or (loss)				<u> </u>
- 1	d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory  (i) Securities (ii) Other  24,782.				
	b Less: cost or other basis and sales expenses 20,836.				
	c Gain or (loss) 3,946.				
- {	d Net gain or (loss)	3,946.	0.	0.	3,946.
ENUE	8a Gross income from fundraising events (not including \$ 39,730.				
OTHER REVEN	of contributions reported on line 1c)		1		
<u>«</u>	See Part IV, line 18 a 56, 538.				
ᆂ	<b>b</b> Less ⁻ direct expenses <b>b</b> 31,496.		<u> </u>		
°۱	c Net income or (loss) from fundraising events	25,042.		0.	25,042.
	9a Gross income from gaming activities See Part IV, line 19				
	b Less, direct expenses b				
Į	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances a 7,865.				
1	<b>b</b> Less: cost of goods sold <b>b</b> 5,608.				
1	c Net income or (loss) from sales of inventory	2,257.	2,257.	0.	0.
- 1	Miscellaneous Revenue Business Code				
	11 a				
	b				
	c				
	d All other revenue		<del></del>	<del></del>	<del> </del>
	e Total. Add lines 11a-11d				<del></del>
1					<del></del>
	12 Total revenue. See instructions	299,504.	61,396.	0.	33,290.

Form 990 (2010)

#### Statement of Functional Expenses

BAA

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) (B) (D) Do not include amounts reported on lines Program service Management and Fundraising Total expenses 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 61,965 6,196. 46,474 9,295. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 100,094 75,070. 15,014 10,010. Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 9,184 6,888. 1,378 918. 10,264 10 Payroll taxes 13,685 2,052 369. 11 Fees for services (non-employees) a Management **b** Legal 9,103 0 0. 9,103 c Accounting **d** Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other 0. 25,213 15,068 10,145 820. 12 Advertising and promotion 6,362 5,542 0 Office expenses 13 Information technology 15 Rovalties 16 Occupancy . 1,822 354 0. 17 Travel 1,468 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings Interest Payments to affiliates 464 Depreciation, depletion, and amortization 464 0 0. 23 3,001 3,001 0. 0. Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) <u>5,0</u>17. a SUPPLIES 17,720 12,703 0. **b** POSTAGE & MAILINGS 4,428. 1,000. 0. 3,428 c PRINTING & COPYING 3,871 2,001 1,680 190. d TELECOMMUNICATIONS 4,706. 3,059 1,647 0. 246 e OTHER EXPENSES 246 0 0. f All other expenses 40,099 40,099 0 0. 301,963 222,347 59,113 20,503. 25 Total functional expenses. Add lines 1 through 24f Joint costs. Check here SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

BAA

		•			(A) Beginning of year		<b>(B)</b> End of year			
	1	Cash - non-interest-bearing			28,727.	1	26,895.			
	2	Savings and temporary cash investments			149,095.	2	137,035.			
	3	Pledges and grants receivable, net			5,315.	3	4,471.			
	4	Accounts receivable, net			4					
	5	Receivables from current and former officers, director and highest compensated employees Complete Part	rs, trus II of S	tees, key employees, chedule L		5				
	6	Receivables from other disqualified persons (as defin persons described in section 4958(c)(3)(B), and conti sponsoring organizations of section 501(c)(9) volunta organizations (see instructions)	employers and		6					
A	7	Notes and loans receivable, net				7				
Š	8	Inventories for sale or use	1,203.	8	1,851.					
ASSETS	9	Prepaid expenses and deferred charges		4,971.	9	3,319.				
Ū			1 1			<u> </u>				
	IVa	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10 a	114,727.						
	b	Less accumulated depreciation	10b	111,501.	2,088.	10 c	3,226.			
	11	Investments – publicly traded securities	160,493.	11	181,269.					
	12	Investments – other securities See Part IV, line 11	ſ		12					
	13	Investments - program-related See Part IV, line 11			13					
	14	Intangible assets		<del></del>	14					
	15	Other assets See Part IV, line 11			15					
	16	Total assets Add lines 1 through 15 (must equal line		351,892.	16	358,066.				
	17	Accounts payable and accrued expenses		10,733.	17	8,276.				
	18	Grants payable		18						
	19	Deferred revenue		92,785.	19	89,331.				
Ļ	20	Tax-exempt bond liabilities			20					
AB	21	Escrow or custodial account liability Complete Part	IV of S	chedule D		21				
ABILITI	22	Payables to current and former officers, directors, tru highest compensated employees, and disqualified pe	stees, rsons	key employees.	Control of the Contro					
E S		of Schedule L			<del></del>	22				
S	23	Secured mortgages and notes payable to unrelated the		ı	<del></del>	23				
	24	Unsecured notes and loans payable to unrelated third	partie	es		24	<del></del>			
	25	Other liabilities. Complete Part X of Schedule D			102 510	25	07.607			
	26	Total liabilities. Add lines 17 through 25	₩	-d1-4- 12	103,518.	26	97,607.			
N E T	1	Organizations that follow SFAS 117, check here	M ar	nd complete lines	٠- ,					
Δ	27	27 through 29 and lines 33 and 34.			227 425	27	222 460			
いの出下の	27	Unrestricted net assets			227,425.	-	233,460.			
Ī	28	Temporarily restricted net assets			6,949.	28	12,999.			
P	29	Permanently restricted net assets		Dand samulata	14,000.	29	14,000.			
		Organizations that do not follow SFAS 117, check he lines 30 through 34.	ere-	and complete						
FUXD	30	Capital stock or trust principal, or current funds			30					
	31	Paid-in or capital surplus, or land, building, or equipr	ind		31					
î	32	Retained earnings, endowment, accumulated income	earnings, endowment, accumulated income, or other funds							
<b>B女し女又ひ田の</b>	33	Total net assets or fund balances			248,374.	33	260,459.			
5	34	Total liabilities and net assets/fund balances			351,892.	34	358,066.			

Form 990 (2010)

Form 990 (2010) BARTOW PELL LANDMARK FUND	<u>51-02439</u> 51		Pa	ige <b>12</b>				
Page XIII Reconciliation of Net Assets								
Check if Schedule O contains a response to any guestion in this Part XI	<del></del>			X				
1 Total revenue (must equal Part VIII, column (A), line 12)	1	2	99,5	04.				
2 Total expenses (must equal Part IX, column (A), line 25)								
3 Revenue less expenses Subtract line 2 from line 1	3		<u>-2,4</u>	59.				
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	<u>48,3</u>	374.				
5 Other changes in net assets or fund balances (explain in Schedule O)	5		14,5	44.				
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2	60,4	159.				
Rank Financial Statements and Reporting								
Check if Schedule O contains a response to any question in this Part XII								
			Yes	No				
1 Accounting method used to prepare the Form 990	<del></del>	-		ļļ				
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O								
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	•	2a	Х					
<b>b</b> Were the organization's financial statements audited by an independent accountant?		2b	Х					
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for overeview, or compilation of its financial statements and selection of an independent accountant?	versight of the audit,	2c	Х					
If the organization changed either its oversight process or selection process during the tax year, e in Schedule O.	xplaın	-						
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year separate basis, consolidated basis, or both	ar were issued on a	-						
Separate basis X Consolidated basis Both consolidated and separate basis								
3a As a result of a federal award, was the organization required to undergo an audit or audits as set Audit Act and OMB Circular A-133?	forth in the Single	3a		х				
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not unde or audits, explain why in Schedule O and describe any steps taken to undergo such audits	rgo the required audit	3b						
BAA		Form	990 (	(2010)				

