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Form 990

## Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2012

Open to Public  
Inspection

A For the 2012 calendar year, or tax year beginning

07/01/2012, and ending

06/30, 2013

<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE GILDER LEHRMAN INSTITUTE OF AMERICAN HISTORY				D Employer identification number 13-3795391		
	Doing Business As				E Telephone number (646) 366-9666		
	Number and street (or P O box if mail is not delivered to street address) 49 WEST 45TH STREET			Room/suite 6TH FL			
	City, town or post office, state, and ZIP code NEW YORK, NY 10036				G Gross receipts \$ 7,017,498.		
	F Name and address of principal officer DR. JAMES G. BASKER SAME AS C ABOVE				H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> X <input type="checkbox"/> No		
					H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
I Tax-exempt status <input checked="" type="checkbox"/> X 501(c)(3) 501(c) ( ) (insert no) 4947(a)(1) or 527		If "No," attach a list (see instructions)					
J Website: ► WWW.GILDERLEHRMAN.ORG						H(c) Group exemption number ►	
K Form of organization <input checked="" type="checkbox"/> X Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		L Year of formation 1994				M State of legal domicile NY	

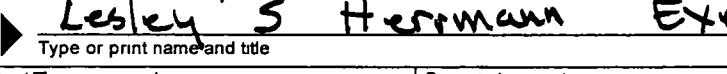
## Part I Summary

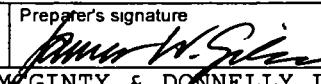
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: DEVOTED TO THE IMPROVEMENT OF HISTORY EDUCATION. EMPLOYS PROGRAMS & RESOURCES FOR STUDENTS, TEACHERS, SCHOLARS, & HISTORY ENTHUSIASTS, IN THE SERVICE OF CLOSING OUR NATION'S CIVIC & HISTORICAL LITERACY GAP.		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a) . . . . .	3	9.
	4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4	8.
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) . . . . .	5	40.
	6 Total number of volunteers (estimate if necessary) . . . . .	6	10.
	7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b	0
	8 Contributions and grants (Part VIII, line 1h) . . . . .	29,378,966.	3,148,395.
	9 Program service revenue (Part VIII, line 2g) . . . . .	2,105,417.	1,668,708.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	483,620.	483,271.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	11,922.	-12,781.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	31,979,925.	5,287,593.	

Revenue	RECEIVED NOV 27 2013 9988 IRS-OSC OGDEN, UT	Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h) . . . . .	29,378,966.	3,148,395.
	9 Program service revenue (Part VIII, line 2g) . . . . .	2,105,417.	1,668,708.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	483,620.	483,271.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	11,922.	-12,781.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	31,979,925.	5,287,593.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	676,539.	637,887.
	14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . .	2,146,836.	2,186,528.
	16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	318,428.	101,406.
	b Total fundraising expenses (Part IX, column (D), line 25) ► 490,659.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .	4,489,441.	3,702,348.
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . .	7,631,244.	6,628,169.	
19 Revenue less expenses Subtract line 18 from line 12 . . . . .	24,348,681.	-1,340,576.	
20 Total assets (Part X, line 16) . . . . .	Beginning of Current Year 36,235,627.	End of Year 34,881,042.	
21 Total liabilities (Part X, line 26) . . . . .	778,668.	756,438.	
22 Net assets or fund balances Subtract line 21 from line 20. . . . .	35,456,959.	34,124,604.	

## Part II Signature Block

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

Sign Here	► 	11/12/13
	►  Lesley S Hermann Executive Director	Date
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name James W. Gilson	Preparer's signature 	Date NOV 12 2013	Check <input type="checkbox"/> if self-employed	PTIN P015481090
	Firm's name ► CONDON O'MEARA MCGINTY & DONNELLY L			Firm's EIN ► 13-3628255	
	Firm's address ► ONE BATTERY PARK PLAZA NEW YORK, NY 10004-1405			Phone no 212-661-7777	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2012)

JSA

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59983Y M261

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**Part III · Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III . . . . . **1** Briefly describe the organization's mission

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code \_\_\_\_\_) (Expenses \$ 2,369,111. including grants of \$ \_\_\_\_\_) (Revenue \$ 1,562,204. )

TEACHER DEVELOPMENTS IN AMERICAN HISTORY: REACHED TEACHERS IN ALL 50 STATES. (40) WEEK-LONG SUMMER SEMINARS. APPROXIMATELY 195 DAYS OF STAFF DEVELOPMENT WORKSHOPS IN OVER 80 SCHOOL DISTRICTS ACROSS THE COUNTRY. OVER 6,500 TEACHERS TRAINED.

**4b** (Code \_\_\_\_\_) (Expenses \$ 728,811. including grants of \$ 637,887. ) (Revenue \$ \_\_\_\_\_)

AMERICAN HISTORY SCHOOLS AND PROGRAMS: REACHED TEACHERS AND STUDENTS IN ALL 50 STATES AND 12 COUNTRIES OUTSIDE OF THE US. TOTAL NUMBER OF SCHOOLS THAT PARTICIPATED IN GLI SCHOOL PROGRAMS WERE 3,000, REACHING OVER 750,000 STUDENTS. GLI HAD 22 SEMESTERS OF "SATURDAY ACADEMIES OF AMERICAN HISTORY" THAT OPERATED IN 14 SCHOOLS.

