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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2008

Open to Public Inspection

A Fo	r the	2008 ca	alendar yea	r, or tax year begi		and ending 06-30-20	09		
B Ch	eck ıf a	pplicable	Please	C Name of organizati				D Employe	er identification number
☐ Ad	dress ch	nange	use IRS label or					22-230	
Г№	me cha	inge	print or type. See	Doing Business As				E Telephon	ne number
Ind	tıal retu	ırn	Specific	Number and street	(or PO box if mail is	s not delivered to street add	ress) Room/su	ite .	51-0006
Г Те	mınatıd	on	Instruc- tions.	251 PHILLIP STREE	Т			G Gross re	ceipts \$ 23,991,711
┌ Am	ended	return			or country, and ZIP +	- 4			
Гар	plication	n pending		JERSEY CITY, NJ (07305				
			F Nan	ne and address of	Principal Officer		H(a) is	this a group re	turn for
				LYN KOSTER PRE RSEY CITY BLVD			1	liates?	⊤Yes ▼ No
				Y CITY, NJ 0730!			H(b) Are	all affiliates inc	cluded?
I Ta	x-exen	npt status	5 01(c)) (3) 🖪 (ınsert no)	4947(a)(1) or	527			list See instructions)
y W	eb sit	e: 🕨 WW	/W LSC OR	G			H(c) Gr	oup Exemption	n Number ►
К Тур	e of or	ganızatıon	Corporat	ion trust associa	ation other 🕨		L Year of	Formation 1993	M State of legal domicile NJ
Pa	rt I	Sum	mary						
	1			e organization's m	ıssıon or most sıç	ınıfıcant actıvıtıes			
Š						ING EXPERIENCES O	,		
Governance		LEARN	ERS OF AL	L AGES IN SCIEN	ICE EXCITEMEN	I AND PROVIDE PRO	ressional	DEVELOPME	NIFORTEACHERS
Ĭē.	2	Check	this box	ıf the organization	discontinued its	operations or disposed	of more than	n 25% of its as	ssets
ŝ	3	Numbe	r of voting r	members of the go	verning body (Par	t VI, line 1a)			38
න් ග	4	Numbe	r of ındepen	ident voting memb	ers of the govern	ng body (Part VI, line 1	lb)		438
Ħ	5	Total n	umber of en	nployees (Part V ,	line 2a)				5 409
Activities &	6	Total n	umber of vo	lunteers (estimate			6 373		
⋖						I, line 12, column (C)			7a0
	Ь	Net unr	elated busi	ness taxable inco	me from Form 990	O-T, line 34			7b 0
	8	Contri	hutions and	d grants (Part VIII	(lune 1 h)		-	Prior Year 8,448,13	Current Year 7,147,708
₫	9						·	15,927,06	
Reveni	10	_		ne (Part VIII, colu	,		-104,21	, ,	
æ	11					, 9c, 10c, and 11e)		127,59	
	12		revenue—a	dd lines 8 through	11 (must equal P	art VIII, column (A), lı	ne	24,398,58	19,389,098
	13	12) Grants	and simila	ar amounts paid (P	art IX. column (A), lines 1–3)		24,330,30	0 0,000
	14			or for members (Pa					0 0
	15	Saları	es, other co	ompensation, empl	oyee benefits (Pa	5-			
Expenses		10)					11,784,37		
₹	16a			raising fees (Part				0 75,000	
ă	b			penses, Part IX, colum				22.702.41	20 771 205
	17 18			(Part IX, column (A add lines 13–17 (I, 11f-24f) X, line 25, column (A))		23,702,41	-
	19			oenses Subtract li	-			-11,088,20	-
<u>%</u> ड						_	Begi	nning of Year	End of Year
Net Assets or Fund Balances	20	Total	assets (Par	rt X, line 16)				122,268,29	
Ass He	21			Part X, line 26)				48,714,17	
25 E	22			d balances Subtra	act line 21 from li	ne 20		73,554,12	
	rt III	Sign	ature Blo	ock					, ,
									d to the best of my knowledge
Plea	166	and bei		correct, and complete	Declaration of prepai	rer (other than officer) is bas	1	•	reparer nas any knowledge
Sigr		I B	ature of office	er				10-05-17 ate	
Her	е	Emi	n Koster PHD	President and CEO					
			e or print nam						
		Preparei				Date	Check If	Preparer's P	PTIN (See Gen Inst)
Paid		signatur	e 🚩				self- empolyed 🕨	-	
	arer's		ame (or yours	s KPMG LLP		<u> </u>	<u>'</u>	EIN Þ	
Use	Only		nployed), and ZIP + 4	345 Park Avenue				— EIN F	
				New York, NY 1	01540102			Phone no	(212) 758-9700
May	the IR	S discus	s this retu	rn with the prepare	er shown above? (See instructions) .			▼ Yes

Part III Statement of Program Service Accomplishments (See the instructions.)