TEEA0112 12/21/10

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

Department of the Treasury Internal Revenue Service

Name of the organization

**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. ► See separate instructions.

OMB No 1545 0047



Employer identification number

BAR			LANDMA							51-02					
Par	} ()	Reaso	<u>n for Pub</u>	lic Charity Status	(All organizations	must c	comple	te this	part.)	See ir	nstructi	ions			
The d	orga	nızatıon	is not a priva	ate foundation because	e it is (For lines 1 thro	ugh 11,	check o	nly one	box)						
1					ciation of churches desc		section	170(Ь)(1	)(A)(ı).						
2		A schoo	l described i	ed in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
3		A hospit	al or a coop	erative hospital servic	e organization describe	d irsect	ion 170(	<b>Ь</b> )(1)(А)	(iii).						
4		A medic	al research	organization operated	in conjunction with a h	ospital o	describe	d iisecti	on 170(	<b>Ь</b> χ1χΑχ	iii) Ente	er the hosp	ıtal's		
_	_		ity, and state												
5		An orga 170(b)(1	nızatıon ope: <b>)(A)(iv).</b> (Co	rated for the benefit o implete Part II)	f a college or university	owned	or oper	ated by	a gover	nmental	unit des	scribed <b>sec</b>	tion		
6					overnmental unit descri										
7	X	ın sectio	on 170(b)(1)(	<b>A)(vi).</b> (Complete Par			_	vernmei	ntal uni	t or from	the ger	neral public	: descr	ibed	
8	Н		-		<b>0(b)(1)(A)(vi).</b> (Complete		•								
9		from act	livities relate ent income a	d to its exempt function	) more than 33-1/3% of ons— subject to certain s taxable income (less nplete Part III)	exception	ons, and	(2) no	more th	an 33-1	/3% of it	s support t	from gi	ross	
10		An orga	nization orga	anized and operated e	xclusively to test for pu	ıblıc safe	ety Se <b>s</b>	ection 5	509(a)(4	).					
11		more pu	iblicly suppor	rted organizations des	xclusively for the beneficion 509(a ion and complete lines	(1) or s	section 5	609(a)(2)	ctions o ) Se <b>se</b>	of, or car ction 50	ry out th <b>9(a)(3).</b>	ne purpose Check the	s of or box th	ne or nat	
		a 🗌 Ty	pe I	<b>b</b> 🗌 Type II	c 🗌 Type III	l – Fund	tionally	integrati	ed		d 🗌	Type III -	- Other	r	
е		other th	king this box an foundatio 509(a)(2)	k, I certify that the org n managers and other	anization is not controll than one or more pub	led direc licly sup	tly or in ported o	directly organiza	by one tions de	or more escribed	disquali in sectio	ified persoi on 509(a)(1	ns I) or		
f		If the or check th		eceived a written dete	rmination from the IRS	that is a	Type I	Type II	or Typ	e III sup	porting (	organizatio	n,		
g		Since A	ugust 17, 20	06, has the organizati	on accepted any gift o	r contrib	oution fro	om any	of the fo	gniwollo	persons	,7			
		<i>(</i> )	narcan who	directly or indirectly or	antrole oither alone or	lanatha				. لانکستان	and (w)		Yes	No	
		(i) A be	person who low, the gov	erning body of the su	ontrols, either alone or oported organization?	togetne	r with pe	ersons a	escribe	a in (ii) i	ano (III)	11 g (i)		<u></u>	
		(ii) A	family memb	er of a person describ	oed in (i) above?							11 g (ii)			
		(iii) A	35% controll	ed entity of a person	described in (i) or (ii) a	bove?						11 g (III)			
h		Provide	the following	g information about th	e supported organization	on(s)									
		(i) Name o	of supported nization	(u) EIN	(iii) Type of organization (described on lines 1.9 above or IRC section (see instructions))	column (	Is the sation in in listed in overning ment?	ation in the organization in column (i) of your support?			s the ation in in (i) ed in the	(vii) Amoui	nt of sup	port	
						Yes	No	Yes	No	Yes	No				
(A)						<del> </del>				-					
(B)															
				<del> </del>		<del>                                     </del>									
(C)				<del></del>		<u></u>									
(D)			- <u>-</u> -			_					_				
(E)															
<u>-</u> ∠ Γotal										70.00					
, vidi											-				

### 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	tion A. Public Support							
Cale: begi	ndar year (or fiscal year nning in) ►	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010		(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants ')	60,344.	89,960.	152,701.	171,684.	165,0	88.	639,777.
	Tax revenues levied for the organization's benefit and either paid to it 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	60,344.	89,960.	152,701.	171,684.	165,0	88.	639,777.
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)					, + <b>:</b> (4. )		
6	Public support. Subtract line 5 from line 4	<u> </u>						639,777.
Sec	tion B. Total Support							
	ndar year (or fiscal year nning in) ►	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	0	(f) Total
7	Amounts from line 4	60,344.	89,960.	152,701.	171,684.	165,0	88.	639,777.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	22,870.	2,110.	2,785.	4,788.	4,3	02.	36,855.
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)							
11	Total support. Add lines 7 through 10	;						676,632.
12	Gross receipts from related activ	ities, etc (see ins	tructions) .				12	
13	First five years. If the Form 990 organization, check this box and		ation's first, secon	d, third, fourth, o	r fifth tax year as	a section 50	01(c)(3)	) ▶ □
Sec	tion C. Computation of Pu	blic Support P	ercentage					
14	Public support percentage for 20		· · ·	e 11, column (f))			14	94.55%
15	Public support percentage from	2009 Schedule A,	Part II, line 14			[	15	92.18%
16 a	33-1/3% support test – 2010. If t and stop here. The organization				d the line 14 is 33	3-1/3% or m	ore, ch	eck this box ► X
t	b 33-1/3% support test – 2009. 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							
17 a	17a 10%-facts-and-circumstances test – 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box andtop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.							
t	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	ind-circumstances test. The organiz	s' test, check this ation qualifies as	box and top here. a publicly suppor	Explain in f ted organiza	Part IV ation	how the
18		zation did not che	ck a box on line 1	3, 16a, 16b, 17a,				
BAA					Sc	hedule A (F	orm 99	0 or 990-EZ) 2010

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

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

Section A. Public S	upport		<del></del>	<del></del>			
Calendar year (or fiscal yr bei		(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
Gifts, grants, contri and membership fe received (Do not in any 'unusual grants'	butions es iclude	(1) 2000	(-)	(5) 2500	(=) 2003	(0)2010	(7)10(0)
2 Gross receipts from sions, merchandise services performed furnished in any acrelated to the organitax-exempt purpose	n admises sold or , or facilities tivity that is nization's						
3 Gross receipts from that are not an unri or business under:	elated trade						
<ul> <li>Tax revenues levie organization's beneather paid to or exits behalf</li> <li>The value of servic facilities furnished governmental unit organization without</li> </ul>	efit and pended on es or by a to the						
6 Total. Add lines 1 t 7a Amounts included 6 2, and 3 received fi disqualified person	on lines 1, rom						
b Amounts included and 3 received fror disqualified person exceed the greater 1% of the amount for the year	n other than s that of \$5,000 or						
c Add lines 7a and 7	b						
8 Public support (Su 7c from line 6)		38.					
Section B. Total Su		11222					
Calendar year (or fiscal yr be	· · · · -	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
9 Amounts from line 10a Gross income from dividends, paymen on securities loans royalties and incom similar sources b Unrelated business income (less sectio taxes) from busine acquired after June c Add lines 10a and	interest, ts received , rents, ne from taxable on 511 sses 30, 1975						
11 Net income from unrelat activities not included in whether or not the busin regularly carried on	ed business i line 10b,						
12 Other income Do gain or loss from the capital assets (Exp Part IV.)	not include ne sale of lain in						
13 Total support. (Add In	is 9, 10c, 11, and 12)						
14 First five years. If to organization, check				d, third, fourth, o	or fifth tax year as	a section 501(c)(3	· [
Section C. Compute						<del></del>	
15 Public support per	•	• •	• • •	ie 13, column (f))		15	<u> </u>
16 Public support per				<u>.</u>		16	<del></del>
Section D. Computa						<del></del>	
17 Investment income			• •	•	mn (f))	17	
18 Investment income					•	18	
19a 33-1/3% support te is not more than 3:	3-1/3%, check	this box andstop	here. The organiz	zation qualifies a:	s a publicly suppo	rted organization	▶ []
b 33-1/3% support to line 18 is not more							-1/3%, and zation ► []
20 Private foundation	. If the organiz	ation did not che	ck a box on line 1	4, 19a, or 19b, c	heck this box and	see instructions	