**4c** (Code \_\_\_\_\_) (Expenses \$ 325,303. including grants of \$ \_\_\_\_\_) (Revenue \$ 106,504. )

ATTACHMENT 1

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ 1,840,878. including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e** Total program service expenses ► 5,264,103.

## Part IV Checklist of Required Schedules

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

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

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. . . . .	21	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .	23	X
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, that was issued after December 31, 2002? If "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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	25a	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. . . . .	25b	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . .	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .	27	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . .	28a	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . .	28b	X
c	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
29	Did the organization receive more than \$25,000 in non-cash contributions? If "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	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. . . . .	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I. . . . .	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .	34	X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	35a	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	35b	
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	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	X

**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.	1a	294
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable.	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	40
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).</i>	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country <i>See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts</i>	5a	X
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c	
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	6a	X
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6b	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	7a	X
7 <b>Organizations that may receive deductible contributions under section 170(c).</b>	7b	X
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7c	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7d	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7e	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7f	X
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7g	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7h	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	8	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	9a	
8 <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9b	
9 <b>Sponsoring organizations maintaining donor advised funds.</b>	10	
a Did the organization make any taxable distributions under section 4966?	10a	
b Did the organization make a distribution to a donor, donor advisor, or related person?	10b	
10 <b>Section 501(c)(7) organizations.</b> Enter	11a	
a Initiation fees and capital contributions included on Part VIII, line 12	11b	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	12a	
11 <b>Section 501(c)(12) organizations.</b> Enter	12b	
a Gross income from members or shareholders	13a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	13b	
12a <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	13c	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	14a	X
13 <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	14b	
a Is the organization licensed to issue qualified health plans in more than one state? <i>Note. See the instructions for additional information the organization must report on Schedule O</i>		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c Enter the amount of reserves on hand		
14a Did the organization receive any payments for indoor tanning services during the tax year?		
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

### 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	9	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent	8	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	X	
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	X	
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	X	

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

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

### Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ► CA, CO, GA, IL, MD, MA, MN, NJ, NY, VA, WI,
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply □ Own website    □ Another's website <input checked="" type="checkbox"/> Upon request    □ Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► LESLEY S. HERRMANN, 49 WEST 45TH STREET, 6TH FLOOR NEW YORK, NY 10036    646-366-9666

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) DR. JAMES G. BASKER PRESIDENT	19.00	X	X				120,000.	0	0
(2) RICHARD GILDER TREASURER & EXECUTIVE V.P.	1.00	X	X				0	0	0
(3) LEWIS E. LEHRMAN EXECUTIVE VICE PRESIDENT	1.00	X	X				0	0	0
(4) DANIEL P. JORDAN SECRETARY	1.00	X	X				0	0	0
(5) JOHN L. NAU, III BOARD MEMBER	1.00	X					0	0	0
(6) DAVID MCCULLOUGH BOARD MEMBER	1.00	X					0	0	0
(7) ROBERT DAUM BOARD MEMBER	1.00	X					0	0	0
(8) ROBERT NIEHAUS BOARD MEMBER	1.00	X					0	0	0
(9) SHAIZA RIZAVI BOARD MEMBER	1.00	X					0	0	0
(10) LESLEY S. HERRMANN EXECUTIVE DIRECTOR	40.00		X				238,960.	0	23,225.
(11) _____									
(12) _____									
(13) _____									
(14) _____									

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

<b>1b Sub-total . . . . .</b>	358,960.	0	23,225.
<b>c Total from continuation sheets to Part VII, Section A . . . . .</b>	0	0	0
<b>d Total (add lines 1b and 1c) . . . . .</b>	358,960.	0	23,225.

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

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

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

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

---

**Section B. Independent Contractors**

- 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

**Part VIII Statement of Revenue**Check if Schedule O contains a response to any question in this Part VIII 

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b> 1,209,543.			
	<b>d</b> Related organizations . . . . .	<b>1d</b>			
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b> 492,270.			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b> 1,446,582.			
	<b>g</b> Noncash contributions included in lines 1a-1f \$				
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . . ►	<b>3,148,395.</b>			
<b>Program Service Revenue</b>		<b>Business Code</b>			
	<b>2a</b> EDUCATIONAL SERVICES	900099	1,570,004.	1,570,004.	
	<b>b</b> EDUCATIONAL RESOURCES	900099	98,704.	98,704.	
	<b>c</b>				
	<b>d</b>				
	<b>e</b>				
	<b>f</b> All other program service revenue . . . . .				
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . . ►	<b>1,668,708.</b>			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ►	<b>36,792.</b>			<b>36,792.</b>
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ►	<b>0</b>			
	<b>5</b> Royalties . . . . . ►	<b>842.</b>			<b>842.</b>
	<b>6a</b> Gross rents . . . . .	<b>(i) Real</b>	<b>(ii) Personal</b>		
	<b>b</b> Less rental expenses . . . . .				
	<b>c</b> Rental income or (loss) . . . . .				
	<b>d</b> Net rental income or (loss) . . . . . ►		<b>0</b>		
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>(i) Securities</b>	<b>(ii) Other</b>		
		1,543,966.	511,721.		
	<b>b</b> Less cost or other basis and sales expenses . . . . .	1,609,208.			
	<b>c</b> Gain or (loss) . . . . .	-65,242.	511,721.		
	<b>d</b> Net gain or (loss) . . . . . ►		<b>446,479.</b>		<b>446,479.</b>
	<b>8a</b> Gross income from fundraising events (not including \$ 1,209,543. of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>	<b>35,150.</b>		
	<b>b</b> Less direct expenses . . . . .	<b>b</b>	<b>109,470.</b>		
	<b>c</b> Net income or (loss) from fundraising events . . . . . ►		<b>-74,320.</b>		<b>-74,320.</b>
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>			
	<b>b</b> Less direct expenses . . . . .	<b>b</b>			
	<b>c</b> Net income or (loss) from gaming activities . . . . . ►		<b>0</b>		
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	<b>66,315.</b>		
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>	<b>11,227.</b>		
	<b>c</b> Net income or (loss) from sales of inventory . . . . . ►		<b>55,088.</b>	<b>55,088.</b>	
	<b>Miscellaneous Revenue</b>	<b>Business Code</b>			
	<b>11a</b> OTHER INCOME	900099	5,609.	5,609.	
	<b>b</b>				
	<b>c</b>				
	<b>d</b> All other revenue . . . . .				
	<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . . ►	<b>5,609.</b>			
	<b>12</b> <b>Total revenue.</b> See instructions . . . . . ►	<b>5,287,593.</b>	<b>1,729,405.</b>		<b>409,793.</b>