Scriedule A	Form 990 of 990-E2) 2010 BARTOW FELL LANDMARK FOND S1-0243931 Fage 4
Pari IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
<del>-</del>	

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

### **Supplemental Financial Statements**

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

OMB No 1545-0047 Open to Publicate Inspection Employer identification number

BAR	TOW PELL LANDMARK FUND				243951	
Par	Organizations Maintaining Dono the organization answered 'Yes' t			s or Accounts	. Complete	e ıf
		(a) Donor advised	funds	(b) Funds a	ind other acc	counts
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 do funds are the organization's property, subject			or advised	Yes	☐ No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private benefits.	the benefit of the donor or do	ng that grant funds nor advisor, or for a	can be any other	Yes	☐ No
Par	Conservation Easements. Comp	lete if the organization a	nswered 'Yes' to	o Form 990, P	art IV, line	: 7.
1	Purpose(s) of conservation easements held b					
	Preservation of land for public use (e.g.,	recreation or education)	Preservation of	an historically imp	ortant land	area
	Protection of natural habitat		Preservation of	a certified historic	structure	
	Preservation of open space		_			
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservati	on contribution in th	ne form of a cons	ervation ease	ement on the
				Held at	the End of t	he Tax Year
а	Total number of conservation easements			2 a		
b	Total acreage restricted by conservation ease	ments		2b		
c	Number of conservation easements on a certi	ified historic structure included	l ın (a)	2c		
c	Number of conservation easements included structure listed in the National Register	in (c) acquired after 8/17/06, a	ind not on a historic	2 d		
3	Number of conservation easements modified, tax year ►	transferred, released, extingu	ished, or terminated	d by the organiza	tion during th	ne
4	Number of states where property subject to co	onservation easement is locat	ed*			
5	Does the organization have a written policy reand enforcement of the conservation easeme	egarding the periodic monitoring the helds?	ng, inspection, hand	lling of violations,	Yes	☐ No
6	Staff and volunteer hours devoted to monitori	ng, inspecting, and enforcing	conservation easem	nents during the y	ear	
7	Amount of expenses incurred in monitoring, if \$	nspecting, and enforcing cons	ervation easements	during the year		
8	Does each conservation easement reported o 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	in line 2(d) above satisfy the r	equirements of sect	ion	Yes	☐ No
9	In Part XIV, describe how the organization re include, if applicable, the text of the footnote conservation easements	ports conservation easements to the organization's financial	in its revenue and statements that de-	expense stateme scribes the organ	nt, and balar ization's acco	nce sheet, and ounting for
Pa	Organizations Maintaining Collection Complete if the organization ans	ections of Art, Historical swered 'Yes' to Form 990	Treasures, or 0), Part IV, line 8	Other Similar <i>I</i>	Assets.	
1 a	olf the organization elected, as permitted under art, historical treasures, or other similar asset in Part XIV, the text of the footnote to its fina	ts held for public exhibition, ed	ducation, or researc	ue statement and h in furtherance o	balance sheet of public serv	et works of vice, provide,
ł	olf the organization elected, as permitted under historical treasures, or other similar assets he following amounts relating to these items	er SFAS 116 (ASC 958), to rep eld for public exhibition, educa	ort in its revenue si tion, or research in	tatement and bala furtherance of pu	ance sheet w iblic service,	orks of art, provide the
	(i) Revenues included in Form 990, Part VIII	, line 1 .			►\$ ►\$	
	(ii) Assets included in Form 990, Part X.				<b>►</b> \$	
2	If the organization received or held works of a amounts required to be reported under SFAS	art, historical treasures, or oth 116 (ASC 958) relating to the	er similar assets for se items:	r financial gain, p	rovide the fo	llowing
ā	Revenues included in Form 990, Part VIII, line	e1			<b>►</b> \$	
	Assets included in Form 990, Part X				<b>►</b> \$	

· . Schedule <b>D</b> (Form 990) 2010 BARTO	W PELL LA	NDMARK_FUND			51-024	<u>395</u> 1	Page
Pari III Organizations Mainta	ining Collecti	ons of Art, Histo	orical	Treasures, or	Other Similar Ass	ets (con	tınued)
Using the organization's acquisititems (check all that apply)	on, accession, a	and other records, ch	neck an	y of the following	that are a significant i	use of its co	ollection
a X Public exhibition		<b>d</b> 🗌 Loan	or exch	nange programs			
<b>b</b> Scholarly research		e X Other	EDU	CATIONAL P	ROGRAMS		
c X Preservation for future gener	ations			-		_	
4 Provide a description of the orga Part XIV						se in	
5 During the year, did the organiza assets to be sold to raise funds r						Yes	X No
Pari IV Escrow and Custodia 9, or reported an amo	unt on Form	990, Part X, line	organ 21.	ızation answei	ed res to Form	990, Part 	iv, iine
1 a Is the organization an agent, trus included on Form 990, Part X?					er assets not	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV and	complete the follow	ing tab	le			
					<del></del>	Amount	
c Beginning balance					1c		
d Additions during the year					1 d		
e Distributions during the year					1 e		
f Ending balance					1f		
2a Did the organization include an a	mount on Form	990, Part X, line 21	7			Yes	∐ No
<b>b</b> If 'Yes,' explain the arrangement							
Endowment Funds. Co	mplete if the			d 'Yes' to Fore		<u>e 10.</u>	
	(a) Current yea		ar	(c) Two years back		(e) Fou	r years back
1a Beginning of year balance	14,0	00. 14,0	000.	14,000	0.		
<b>b</b> Contributions							188
c Net investment earnings, gains, and losses	1,8	16. 2,2	226.	233	1.		
d Grants or scholarships							
<ul> <li>Other expenditures for facilities and programs</li> </ul>	1,8	16. 2,2	226.	23:	1.		4,990
f Administrative expenses							
<b>g</b> End of year balance	14,0	00. 14,0	000.	_14,000	O. Marine State Control of the Control	Ser Property	)
2 Provide the estimated percentage	e of the year en	d balance held as					
a Board designated or quasi-endov	vment >	%					
<b>b</b> Permanent endowment ▶	100.00%						
c Term endowment ►	<del>8</del>						
3a Are there endowment funds not i	n the nossessio	n of the organization	that a	re held and admu	nistered for the		
organization by	a.e possedeid	o. a.o organization		o nota ana admi	motored for the	Y	es No
(i) unrelated organizations						3a(i)	X
(ii) related organizations						3a(11)	X
<b>b</b> If 'Yes' to 3a(II), are the related (	organizations list	ted as required on S	chedule	e R?		3b	
4 Describe in Part XIV the intender	d uses of the org	ganization's endowm	ent fun	ds			
Partे Ⅶ Land, Buildings, and l	Equipment. S	See Form 990, P	art X,	line 10.			
Description of investmen	t (a	Cost or other basis (investment)		Cost or other asis (other)	(c) Accumulated depreciation	( <b>d)</b> Bo	ok value
1 a Land			<u> </u>				
<b>b</b> Buildings .							
c Leasehold improvements		81,271.			79,669.		1,602
<b>d</b> Equipment	. [	33,456.			31,832.		1,624
e Other				I			
e Other	n (d) must equal	Form 990, Part X. o	olumn	(B), line 10(c) )			3,226

Part VIII 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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other	<del></del>	
(A)	-	
(B)		
(C)	<del></del>	
<u>(P)</u>	- <del>                                    </del>	
(F)	_	
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12)	<b>&gt;</b>	
Part VIII Investments-Program Related. (See	e Form 990, Part X, Iır	ne 13)
(a) Description of investment type	(b) Book value	(c) Method of valuation
(1)	<del></del>	Cost or end-of-year market value
(1)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
10141 (0014111 (0) 11111 (0) 11111 (0)	/ line 15)	
Part X Other Assets. (See Form 990, Part )	<del></del>	(h) Dook walks
(1)	Description	(b) Book value
(2)		
(3)		
(4)		
(5)	<del></del>	
(6)		
(7)		
(8)		
(9)		
(10)	<del></del>	
Total. (Column (b) must equal Form 990, Part X, column		<u> </u>
Part X Other Liabilities. (See Form 990, Pa	<del></del>	
(a) Description of liability	(b) Amount	
(1) Federal income taxes	<del>   </del>	- Company
(2)		<u> </u>
(3)		<del></del>
(5)	<del></del>	
(6)		
(7)		
(8)		
(9)		
(10)		4 4
(11)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 25).	<b>&gt;</b>	
2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the te		

2. FIN 48 (ASC 740) Footnote. 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 (ASC 740)

	BARTOW PELL LANDMARK FUND		0243951 Page
	Change in Net Assets from Form 990 to Audite	d Financial Statements	
•	D, Part VIII,column (A), line 12)		299,504
· ·	90, Part IX, column (A), line 25)		301,963
	e year Subtract line 2 from line 1		-2,459
4 Net unrealized gains (lo			14,544
5 Donated services and us	se of facilities		<u> </u>
6 Investment expenses			
7 Prior period adjustments			
8 Other (Describe in Part	•		11.51
9 Total adjustments (net)	_		14,544
	ne year per audited financial statements Combiner of Revenue per Audited Financial States		12,085
	nd other support per audited financial statements		1 357,640
	ie 1 but not on Form 990, Part VIII, line 12	•	337,04
a Net unrealized gains on		2a  14,544.	
<b>b</b> Donated services and us		2b 12,095.	707
		2c 12,093.	
c Recoveries of prior year		2d 31,496.	
d Other (Describe in Part	^!V)	[ <u>Zul</u> 31,496.]	20 50 13
e Add lines 2a through 2d	o.1	ŀ	2e 58,13
3 Subtract line 2e from lin			<b>3</b> 299,50
	orm 990, Part VIII, line 12, but not on line.	40	
· ·	not included on Form 990, Part VIII, line 7b	4a	p
<b>b</b> Other (Describe in Part	XIV)	<u>  4b                                   </u>	
c Add lines 4a and 4b		12)	4c
	s 3 and 4c. (This must equal Form 990, Part I, III n of Expenses per Audited Financial S		5 299,50
		tatements with Expenses per	
<u>=</u>	ses per audited financial statements		1 345,55
a Donated services and u	ne 1 but not on Form 990, Part IX, line 25	12005	F • • • • •
	se or facilities	2a 12,095.	
<b>b</b> Prior year adjustments		2b	
c Other losses	MN/A	2c	<del>ंद्रभ</del> ह
d Other (Describe in Part	XIV)	2d 31,496.	42.50
e Add lines 2a through 2d		-	2e 43,59
3 Subtract line 2e from lin		1 1	3 301,96
	orm 990, Part IX, line 25, but not on line:		
	not included on Form 990, Part VIII, line 7b	4a	
<b>b</b> Other (Describe in Part <b>c</b> Add lines <b>4a</b> and <b>4b</b>	AIV )	4b	4c
	es3 and 4c. (This must equal Form 990, Part I,	line 18 )	5 301,96
ant XIV Supplementa			5 1 301,90
omplete this part to provide art V, line 4, Part X, line 2, ny additional information.	the descriptions required for Part II, lines 3, 5, 2 Part XI, line 8; Part XII, lines 2d and 4b; and Pa		lines 1b and 2b, this part to provide
	FUNDRAISING EXPENSES NETTED W		
t_XII_Line_2d	FUNDRAISING EXPENSES NETTED W	ITH FUNDRAISING INCOME _	
t_III_Line_4	THE ORGANIZATION MAINTAINS AND	D_PRESERVES_A_NATIONAL_	
	HISTORIC LANDMARK AND ITS CON	TENTS FOR THE BENEFIT OF	THE PUBLIC
 Pt V Line 4	THE ENDOWMENT FUNDS ARE INTEN	DED TO BE USED FOR THE	
	MAINTENANCE & IMPROVEMENT OF		Cahadula D /Fa 0001 5
BAA	TEEA3304 02/1	1/11	Schedule D (Form 990) 2

Schedule D (Form 990) 2010 BARTOW PELL LANDMARK FUND	51-0243951	Page 5
Part XX Supplemental Information (continued)		<del></del>
		<del>-</del>
	- <b></b>	
		<b></b>

#### SCHEDULE G (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No 1545 0047

2010

Unspection:

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number 51-0243951 BARTOW PELL LANDMARK FUND Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Solicitation of non-government grants Mail solicitations f Solicitation of government grants h Internet and email solicitations Phone solicitations g Special fundraising events 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 services? **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 (v) Amount paid to (or retained by) fundraiser listed in (vi) Amount paid to (or retained by) (III) Did fundraiser (i) Name and address of individual (ii) Activity (iv) Gross receipts have custody or control of contributions? or entity (fundraiser) from activity organization column (ı) Yes No 1 2 3 4 5 6 7 8 9 10 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

িহারে 🎚 Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6a. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add column (a) THREE FALL EVENT HOLIDAY EVENT through column (c)) REVENUE (event type) (event type) (total number) 1 Gross receipts 20,110. 33,208. 39,210. 92,528. 11,060. 2 Less Charitable contributions 13,410. 15,260. 39,730. 3 Gross income (line 1 minus line 2) 6,700. 17,948. 28,150 52,798. 4 Cash prizes 5 Noncash prizes DIRECT 6 Rent/facility costs 7 Food and beverages 3,100. 6,061 5,930 15,091. EXPENSES 1,575. 300. 8 Entertainment 1,450 3,325. 9 Other direct expenses 5,446. 4,303. 3,331. 13,080. 10 Direct expense summary. Add lines 4- through 9 in column (d) 31,496. Net income summary Combine line 3, column (d), and line 10 21,302. Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than Park III \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant (c) Other gaming (d) Total gaming REVENUE bingo/progressive (add column (a) bingo through column (c)) 1 Gross revenue 2 Cash prizes 3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine lines 1, column (d) and line 7 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? No Yes b If 'No,' explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **b** If 'Yes,' explain