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21 .	613,887.	613,887.		
2 Grants and other assistance to individuals in the United States See Part IV, line 22 . . . . .	15,000.	15,000.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 . . . . .	9,000.	9,000.		
4 Benefits paid to or for members . . . . .	0			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	378,705.	178,482.	60,741.	139,482.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7 Other salaries and wages . . . . .	1,401,412.	1,117,905.	123,050.	160,457.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	0			
9 Other employee benefits . . . . .	265,889.	186,142.	41,208.	38,539.
10 Payroll taxes . . . . .	140,522.	96,581.	20,743.	23,198.
11 Fees for services (non-employees)				
a Management . . . . .	0			
b Legal . . . . .	21,715.		19,728.	1,987.
c Accounting . . . . .	19,595.		19,595.	
d Lobbying . . . . .	0			
e Professional fundraising services See Part IV, line 17	101,406.			101,406.
f Investment management fees . . . . .	21,968.	2,732.	19,236.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	232,978.	195,778.	11,610.	25,590.
12 Advertising and promotion . . . . .	0			
13 Office expenses . . . . .	502,641.	447,142.	55,499.	
14 Information technology . . . . .	0			
15 Royalties . . . . .	0			
16 Occupancy . . . . .	334,191.	34,755.	299,436.	
17 Travel . . . . .	1,006,897.	1,004,113.	2,784.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings . . . . .	32,596.	32,596.		
20 Interest . . . . .	0			
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . . . .	23,049.		23,049.	
23 Insurance . . . . .	51,689.		51,689.	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a HONORARIUMS	772,610.	772,610.		
b EDUCATIONAL RESOURCES	208,518.	206,830.	1,688.	
c AWARDS	119,824.	119,824.		
d DUES & ADMISSIONS	62,754.	60,303.	2,451.	
e All other expenses	291,323.	170,423.	120,900.	
25 Total functional expenses. Add lines 1 through 24e	6,628,169.	5,264,103.	873,407.	490,659.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0			

## Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	2,915,032	2	4,796,009
	3 Pledges and grants receivable, net	30,413,748	3	26,085,475
	4 Accounts receivable, net	745,376	4	717,529
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	674,990	8	353,800
	9 Prepaid expenses and deferred charges	362,849	9	389,513
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	338,310	
	b Less accumulated depreciation	10b	286,571	33,646 10c 51,739
	11 Investments - publicly traded securities	1,034,675	11	2,348,791
	12 Investments - other securities See Part IV, line 11	0	12	0
	13 Investments - program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	55,311	15	138,186
	16 Total assets. Add lines 1 through 15 (must equal line 34)	36,235,627	16	34,881,042
Liabilities	17 Accounts payable and accrued expenses	433,670	17	458,492
	18 Grants payable	0	18	0
	19 Deferred revenue	344,998	19	297,946
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	778,668	26	756,438
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	6,352,239	27	8,076,980
	28 Temporarily restricted net assets	29,104,720	28	26,047,624
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0	30	
	31 Paid-in or capital surplus, or land, building, or equipment fund	0	31	
	32 Retained earnings, endowment, accumulated income, or other funds	0	32	
	33 Total net assets or fund balances	35,456,959	33	34,124,604
	34 Total liabilities and net assets/fund balances	36,235,627	34	34,881,042

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI . . . . . 

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	5,287,593.
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	6,628,169.
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	-1,340,576.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	35,456,959.
5	Net unrealized gains (losses) on investments . . . . .	5	189,017.
6	Donated services and use of facilities . . . . .	6	0
7	Investment expenses . . . . .	7	0
8	Prior period adjustments . . . . .	8	0
9	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	-180,796.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . . . . .	10	34,124,604.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII . . . . . 