Schedule G	(Form 990 or 990-EZ) 2010 BARTOW PELL_LANDMARK FUND	51-0243951	Page 3
11 Does	the organization operate gaming activities with nonmembers?	Yes	No
	organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other enti- nister charitable gaming?	ty formed to Yes	No
13 Indica	ate the percentage of gaming activity operated in		
	organization's facility	13a	8
<b>b</b> An ou	itside facility	13b	ક્ર
14 Enter	the name and address of the person who prepares the organization's gaming/special events book	s and records	
Name	; <b>-</b>		
Addre	ess ►		
15a Does	the organization have a contact with a third party from whom the organization receives gaming re-	renue? Yes	No
	s,' enter the amount of gaming revenue received by the organization \$ a		
	ming revenue retained by the third party \$		
c If 'Ye	s,' enter name and address of the third party		
Name	, <b>-</b>		
Addre	ess •		
<b>16</b> Gamı	ng manager information		
Name	; <b>-</b>		
Gamı	ng manager compensation ► \$		
Desc	ription of services provided		
	Pirector/officer Employee Independent contractor		
<b>17</b> Mano	atory distributions		
a Is the	organization required under state law to make charitable distributions from the gaming proceeds	o retain the	
	gaming license?	Yes	∐ No
	the amount of distributions required under state law to be distributed to other exempt organization ization's own exempt activities during the tax year $\triangleright$ $\$$	is or spent in the	
Parti IV	Supplemental Information. Complete this part to provide the explanations recolumns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as a this part to provide any additional information (see instructions).	uired by Part I, line applicable. Also con	2b, nplete
<del></del> -			
			<del></del>
BAA	TEEA3703 01/13/11 Sch	edule <b>G</b> (Form 990 or 99	0-EZ) 2010

#### **SCHEDULE 0** (Form 990 or 990-EZ)

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

OMB No 1545 0047

2010

Open to Public

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

Name of the organization	Employer identification number
BARTOW PELL LANDMARK FUND	51-0243951
Pt_VI-B, Line 11a FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR,	AS WELL
AS THE BOARD PRESIDENT, TREASURER AND CHAIR OF	FINANCE
COMMITTEE.	
Pt_VI-B, Line 12c THERE IS A SMALL GOVERNING BODY AND A SMALL NUM	MBER OF
STAFF. THEREFORE, THE ORGANIZATION IS AWARE OF	F ANY POTENTIAL
CONFLICTS UNDER ITS POLICIES AND INSURES THEY	OO NOT OCCUR.
Pt VI-B, Line 15 THE EXECUTIVE COMMITTEE OF THE GOVERNING BODY I	MEETS TO
CONSIDER AND DETERMINE THE COMPENSATION FOR ALL	STAFF.
THIS DECISION IS BASED ON THE EXECUTIVE DIRECTO	DR'S
RECOMMENDATIONS, ITS INDEPENDENT RESEARCH, CON	BULTATIONS
WITH_HR_PROFESSIONALS_AND_LEGAL_COUNSEL,_AND_A	REVIEW
OF THE ANNUAL BUDGET.	
Pt_VI-C, Line 19 THE ORGANIZATION MAKES_ITS_GOVERNING DOCUMENTS	<u>AVAILABLE</u>
UPON_REQUEST.	
Pt_XI990 PART_XI_LINE 5 - UNREALIZED GAINS ON INVEST	rments
~	
~	
~	

# Form **8868** (Rev January 2011)

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

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No 1545 1709

Form 8868 (Rev. 1-2011)

,	re filing for an Automatic 3-Month Extension, c				. <b>-</b> X
,	re filing for an <b>Additional (Not Automatic) 3-Mo</b> I <i>plete Part II unless</i> you have already been grar		, , , , , ,	•	
Electronic ( corporation request an Associated	illing (e-file). You can electronically file Form 88 required to file Form 990-T), or an additional (extension of time to file any of the forms listed with Certain Personal Renefit Contracts, which	368 if you need not automatic in Part I or Par	d a 3-month automatic extension of time ) 3-month extension of time. You can el art II with the exception of Form 8870, I	e to file (6 months fo ectronically file Form nformation Return fo	r a 1 8868 to r Transfers alls on the
	ling of this form, visitwww.irs.gov/efile and clici				<del></del>
	Automatic 3-Month Extension of Time			· · · · · · · · · · · · · · · · · · ·	<del></del>
•	on required to file Form 990-T and requesting a			•	. 🏲 📋
All other co		os, REMICS, a ———	and trusts must use Form 7004 to reque	····	
_	Name of exempt organization  Employer Ide				number
Type or print					
•	BARTOW PELL LANDMARK FUND	<del></del>		51-0243951	
File by the due date for	Number, street, and room or suite number. If a P O box, s				
filing your return See instructions	895 SHORE ROAD/PELHAM BAY P City, town or post office, state, and ZIP code For a foreign				
ii isiructions		address, see instru	uctions.	46.4	
	BRONX			NY 1046	4
Enter the F	Return code for the return that this application i	s for (file a se	parate application for each return)		01
Application Is For	1	Return Code	Application Is For		Return Code
Form 990		01	Form 990-T (corporation)		07
Form 990-8	BL	02	Form 1041-A		08
Form 990-E	Z	03	Form 4720		09
Form 990-F	PF	04	Form 5227		10
Form 990-1	(section 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-7	(trust other than above)	06	Form 8870		12
Telepho If the o If this is check to the ext	one No (718) 885-1461  rganization does not have an office or place of s for a Group Return, enter the organization's faths box (In this box). If it is for part of the group, coension is for.  Lest an automatic 3-month (6 months for a confect of the group) and the group of the organization's return for:  Calendar year 20 or tax year beginning Jul 1 20 1	FAX Notes that the four digit Ground heck this box poration required to the forganization	he United States, check this box  p Exemption Number (GEN)  . Implication a list with the names and attach a list with the names red to file Form 990-T) extension of time return for the organization named above	If this is for the who and EINs of all mer	
	tax year entered in line 1 is for less than 12 n			inal return	
nonre	s application is for Form 990-BL, 990-PF, 990- efundable credits. See instructions	<u></u>	<del> </del>		0.
payn	s application is for Form 990-PF, 990-T, 4720, nents made. Include any prior year overpaymer	nt allowed as a	a credit	3b \$	0.
EFT	nce due. Subtract line 3b from line 3a. Include S (Electronic Federal Tax Payment System).	See instruction	18		0.
	f you are going to make an electronic fund with instructions.	drawal with th	iis Form 8868, see Form 8453-EO and F	form 8879-EO for	