- 1 Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
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? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 2b Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- 3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization THE GILDER LEHRMAN INSTITUTE  
OF AMERICAN HISTORY

Employer identification number  
13-3795391

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2012

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .	10,424,866.	6,808,601.	6,632,997.	29,378,966.	3,148,395.	56,393,825.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
4 Total. Add lines 1 through 3 . . . . .	10,424,866.	6,808,601.	6,632,997.	29,378,966.	3,148,395.	56,393,825.
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). . . . .						40,128,821.
6 Public support. Subtract line 5 from line 4						16,265,004.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4 . . . . .	10,424,866.	6,808,601.	6,632,997.	29,378,966.	3,148,395.	56,393,825.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	148,380.	73,200.	9,403.	15,480.	37,634.	284,097.
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . ATCH. 1 . . . . .	49.	630.	5,391.	6,147.	5,608.	17,825.
11 Total support. Add lines 7 through 10 . . .					12	56,695,747.
12 Gross receipts from related activities, etc (see instructions) . . . . .						9,103,694.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ► <input type="checkbox"/>						

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

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	28.69%
15 Public support percentage from 2011 Schedule A, Part II, line 14 . . . . .	15	29.66%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input checked="" type="checkbox"/>		
b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ► <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
6 <b>Total.</b> Add lines 1 through 5 . . . . .						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
c Add lines 7a and 7b. . . . .						
8 <b>Public support</b> (Subtract line 7c from line 6) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6. . . . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12) . . . . .						
14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. . . . . ► <input type="checkbox"/>						

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

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15 . . . . .	16	%

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

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17 . . . . .	18	%
19a <b>33 1/3% support tests - 2012.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b <b>33 1/3% support tests - 2011.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

**Part IV Supplemental Information.** Complete this part to provide the 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).

**FACTS-AND-CIRCUMSTANCES TEST****PART II, SECTION C. - LINE 17A**

THE GILDER LEHRMAN INSTITUTE OF AMERICAN HISTORY (THE "INSTITUTE"),

QUALIFIES AS PUBLICLY SUPPORTED BECAUSE IT MEETS THE 10% PLUS

FACTS-AND-CIRCUMSTANCES TEST UNDER TREAS. REG 1.170A-9(E)(3) IN THE

FOLLOWING RESPECTS:

10% OF SUPPORT LIMITATION - THE FOUNDATION'S PUBLIC SUPPORT PERCENTAGE

FOR 2013 DID EXCEED 10%.

ATTRACTION OF PUBLIC SUPPORT - FOUNDED IN 1994, BY RICHARD GILDER AND LEWIS LEHRMAN, THE GILDER LEHRMAN INSTITUTE OF AMERICAN HISTORY IS A NONPROFIT ORGANIZATION DEVOTED TO THE IMPROVEMENT OF HISTORY EDUCATION.

THE INSTITUTE EMPLOYS A WIDE RANGE OF PROGRAMS AND RESOURCES FOR STUDENTS, TEACHERS, SCHOLARS, AND HISTORY ENTHUSIASTS THROUGHOUT THE NATION, IN THE SERVICE FOR CLOSING OUR NATION'S CIVIC AND HISTORICAL LITERACY GAP. THE GILDER LEHRMAN INSTITUTE'S WEBSITE, [WWW.GILDERLEHRMAN.ORG](http://WWW.GILDERLEHRMAN.ORG), SERVES AS A GATEWAY TO AMERICAN HISTORY ONLINE WITH RICH RESOURCES FOR EDUCATORS, DESIGNED SPECIFICALLY FOR K-12 TEACHERS AND STUDENTS. SCHOLARS TO WORK IN THE GILDER LEHRMAN COLLECTION.

SOURCES OF SUPPORT - THE INSTITUTE'S FUNDING COMES FROM DIVERSE SOURCES OF SUPPORT, INCLUDING A NUMBER OF PRIVATE FOUNDATIONS AND OTHER ORGANIZATIONS AND INDIVIDUALS THAT SUPPORT ITS PURPOSE.

**Part 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).

REPRESENTATIVE GOVERNING BODY - THE INSTITUTE'S ACTIVITIES ARE GOVERNED BY A BOARD OF DIRECTORS, REFLECTING A BROAD RANGE OF INDIVIDUALS WITH SPECIAL BACKGROUND AND EXPERTISE IN MANAGING AND OPERATING A NONPROFIT EDUCATIONAL ORGANIZATION.

AVAILABILITY OF PUBLIC FACILITIES OR SERVICES; PUBLIC PARTICIPATION IN PROGRAMS OR POLICIES - THE INSTITUTE ENGAGES IN A VARIETY OF CHARITABLE AND EDUCATIONAL ACTIVITIES THAT ARE CONDUCTED DIRECTLY FOR THE BENEFIT OF THE PUBLIC ON A CONTINUING BASIS.

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2008	2009	2010	2011	2012	TOTAL
OTHER INCOME	49.	630.	5,391.	6,147.	5,608.	17,825.
TOTALS	<u>49.</u>	<u>630.</u>	<u>5,391.</u>	<u>6,147.</u>	<u>5,608.</u>	<u>17,825.</u>

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

OMB No 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization **THE GILDER LEHRMAN INSTITUTE  
OF AMERICAN HISTORY**

Employer identification number  
**13-3795391**

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

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

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

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

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

- Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important 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 held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► -----	
4 Number of states where property subject to conservation easement is located ► -----	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► -----	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ -----	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

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

1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
(i)	Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ -----
(ii)	Assets included in Form 990, Part X . . . . . ► \$ -----
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
a	Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ -----
b	Assets included in Form 990, Part X . . . . . ► \$ -----

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

Schedule D (Form 990) 2012

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

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

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

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. . . . .

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	30,304,720.	6,334,208.	5,147,166.	4,815,915.	1,970,423.
b Contributions	2,087,389.	29,422,220.	6,652,751.	5,040,494.	4,064,519.
c Net investment earnings, gains, and losses	23,686.	9,206.	1,155.		141.
d Grants or scholarships					
e Other expenditures for facilities and programs	4,568,171.	5,460,914.	5,466,864.	4,709,243.	1,219,168.
f Administrative expenses					
g End of year balance	27,847,624.	30,304,720.	6,334,208.	5,147,166.	4,815,915.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ► 6.4637 %

b Permanent endowment ► %

c Temporarily restricted endowment ► 93.5363 %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

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

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

Yes	No
3a(i)	X
3a(ii)	X
3b	

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

	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		76,270.	70,201.	6,069.
d Equipment		192,577.	160,676.	31,901.
e Other		69,463.	55,694.	13,769.
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)). . . . .				51,739.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other . . . . .		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		

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

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

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

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

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

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ►

2. FIN 48 (ASC 740) Footnote In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII.  X

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

1	Total revenue, gains, and other support per audited financial statements	1	5,784,798.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	189,017.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	308,188.
e	Add lines 2a through 2d	2e	497,205.
3	Subtract line 2e from line 1	3	5,287,593.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,287,593.

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

1	Total expenses and losses per audited financial statements	1	7,117,153.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	488,984.
e	Add lines 2a through 2d	2e	488,984.
3	Subtract line 2e from line 1	3	6,628,169.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,628,169.

**Part XIII Supplemental Information**

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

SEE PAGE 5

**Part XIII | Supplemental Information (continued)****ORGANIZATIONS MAINTAINING COLLECTIONS OF ART, OR OTHER SIMILAR ASSETS****PART III - LINE 4**

THE GILDER LEHRMAN COLLECTION SERVES AS A REPOSITORY FOR MANUSCRIPTS AND OTHER SELECTED MATERIALS THAT DOCUMENT THE HISTORY OF UNITED STATES. THROUGH ITS SERVICES, THE COLLECTION SUPPORTS THE EDUCATIONAL MISSION OF THE GILDER LEHRMAN INSTITUTE OF AMERICAN HISTORY AND, SECONDARILY, ACADEMIC RESEARCH AND PUBLICATION.

**ENDOWMENT FUNDS****PART V - LINE 4**

THE TEMPORARILY RESTRICTED FUNDS ARE TO BE USED FOR AMERICAN HISTORY EDUCATION PROGRAMS THAT ARE TO OCCUR IN FUTURE FISCAL YEARS.

**OTHER LIABILITIES****PART X - LINE 2**

AS OF JUNE 30, 2013, NO AMOUNTS HAVE BEEN RECOGNIZED FOR UNCERTAIN INCOME TAX POSITIONS. THE INSTITUTE'S TAX RETURNS FOR THE 2010 FISCAL YEAR AND FORWARD ARE SUBJECT TO THE USUAL REVIEW BY THE APPROPRIATE AUTHORITIES.

**RECONCILIATION OF REVENUE****PART XI - LINE 2D**

COST OF GOODS SOLD: 11,227

REALIZED LOSS ON SALE OF INVESTMENTS: 65,242

DIRECT SPECIAL EVENT EXPENSES: 109,470

INSURANCE PROCEEDS,NET: 122,249

**Part XIII Supplemental Information (continued)****RECONCILIATION OF EXPENSES****PART XII - LINE 2D****COST OF GOODS SOLD: 11,227****REALIZED LOSS ON SALE OF INVESTMENTS: 65,242****DIRECT SPECIAL EVENT EXPENSES: 109,470****WRITE-OFF OF INVENTORY DESTROYED IN STORM: 303,045**

**SCHEDULE F  
(Form 990)****Statement of Activities Outside the United States**

OMB No 1545-0047

**2012****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue ServiceName of the organization **THE GILDER LEHRMAN INSTITUTE  
OF AMERICAN HISTORY**Employer identification number  
**13-3795391**

- Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
► Attach to Form 990. ► See separate instructions.

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

**3 Activities per Region** (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EUROPE			PROGRAM SERVICES	TEACHER DEVELOPMENT	81,687.
(2) EUROPE			PROGRAM SERVICES	EDUCATIONAL MATERIALS	3,900.
(3) EUROPE			GRANTMAKING		9,000.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total . . . . .					94,587.
b Total from continuation sheets to Part I . . . . .					
c Totals (add lines 3a and 3b)					94,587.

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

Schedule F (Form 990) 2012

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.
- 3 Enter total number of other organizations or entities

**Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.**  
**Part III can be duplicated if additional space is needed.**

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) FELLOWSHIPS	EUROPE/ICELAND/GREENLAND	3.	9,000.				
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

- 1 Was the organization a US transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, *Return by a US Transferor of Property to a Foreign Corporation* (see Instructions for Form 926) . . . . .  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, *Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts*, and/or Form 3520-A, *Annual Information Return of Foreign Trust With a US Owner* (see Instructions for Forms 3520 and 3520-A) . . . . .  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, *Information Return of US Persons With Respect To Certain Foreign Corporations* (see Instructions for Form 5471) . . . . .  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, *Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund* (see Instructions for Form 8621) . . . . .  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, *Return of US Persons With Respect To Certain Foreign Partnerships* (see Instructions for Form 8865) . . . . .  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, *International Boycott Report* (see Instructions for Form 5713) . . . . .  Yes  No

**Part V. Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs expenditures per region); Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions)