**BAA** For Paperwork Reduction Act Notice, see Instructions.

Form <b>8868</b>	(Rev 1-2011) BARTOW PELL LANDMARK	FUND		51-0243951	Page 2
	are fiking for an Additional (Not Automatic) 3-Month		, complete only Part Ibnd check this	s box	► X
-	complete Part II if you have already been granted		-		
	are filing for an Automatic 3-Month Extension, com			•	
	Additional (Not Automatic) 3-Month Exte			no copies needed).	
The state of the s	Name of exempt organization		<u> </u>	Employer identification number	r
			ì	. ,	
Type or	DARROW DELL LANDMARK BUND		j	E1 00430E1	
print	BARTOW PELL LANDMARK FUND			51-0243951	
File by the	Number, street, and room or suite number. If a P.O. box, see instr	uctions.			
extended due date for					
filing the return See	895 SHORE ROAD/PELHAM BAY PARK				
instructions	City, town or post office, state, and ZIP code. For a foreign addres	s, see instruction	ons.		
	BRONX	NY 10	464		
Enter the F	Return code for the return that this application is fo	r (file a sep	parate application for each return)		01
Application	n	Return	Application		Return
ls For		Code	ls For		Code
Form 990		01			
Form 990-l		02	Form 1041-A		08
Form 990-I	EZ	03	Form 4720		09
Form 990-I	PF	04	Form 5227		10
Form 990-	T (section 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-	T (trust other than above)	06	Form 8870		12
STOP! Do	not complete Part II if you were not already grante	ed an auton	natic 3-month extension on a previ	ously filed Form 8868.	
• The bo	oks are in care of BARTOW PELL LANDMA	RK FUND			
		FAX No. ►			
	organization does not have an office or place of but	siness in th	e United States, check this box		▶ 🗀
	is for a Group Return, enter the organization's four				
whole grou	up, check this box . ► ☐ If it is for part of the	aroun, chec	k this box	th the names and FINs	of all
	the extension is for.	g. 0 ap, 000	and attach a list wi	an are names and Ents	J. G.,
	uest an additional 3-month extension of time until	May 15	20.12	<del></del>	
5 For o	Salandar year or other tay year beginning	ray rol 1	20 10 and and and	(1) m 20 20 1	11
	calendar year, or other tax year beginning				ŦŦ·
	e tax year entered in line 5 is for less than 12 mont	ins, check i	eason:	Final return	
_	Change in accounting period	- A m	TVD DECUES	_	
	e in detail why you need the extension ADDIT			<u> </u>	
DAT	TA IN ORDER TO PROVIDE A COMPLET	LE WHO Y	ACCURATE ACCOUNTING.		
	· <del></del>			<del></del>	
nonre		<u></u> .	<u> </u>		0.
	s application is for Form 990-PF, 990-T, 4720, or 6 nents made. Include any prior year overpayment al Form 8868		any refundable credits and estimate credit and any amount paid previou		0.
c Bala EFTF	nce due. Subtract line 8b from line 8a. Include you S (Electronic Federal Tax Payment System). See	r payment v	with this form, if required, by using	8c \$	0.
			d Verification		
Under penaltic	es of perjury, I declare that I have examined this form, including accomplete, and that I am authorized to prepare this form.	ompanying sch	edules and statements, and to the best of my k	nowledge and belief, it is true,	
correct, and C	Mall'H CA				
Signature	JULI WAN TILLE >	CPA AGI	ENT	Date ► 02/1	
BAA		FIFZ0502	11/15/10	Form <b>8868</b>	(Rev 1-2011)

#### **Supporting Statement of:**

Form 990 p 12/Part XI, Line 5

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	14,544.
Total	14,544.

#### **Supporting Statement of:**

Sch D, page 4/Part XII, Line 2b

Description	Amount
PRO BONO LEGAL SERVICES	12,095.
Total	12,095.

#### Supporting Statement of:

Sch D, page 4/Part XIII, Line 2a

Description	Amount
PRO BONO LEGAL SERVICES	12,095.
Total	12,095.

# , Miscellaneous Statement

990-EZ PART III	
CONTINUED FROM PAGE 2	
CONTINUED FROM PAGE 2	
OF THE PUBLIC (CURRENT YEAR VISITORS OF 11,000).	
THIS IS ACHIEVED BY PROTECTING, PRESERVING, AND RESTORING	
THE SITE' ARCHITECTURE, LANDSCAPE, & COLLECTION, INTERPRETING	
THE SITE'S HISTORY AND CREATING EDUCATIONAL PROGRAMS FOR ALL AGES.	

Total

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form'990, Page 10, Line 24f All Other Expenses (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
GARDEN MAINTENANCE	16,585.	16,585.	0.	0.
HOUSE MAINTENANCE	3,388.	3,388.	0.	0.
EDUCATION & PUBLIC OUTREACH	7,275.	7,275.	0.	0.
MUSEUM COLLECTION	10 <u>,</u> 046.	10,046.	0.	0.
DUES	2,805.	2,805.	0.	0.

# Bartow-Pell Landmark Fund and International Garden Club dba Bartow-Pell Conservancy

# COMBINED FINANCIAL STATEMENTS

June 30, 2011

# CONTENTS

Independent Auditors' Report	Page 1
Statement of Financial Position	2
Statement of Activities and Changes in Net Assets	3
Statement of Functional Expenses	4
Statement of Cash Flows	5
Notes to Financial Statements	6-14

# Barbara A. Brill, CPA P.C. 75 S. Highland Avenue Ossining, NY 10562

Telephone 914-944-1410

Fax 914-944-1428

#### **Independent Auditors' Report**

To the Board of Directors of the Bartow-Pell Landmark Fund and International Garden Club dba the Bartow-Pell Conservancy

We have audited the accompanying combined statement of financial position of the Bartow-Pell Landmark Fund (a not-for-profit organization) and the International Garden Club dba Bartow-Pell Conservancy as of June 30, 2011, and the related combined statements of activities and changes in net assets, statement of functional expenses and statement of cash flows for the years then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audit. The prior year summarized comparative information has been derived from the Bartow-Pell Landmark Fund and International Garden Club's June 30, 2010 audited financial statements and, in our report dated October 28, 2010 we expressed an unqualified opinion on those financial statements.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the combined financial position of the Bartow-Pell Landmark Fund and the International Garden Club dba Bartow-Pell Conservancy as of June 30, 2011, and the combined changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Sul Sould CRAPO Ossining, New York

September 30, 2011

#### **Combined Statement of Financial Position**

# June 30, 2011 (With Comparative Totals as of June 30, 2010)

### **ASSETS**

	<u>2011</u>	<u>2010</u>
Current Assets:		
Cash and cash equivalents	\$ 163,930	\$ 177,822
Investments (Note 4)	167,269	146,493
Accounts receivable	4,471	5,315
Prepaid expenses	3,319	4,971
Inventory	1,851	1,203
Total Current Assets	340,840	335,804
Fixed assets (net of accumulated depreciation of \$111,501 and		
\$111,037 as of June 30, 2011 and 2010 respectively) (Note 3)	3,226	2,088
Other Assets:		
Investments – permanently restricted (Note 4 and 7)	<u>14,000</u>	14,000
Total Assets	\$ <u>358,066</u>	\$ <u>351,892</u>
LIABILITIES AND NET ASSI	ETS	
Current Liabilities:		
Accounts payable and accrued expenses	\$ 7,558	\$ 4,186
Payroll taxes payable	718	6,547
Deferred revenue (Note 2)	89,331	92,785
Total Current Liabilities	97,607	103,518
Net Assets:		
Unrestricted net assets		
Board designated (Note 5)	5,789	8,644
Other	<u>227,671</u>	<u>218,781</u>
Total unrestricted net assets	233,460	227,425
Temporarily restricted (Note 6)	12,999	6,949
Permanently restricted (Note 7)	14,000	14,000
Total Net Assets	\$ <u>260,459</u>	\$ 248,374
Total Liabilities and Net Assets	\$ <u>358,066</u>	\$ <u>351,892</u>

# Bartow-Pell Landmark Fund and International Garden Club Combined Statement of Activities and Changes in Net Assets

# For the Year ended June 30, 2011 (With Comparative Totals for the Year ended June 30, 2010)

		2011	<u> </u>		
		Temporarily	Permanently	· · · · · · · · · · · · · · · · · · ·	2010
	<b>Unrestricted</b>	Restricted	Restricted	<b>Total</b>	<b>Total</b>
SUPPORT & REVENUE:		<del>-</del>	-		
Public Support					
General donations (see note 9)	\$ 28,936	\$ 4,034	\$	\$ 32,970	\$ 22,984
Government grants	-	45,529		45,529	28,905
Private grants	10,200	28,607		_38,807	64,773
Total Public Support	39,136	78,170		117,306	116,662
Program Services					
Museum visitors	9,825			9,825	9,804
Use of property	25,200			25,200	9,230
Public programs	14,778			14,778	9,184
Education	5,976			5,976	4,756
Membership programs	3,360			3,360	3,030
Gift shop	- ,			-,	2,023
Gross sales	7,865			7,865	6,135
Cost of goods sold	<u>(5,608)</u>			(5,608)	(3,186)
Net revenue	2,257	-	-	2,257	2,949
Total Program Services	61,396			61,396	38,953
Membership dues	59,877			59,877	60,814
Fundraising events	90,218	6,050		96,268	79,084
Investment income (Note 4)	20,976	,	1,816	22,792	14,661
Net assets released from restriction:			2,020	,.,_	1 1,001
Satisfaction of program restrictions	<u>79,986</u>	<u>(78,170)</u>	(1,816)	_	-
Total Support and Revenue	351,589	6,050		357,639	310,174
EXPENSES:					
Program	222,347			222,347	201,191
Administrative	71,208			71,208	58,616
Fundraising	51,999			51,999	47,620
Total Expenses	345,554	-			
Total Expenses	343,334	<del></del>		345,554	307,427
Increase (decrease) in Net Assets	6,035	6,050	-	12,085	2,747
Net Assets, beginning of fiscal year	227,425	6,949	<u>14,000</u>	248,374	245,627
Net Assets, end of fiscal year	\$ <u>233,460</u>	\$ <u>12,999</u>	\$ <u>14,000</u>	\$ <u>260,459</u>	\$ <u>248,374</u>