## GRANTS TO INDIVIDUALS OUTSIDE OF THE U.S.

## PART I - LINE 2

THE INSTITUTE AWARDED (3) \$3,000 FELLOWSHIP FOR AN AMERICAN HISTORY SCHOLAR TO STUDY AT THE GILDER LEHRMAN COLLECTION. A FELLOW APPLIES THROUGH A RIGOROUS APPLICATION PROCESS, INCLUDING SUBMITTAL OF A WRITTEN STATEMENT, SCOPE OF RESEARCH WORK, REFERENCES AND CREDENTIALS. AN IN-PERSON MEETING IS REQUIRED BETWEEN INSTITUTE STAFF AND THE FELLOW, AND THE FELLOW IS SUPERVISED BY STAFF DURING THEIR RESEARCH TRIP. A WRITTEN REPORT IS REQUIRED POST-RESEARCH.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

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

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

OMB No 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization THE GILDER LEHRMAN INSTITUTE  
OF AMERICAN HISTORY

Employer identification number  
13-3795391

**Part I 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.

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

- |  |   |
|--|---|
| a <input checked="" type="checkbox"/> Mail solicitations               | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input checked="" type="checkbox"/> Solicitation of government grants     |
| c <input checked="" type="checkbox"/> Phone solicitations              | g <input checked="" type="checkbox"/> Special fundraising events            |
| d <input checked="" type="checkbox"/> 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?  Yes  No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1	FUNDRAISING CONSULTANT	Yes	No		
ASTIC PRODUCTIONS, LLC	EXECUTIVE CONSULTANT		X	1,244,693	45,000
2			X	163,325	56,406
REVERE ADVISORS					106,919
3					
4					
5					
6					
7					
8					
9					
10					
<b>Total</b>				<b>1,408,018</b>	<b>101,406</b>
					<b>1,306,612</b>

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.

CA, CO, CT, FL, GA, IL, MD, MA, MN, MS, NJ, NY, NC, VA, WI,

**Part II 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 6b. List events with gross receipts greater than \$5,000

	(a) Event #1 GALA (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts . . . . .	1,244,693.		1,244,693.
	2 Less: Contributions . . . . .	1,209,543.		1,209,543.
	3 Gross income (line 1 minus line 2). . . . .	35,150.		35,150.
Direct Expenses	4 Cash prizes . . . . .			
	5 Noncash prizes. . . . .	6,997.		6,997.
	6 Rent/facility costs . . . . .	7,828.		7,828.
	7 Food and beverages . . . . .	62,223.		62,223.
	8 Entertainment . . . . .	17,275.		17,275.
	9 Other direct expenses . . . . .	15,147.		15,147.
	10 Direct expense summary Add lines 4 through 9 in column (d) . . . . .		► ( 109,470.)	
	11 Net income summary Combine line 3, column (d), and line 10 . . . . .		► -74,320.	

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

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue . . . . .			
Direct Expenses	2 Cash prizes . . . . .			
	3 Noncash prizes . . . . .			
	4 Rent/facility costs . . . . .			
	5 Other direct expenses . . . . .			
	6 Volunteer labor . . . . .	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % No _____ %
	7 Direct expense summary Add lines 2 through 5 in column (d) . . . . .		► ( )	
	8 Net gaming income summary Combine line 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? . . . . .  Yes  No  
b If "No," explain \_\_\_\_\_

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

b If "Yes," explain \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity operated in
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

Director/officer  Employee  Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

Name of the organization

THE GILDER LEHRMAN INSTITUTE

OF AMERICAN HISTORY

Open to Public

Inspection

Employer identification number

13-3795391

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States**. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation [book, FMV, appraisal, other]	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	ABRAHAM LINCOLN HIGH SCHOOL 2800 OCEAN PKWY, BROOKLYN, NY 11235			21,699.				
(2)	ACADEMY OF AMERICAN STUDIES 41ST AVENUE, LONG ISLAND CITY, NY 11101			56,774.				
(3)	ALL HALLOWS HIGH SCHOOL 111 EAST 164TH ST, BRONX, NY 10452			48,248.				
(4)	ANDOVER PUBLIC SCHOOLS 1744 N. ANDOVER RD ANDOVER, KS 67002			15,000.				
(5)	BISHOP KEARNEY HIGH SCHOOL 2202 60TH ST, BROOKLYN, NY 11204			12,744.				
(6)	CONSTITUTION HIGH SCHOOL 18 SOUTH 7TH ST, PHILADELPHIA, PA 19106			11,217.				
(7)	FREDERICK DOUGLASS ACADEMY 2581 A. C. POWELL BLVD, NEW YORK, NY 10039			26,460.				
(8)	GEORGE WASHINGTON UNIVERSITY 2108 NW G ST, WASHINGTON DC, DC 20052	53-0196584	501(C)(3)	10,189.				
(9)	GLEN ESTE HIGH SCHOOL 4342 WITTMASVILLE RD, CINCINNATI, OH 45245			6,222.				
(10)	HIGH SCHOOL OF AMERICAN STUDIES 2925 GOULDEN AVE, BRONX, NY 10468			24,446.				
(11)	MILWAUKEE PUBLIC SCHOOLS 5225 WEST VILET, MILWAUKEE, WI 53201			19,383.				
(12)	MONSIGNOR FARRELL HIGH SCHOOL 2900 AMBOY RD, STATEN ISLAND, NY 10306			30,000.				