### **Combined Statement of Functional Expenses**

# For the Year ended June 30, 2011 (With Comparative Totals for the Year Ended June 30, 2010)

	2011				
	Program	Management	-		2010
	Services	& General	<b>Fundraising</b>	<u>Total</u>	<u>Total</u>
Salaries	\$ 121,544	\$ 24,309	\$ 16,206	\$ 162,059	\$ 151,019
Payroll taxes and benefits	17,152	3,430	2,287	22,869	23,377
Special events			31,496	31,496	28,855
Garden maintenance	16,585			16,585	21,027
Professional fees (Note 9)		21,198		21,198	19,425
Supplies	12,703	5,017		17,720	16,053
Outside services	15,068	10,145		25,213	9,826
Printing & reproduction	2,001	1,680	190	3,871	4,977
Education & public outreach	7,275			7,275	6,340
Telephone	3,059	1,647		4,706	5,259
Marketing	5,542		820	6,362	3,316
Postage		3,428	1,000	4,428	3,842
Museum collection	10,046			10,046	2,708
Dues	2,805			2,805	1,968
Travel	1,468	354		1,822	1,053
House maintenance	3,388			3,388	4,122
Insurance	3,001			3,001	3,462
Other expenses	246			246	566
Depreciation	<u>464</u>			464	232
	\$ <u>222,347</u>	\$ <u>71,208</u>	\$ <u>51,999</u>	\$ <u>345,554</u>	\$ <u>307,427</u>

#### **Combined Statement of Cash Flows**

### For the Year Ended June 30, 2011 (With Comparative Totals for the Year Ended June 30, 2010) (Increase (Decrease) in Cash and Cash Equivalents)

		<u>2011</u>		<u> 2010</u>
Cash flows from operating activities:				
Increase (decrease) in Net Assets	\$	12,085	\$	2,747
Adjustments to reconcile increase (decrease) in Net Assets				
to net cash provided (used) by operating activities:				
Depreciation		464		232
Increase (decrease) in accounts receivable		844		(1,135)
Increase (decrease) in prepaid expenses		1,652		2,033
Increase (decrease) in inventory		(648)		(1,203)
(Increase) decrease in accounts payable and		` ,		, , ,
accrued expenses		3,372		(6,065)
(Increase) decrease in payroll taxes payable		(5,829)		3,912
(Increase) decrease in deferred revenue	_	(3,454)	_	25,850
Net cash provided by (used in) operating activities	_	8,486	-	26,371
Cash flows from investing activities:				
(Increase) decrease in investments, net		(20,776)		(12,644)
Acquisition of equipment	_	(1,602)	_	(2,320)
Net cash used by investing activities	_	(22,378)	_	(14,964)
Net increase in cash and cash equivalents		(13,892)		11,407
Cash and cash equivalents, beginning of fiscal year	_	177,822		<u>166,415</u>
Cash and cash equivalents, end of fiscal year	<b>\$</b> _	<u>163,930</u>	\$	177,822
Supplemental disclosures of cash flow information:				
Cash paid during the year for:				
Interest	\$	-0-	\$	-0-
Income taxes	\$	-0-	\$	-0-

#### **Notes to Combined Financial Statements**

June 30, 2011

#### Note 1 -Organization

Bartow-Pell Landmark Fund (the "Fund") and the International Garden Club, Inc. (dba Bartow-Pell Conservancy) (the "Conservancy") are not-for-profit entities organized to manage, preserve and improve the Bartow-Pell Mansion Museum (the "Museum"), formal garden and associated land and personal property located in Pelham Bay Park, Bronx, New York.

Both entities have the same officers and directors. The Conservancy holds the license to manage the property with the City of New York, and contracts with the Fund to do the day-to-day management of the museum and associated property. No compensation is associated with this contract.

#### Note 2 - Summary of Significant Accounting Policies

#### **Basis of Presentation**

The accompanying combined financial statements include the net assets and activities of the Fund and the Conservancy. All significant inter-organizational accounts and transactions have been eliminated.

The financial statements have been prepared on the accrual basis of accounting. Support revenue is recognized as services are rendered and expenses are recognized as incurred. Donations are recognized as received.

The financial statements are presented in accordance with Financial Accounting Standards Board's Statement of Financial Accounting Standards (SFAS) No. 117, Financial Statements for Not-for-Profit Organizations. Under SFAS No. 117, the Fund and Conservancy are required to report information regarding financial position and activities according to three classes of Net Assets: unrestricted, temporarily restricted, and permanently restricted.

Net assets, revenues, expenses, gains and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, Net assets and changes therein are classified as follows:

#### **Notes to Combined Financial Statements**

June 30, 2011_

#### Note 2 – Summary of Significant Accounting Policies (continued)

#### **Unrestricted Net Assets**

Net Assets not subject to donor-imposed stipulations.

#### **Temporarily Restricted Net Assets**

Net Assets subject to donor-imposed stipulations that may or will be met by actions of the Fund and/or Conservancy and/or passage of time.

#### **Permanently Restricted Net Assets**

Net Assets subject to donor-imposed stipulations are maintained permanently by the Fund. Generally, the donors of these assets permit the Fund to use all or part of the income earned on related investments for general or specific purposes.

#### **General Donations**

General donations received are recorded as unrestricted, temporarily restricted, or permanently restricted support, depending on the existence and/or nature of any donor restrictions. When a donor restriction expires, that is when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted Net Assets are reclassified to unrestricted Net Assets and reported in the statement of activities as Net Assets released from restrictions.

#### **Income Taxes**

The Fund qualifies as a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code and is therefore exempt from federal income taxes. All funds raised for the Museum by the Conservancy are received by the Fund, such that the Conservancy has no income. Similar provisions under New York State and New York City law exempt the Fund from State and City income taxes. Therefore, no provision for income taxes has been made in these financial statements.

#### **Notes to Combined Financial Statements**

Ju	ne	30	. 20	11

#### Note 2 - Summary of Significant Accounting Policies (continued)

#### **Use of Estimates**

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

#### Cash and Cash Equivalents

The Fund and Conservancy consider all highly liquid instruments purchased with an original maturity of three months or less to be cash equivalents.

#### Inventory

Inventory, consisting of items for sale in the museum gift shop, is stated at the lower of cost or market value. Cost is determined on a weighted-average cost basis. Sales of items are recorded at the time the item is sold.

#### **Collections**

Donations of antique furniture and other decorative items are not reflected in the combined financial statements as they are not held for sale.

#### **Deferred Revenue**

The Organization recognizes as deferred revenue any grants that are received in the current year that are applicable to future periods.

#### **Notes to Combined Financial Statements**

#### June 30, 2011

#### Note 2 - Summary of Significant Accounting Policies (continued)

#### Functional Allocation of Expenses

The breakdown of functional expenses into program services and administrative services is as provided by management using their best estimates as to the appropriate allocation.

#### Note 3 - Property and Equipment

Property and equipment are recorded at cost. Donations of property and equipment are recorded at fair value on the date of receipt. Depreciation is computed over the estimated useful lives of the depreciable asset, which for building depreciation is 39 years and 5 to 7 years for other assets, using the straight-line method.

Property and equipment at June 30, 2011 and 2010 are comprised of the following:

-	<u>2011</u>	<u>2010</u>
Museum and property		
improvements	\$ 81,271	\$ 79,669
Office furniture and equipment	33,456	33,456
	114,727	113,125
Accumulated depreciation	( <u>111,501</u> )	<u>(111,037)</u>
Net property and equipment	\$ <u>3,226</u>	\$ <u>2,088</u>

Museum-quality donations and items loaned from organizations and individuals are not included in property and equipment.

#### Note 4 – Investments

Investments are carried at fair value based on quoted market prices. Changes in the fair value of investments are recognized in income.

The Organization adopted the provisions of Statement of Financial Accounting Standards No. 157, Fair Value Measurements. SFAS 157 establishes a fair value hierarchy for the inputs used to measure fair value based on the nature of the data input, which generally range from quoted prices for identical instruments in a principal trading market (Level 1) to estimates determined using related market data (Level 3).

#### Notes to Combined Financial Statements

June	30,	2011	

#### Note 4 – Investments (continued):

Multiple inputs may be used to measure fair value; however, the level of fair value of each financial asset or liability presented below is based on the lower significant input level within this fair value hierarchy.

The following table provides the fair value hierarchy of the Organization's financial assets as of June 30, 2011:

Financial Assets	<u>Level 1</u>	Level 2	Level 3	<u>Total</u>
<b>Certificates of Deposit</b>	\$ 41,656			\$ 41,656
Equities	<u>139,613</u>			<u>139,613</u>
<b>Total Investments</b>	\$ <u>181,269</u>			\$ <u>181,269</u>

The following table provides the fair value hierarchy of the Organization's financial assets as of June 30, 2010:

Financial Assets	<u>Level 1</u>	Level 2	Level 3	<u>Total</u>
Certificates of Deposit	\$ 41,120			\$ 41,120
Equities	<u>119,373</u>		-	119,373
<b>Total Investments</b>	\$ <u>160,493</u>			\$ <u>160,493</u>

Details on the methods and assumptions used to determine the fair values of the financial assets and liabilities are as follows:

Fair value measurements based on Level 1 inputs: Measurements that are most observable are based on quoted prices of identical instruments obtained from the principal markets in which they are traded. Closing prices are both readily available and representative of fair value. Market transactions occur with sufficient frequency and volume to ensure liquidity.

Fair value measurements based on Level 2 inputs: Measurements derived indirectly from observable inputs or from quoted prices from markets that are less liquid are considered Level 2. Measurements may consider inputs that other market participants would use in valuing a portfolio, such as quoted market prices for similar securities, interest rates, credit risks and others.

#### **Notes to Combined Financial Statements**

#### June 30, 2011

#### Note 4 – Investments (continued):

Fair value measurements based on Level 3 inputs: Measurements that are least observable are estimated from related market data, determined from sources with little or no market activity for comparable contracts, or are positions with longer durations.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Organization believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Investment income for the years ended June 30, 2011 and 2010 is comprised of the following:

	<u>2011</u>	<u>2010</u>
Interest and dividends	\$ 4,302	\$ 4,788
Realized gain on investments	3,946	•
Unrealized gain on investments	14,544	<u>9,873</u>
	\$22,792	\$14,661

#### Note 5 – Board-Designated Funds

Board-designated funds are unrestricted net assets which have been set aside for special purposes. Board-designated funds at June 30, 2011 and 2010 were \$5,789 and \$8,644, respectively.

#### Note 6 - Temporarily Restricted Net Assets

Temporarily restricted net assets at June 30, 2011 and 2010 were available as follows:

	<u> 2011</u>	<u> 2010</u>
Carriage House	\$ 6,949	\$ 6,949
Restroom Renovations	<u>_6,050</u>	
Total	<u>\$12,999</u>	\$ 6,949

#### **Notes to Combined Financial Statements**

#### June 30, 2011

#### Note 7 – Endowment

The Fund's Endowment fund helps support garden maintenance while maintaining, or ideally increasing, the purchasing power of the funds. This is accomplished through a total return investment strategy and a spending policy set annually by the Board. Currently, the spending policy is limited to the prior year income earned on the Endowment Funds investments.

The portfolio is managed with a low level of risk. The overall policy is to protect and grow the assets by conservatively investing in low risk, secured (SIPC) investments, with low or no fees, yielding as much interest as possible. Safety of principal is the foremost objective of the investment policy. Investments will be undertaken in a manner that seeks to ensure the preservation of capital in the overall portfolio.

Changes in the endowment net assets for the fiscal year ended June 30, 2011 and 2010 are as follows:

	<u>2011</u>	<u>2010</u>
Endowment net assets,		
beginning of year	\$ <u>14,000</u>	\$ <u>14,000</u>
Investment return:		
Investment income	943	560
Investment expenses		(50)
Net appreciation/(depreciation)		()
(realized and unrealized)	<u>873</u>	1,716
Total investment return	1,816	2,226
Contributions	-	-
Appropriation of endowment		
assets for expenditure	(1,816)	(2,226)
Endowment net assets,		
end of year	\$ 14,000	\$ 14,000
J	~ <u></u>	Ψ <u>πτιννν</u>

#### Notes to Combined Financial Statements

June	30	201	1
Junc	-JU-	<b>4</b> 01	

#### Note 8 - Concentration of Credit Risk

Financial instruments that potentially subject the Fund and Conservancy to concentrations of credit risk consist principally of cash, cash equivalents and investments. Cash equivalents consist of accounts in financial institutions, which occasionally may exceed the FDIC and SIPC insured levels. Investments consist of shares in various mutual funds and certificates of deposit that qualify for FDIC coverage. Management believes that no significant concentrations of credit risk exist with respect to cash, cash equivalents and investments.

#### Note 9 - Contributed Services and Materials

A substantial number of volunteers made significant contributions of their time to the Organization's programs. Pro bono legal services, in the amount of \$12,095 have been reflected in the financial statements as a part of general donations income and professional fees expense. All other contributed services are not reflected in these financial statements since they are not susceptible to objective measurement or valuation.

#### **Note 10- Lease Commitments**

The Fund is obligated under a lease for office equipment. The minimum future lease payments are as follows:

Year ending June 30, 2012

**\$_920** 

#### **Note 11- Funding Source Audits**

Pursuant to the Fund's contractual relationships with certain funding sources, outside agencies have the right to examine the books and records of the Fund involving transactions relating to these contracts. The accompanying financial statements make no provisions for possible disallowances. Although such possible disallowances could be substantial in amount, in the opinion of management, any actual disallowances would be immaterial.

#### **Notes to Combined Financial Statements**

June	30	20	1 1
June	20.	<b>4</b> 0.	

#### **Note 12- Reclassifications**

Certain reclassifications may have been made to some prior year account balances in order to conform to current year presentation.

#### **Note 13- Comparative Totals:**

The amounts shown for the year ended June 30, 2010 in the accompanying financial statements are included to provide a basis for comparison with June 30, 2011 and are presented in summarized totals only. Accordingly, the June 30, 2010 amounts are not intended to present all information necessary for a fair presentation in conformity with accounting principles generally accepted in the United States of America.