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

JSA

2E1288 1 000 59983Y M261

**Schedule I (Form 990) (2012)**

**SCHEDULE I**  
(Form 990)**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**Department of the Treasury  
Internal Revenue Service**Open to Public  
Inspection**OMB No. 1545-0047  
**2012**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

Name of the organization **THE GILDER LEHRMAN INSTITUTE  
OF AMERICAN HISTORY**Employer identification number  
**13-3795391****Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization Or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	MUSEUM OF THE CITY OF NEW YORK 1220 FIFTH AVE, NEW YORK, NY 10029	13-1624098	501(C) (3)	51,933.				
(2)	NEW DORP HIGH SCHOOL 465 NEW DORP LN, STATEN ISLAND, NY 10306			42,127.				
(3)	NEW YORK HISTORICAL SOCIETY 2 WEST 77TH ST, NEW YORK, NY 10024	13-1624124	501(C) (3)	36,000.				
(4)	NOTRE DAME SCHOOL 327 WEST 13TH ST, NEW YORK, NY 10014			48,495.				
(5)	PATCHOGUE MEDFORD SCHOOLS 181 BUFFALO AVE, MEDFORD, NY 11763			10,225.				
(6)	SALESSIAN HIGH SCHOOL 148 MAIN ST, NEW ROCHELLE, NY 10801			46,455.				
(7)	SPANISH RIVER COMMUNITY HIGH SCHOOL 5100 JOB RD, BOCA RATON, FL 33496			8,045.				
(8)	WASHINGTON COLLEGE 300 WASHINGTON AVE, CHESTERTOWN, MD 21620	52-0591691	501(C) (3)	25,000.				
(9)	WICHITA PUBLIC SCHOOLS USD 259 201 N WATER, WICHITA, KS 67202			15,603.				
(10)	ROANOKE RAPIDS HIGH SCHOOL 536 HAMILTON STREET ROANOKE			5,305.				
(11)	ST. FRANCIS PREPATORY 6100 FRANCIS LEWIS BLVD.			15,000.				
(12)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table .....

3 Enter total number of other organizations listed in the line 1 table .....

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

4 .....

▲

▼

Schedule I (Form 990) (2012)

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

**Part III** can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Description of non-cash assistance
1 FELLOWSHIPS	5.	15,000.		
2				
3				
4				
5				
6				
7				

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

**GRANTS TO GOVERNMENTS AND ORGANIZATIONS IN THE U. S.**

**PART I - LINE 2**

THE INSTITUTE GIVES GRANTS TO SCHOOLS AND ORGANIZATIONS TO RUN AMERICAN HISTORY PROGRAMS AND SATURDAY ACADEMIES OF AMERICAN HISTORY. STRONG OVERSIGHT IS EXERCISED BY PROVIDING WRITTEN GRANT LETTERS OUTLINING STANDARDIZED PROCEDURES, POLICIES AND OUTCOMES REQUIRED. OTHER MEASURES INCLUDE SITE VISITS, PROGRESS AND FINAL REPORTS FROM ORGANIZATION ON PERFORMANCE, STATISTICS AND FINANCE, AND IN SOME CASES, DOCUMENTATION VIA ACTUAL RECEIPTS OF FUNDS SPENT. A PROGRAM OFFICER IS ASSIGNED TO EACH ORGANIZATION AND COMMUNICATION IS MADE THROUGHOUT THE GRANT PERIOD.

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

GRANTS TO INDIVIDUALS IN THE U.S.

PART I - LINE 2

THE INSTITUTE AWARDED (5) \$3,000 FELLOWSHIPS FOR AMERICAN HISTORY SCHOLARS TO STUDY AT THE GILDER LEHRMAN COLLECTION. EACH FELLOW APPLIES THROUGH A RIGOROUS APPLICATION PROCESS, INCLUDING SUBMITTAL OF A WRITTEN STATEMENT, SCOPE OF RESEARCH WORK, REFERENCES AND CREDENTIALS. AN IN-PERSON MEETING IS REQUIRED BETWEEN INSTITUTE STAFF AND THE FELLOW, AND THE FELLOW IS SUPERVISED BY STAFF DURING THEIR RESEARCH TRIP. A WRITTEN REPORT IS REQUIRED POST-RESEARCH.

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**  
For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.  
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization      THE GILDER LEHRMAN INSTITUTE  
OF AMERICAN HISTORY

Employer identification number  
13-3795391

**Part I Questions Regarding Compensation**

- 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items
- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |
- 1b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .
- 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? . . . . .
- 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III
- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                     | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |
- 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization
- a Receive a severance payment or change-of-control payment? . . . . .
- b Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .
- c Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

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

- 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of
- a The organization? . . . . .
- b Any related organization? . . . . .
- If "Yes" to line 5a or 5b, describe in Part III.
- 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a The organization? . . . . .
- b Any related organization? . . . . .
- If "Yes" to line 6a or 6b, describe in Part III.
- 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .
- 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .
- 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2012

## Schedule J (Form 990) 2012

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(I) Base compensation	(II) Bonus & incentive compensation	(III) Other reportable compensation				
LESLEY S. HERRMANN	\$ 238,960.	\$ 0	\$ 0	\$ 0	\$ 23,225.	\$ 262,185.	
1 EXECUTIVE DIRECTOR	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization      THE GILDER LEHRMAN INSTITUTE  
OF AMERICAN HISTORY

Employer identification number  
13-3795391

**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

**PART III - LINE 1**

FOUNDED IN 1994 BY RICHARD GILDER AND LEWIS LEHRMAN, THE GILDER LEHRMAN INSTITUTE OF AMERICAN HISTORY (THE "INSTITUTE") IS A NONPROFIT ORGANIZATION DEVOTED TO THE IMPROVEMENT OF HISTORY EDUCATION. THE INSTITUTE EMPLOYS A WIDE RANGE OF PROGRAMS AND RESOURCES FOR STUDENTS, TEACHERS, SCHOLARS, AND HISTORY ENTHUSIASTS THROUGHOUT THE NATION, IN THE SERVICE FOR CLOSING OUR NATION'S CIVIC AND HISTORICAL LITERACY GAP. THE GILDER LEHRMAN INSTITUTE'S WEBSITE, WWW.GILDERLEHRMAN.ORG, SERVES AS A GATEWAY TO AMERICAN HISTORY ONLINE WITH RICH RESOURCES FOR EDUCATORS, DESIGNED SPECIFICALLY FOR K-12 TEACHERS AND STUDENTS.

**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

**PART III - LINE 4D**

**OTHER PROGRAMS:**

- HISTORY TEACHER OF THE YEAR AWARD PROGRAM
- GL SCHOLARS AWARD PROGRAM
- NATIONAL BOOK PRIZES
- CONFERENCES OUTREACH
- SCHOLARLY FELLOWSHIPS AWARDS PROGRAM

**GOVERNANCE, MANAGEMENT, AND DISCLOSURE**

**PART VI, SECTION A. - QUESTION 2**

DR. JAMES G. BASKER (PRESIDENT AND TRUSTEE), IS A PAID CONSULTANT TO THE

Name of the organization THE GILDER LEHRMAN INSTITUTE OF AMERICAN HISTORY	Employer identification number 13-3795391
---	--

GILDER FOUNDATION, WHICH IS DIRECTED BY RICHARD GILDER (TREASURER), AND WHICH DONATED APPROXIMATELY 3 MILLION PER YEAR TO THE GILDER LEHRMAN INSTITUTE.

RICHARD GILDER ENGAGED IN A BUSINESS TRANSACTION WITH LEWIS LEHRMAN. RICHARD GILDER AND SHAIZA RIZAVI ENGAGED IN A BUSINESS TRANSACTION.

GOVERNANCE, MANAGEMENT, AND DISCOSURE

PART VI, SECTION B. - QUESTION 11B

DR. JAMES G. BASKER (PRESIDENT), AND LESLEY S. HERRMANN (EXECUTIVE DIRECTOR) REVIEWED THE FORM 990 BEFORE IT WAS FILED. AFTER FILING, A COPY WAS FURNISHED TO ALL MEMBERS OF THE BOARD OF TRUSTEES.

GOVERNANCE, MANAGEMENT, AND DISCOSURE

PART VI, SECTION B. - QUESTION 12C

CONFLICT OF INTEREST POLICIES ARE REVIEWED BY THE BOARD OF TRUSTEES AT LEAST ANNUALLY.

GOVERNANCE, MANAGEMENT, AND DISCOSURE

PART VI, SECTION B. - QUESTIONS 15A & 15B

EXECUTIVE DIRECTOR COMPENSATION IS REVIEWED USING COMPARABILITY DATA BY AT LEAST ONE MEMBER OF THE BOARD OF TRUSTEES.

GOVERNANCE, MANAGEMENT, AND DISCOSURE

PART VI, SECTION C. - QUESTION 19

THE INSTITUTE'S AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON ITS WEBSITE. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY WILL BE

Name of the organization THE GILDER LEHRMAN INSTITUTE  
OF AMERICAN HISTORY

Employer identification number  
13-3795391

MAKE AVAILABLE TO THE PUBLIC UPON REQUEST.

RECONCILIATION OF NET ASSETS

PART XI - OTHER CHANGES IN NET ASSETS - LINE 9

INSURANCE PROCEEDS, NET - \$122,249.

WRITE-OFF OF INVENTORY DESTROYED IN STORM - (\$303,045)

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

MUSEUM COLLECTIONS THROUGH EXHIBITIONS AND EDUCATIONAL RESOURCES:

COLLECTIONS INCLUDE OVER 60,000 PRIMARY SOURCE DOCUMENTS RELATING TO AMERICAN HISTORY. AT LEAST 20% ARE DIGITIZED AND AVAILBALE ON THE GLI WEBSITE. THE WEBSITE, WHICH WAS RELAUNCHED IN 2012, RECIEVES OVER 1,350,000 VISITORS PER YEAR. DOCUMENTS ARE NOW SEARCHABLE NOT ONLY BY KEYWORDS BUT ERA OF HISTORY. GLI HAS 72 PUBLICATIONS IN CIRCULATION, WITH THREE NEW TITLES THIS YEAR. TRAVELING EXHIBITIONS ON NINE TOPICS ARE IN CIRCULATION AND VISITED 73 SITES AROUND THE COUNTRY. THREE PHYSICAL EXHIBITION SPACES ARE AVAILABLE TO THE PUBLIC AT THE NYHS, MT. VERNON, AND GETTYSBURG.

ATTACHMENT 2

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
TIM BAILEY 4971 W ASPEN SHADOW COURT WEST JORDAN, UT 84081	EXECUTIVE CONSULTANT	119,000.