1 See A	Briefly describe the organiza dditional Data Table	tion's mission			
2	Did the organization under the prior Form 990 or 99		ogram services during the year wh		es 🔽 No
	If "Yes," describe these r	new services on Schedul	e O		
3	Did the organization ceas	se conducting or make s	ignificant changes in how it condu		es 🔽 No
	If "Yes," describe these o	hanges on Schedule O			
4	Section 501(c)(3) and (4) organizations and 494	ach of the organization's three larger (a)(1) trusts are required to reported or each program service reported		
4a	ADDITION TO THE SCIENCE OF JENNIFER A CHALSTY CENTE OPPORTUNITIES AND RESOU AND THE INTERNATIONALLY A FORUM AND TEACHER RESOUNT OF THE STRENGTHENS COMMUMISSION INCORPORATING OF MUSEUM STRATEGIC PLANNI INCLUDING CLASSROOM AND OUR RESOURCES TO SCHOOL CAMPS AND INTERNSHIP FOR COLLABORATIVE ASSISTANCE	AS BROAD AMBITIONS AND SCENTER'S ENGAGING EXHIBITER FOR SCIENCE LEARNING ARCES THAT CANNOT BE FOUN ACCLAIMED LIVE FROM PROGEOURCE CENTER THROUGH TO NITIES AND ADVANCES GLOBUR FACILITIES, OUR EXHIBITES AND DESIGN, AND EVENTO LAB INSTRUCTION, INTERPRE LEURRICULUMS, ONLINE INSTRUCTION OTHER MUSEUMS IN THE	0,071,599 Including grants of \$ DUND STRATEGIES TO CHANGE THE FACE ION AND THEATER OFFERINGS, A CRITICA ND TEACHING THE JENNIFER A CHALSTY ID IN ANY OTHER VENUE REMARKABLE EI RAM ARE HELD IN THIS UNIQUE SCIENCE HESE INNOVATIVE AND MEANINGFUL EXP AL STEWARDSHIP THE CENTER CONDUCT S, AND OUR RESOURCES IN LEARNING AN EXECUTION THESE PROGRAMS INCLUDE, ETIVE PRESENTATIONS INCORPORATING TRUCTION, TRAVELING SCIENCE EDUCAT CHNOLOGY, PROFESSIONAL DEVELOPMENT CREATION OF EXHIBITS AND STRATEGIC ICIENCE- AND TECHNOLOGY- RELATED EV	ALLY IMPORTANT TOOL IN ACHIEVING Y CENTER PROVIDES PROFESSIONAL DUCATIONAL PROGRAMS LIKE MULTI-RICH SETTING, WITH FIVE FULLY-ECERIENCES, THE SCIENCE CENTER AIT ONSITE, OFFSITE, AND ONLINE PR D TEACHING, SCIENCE AND TECHNO, BUT ARE NOT LIMITED TO, ONSITE STHE CENTER EXHIBITS, INTEGRATIVE TION PROGRAMS DELIVERED OFFSITE OFFERING FOR THE SCIENCE AND TO PLANNING, EARLY CHILDHOOD SCIENCE	THAT OBJECTIVE IS THE DEVELOPMENT DAY SCHOOL RESIDENCIES UIPPED LABS, A THEATER, IS TO INSPIRE ACTION OGRAMS TO FURTHER ITS LOGY, EXHIBIT AND SCHOOL FIELD TRIPS PROGRAMMING RELATING TO SCHOOLS, SUMMER TEACHING PROFESSION,
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Expenses \$	·	·) (Revenue \$	
				· · · · · · · · · · · · · · · · · · ·	,
4e	Total program service e	Apelises \$ 25	,071,599 Must equal Part IX, Lin	ie 23, coiuiiiii (D).	

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt[N]{4}$	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
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? <i>If "Yes," complete Schedule F, Part II</i>	15		No
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? <i>If</i> "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 on Part IX, column (A), line $2?$ If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent 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		Νo

Pa	rt V Statements Re	egarding Other IRS Filings a	and Tax Compliand	e				
							Yes	No
1a	Enter the number reporte	d ın Box 3 of Form 1096, <i>Annual Su</i>	mmary and Transmittal					
	of U.S. Information Return	s. Enter -0- If not applicable						
				1a	90			
b	Enter the number of Form	s W-2G included in line 1a Enter -0	0- ıf not applıcable	1b	0			
	D.d.th.,							
С		ply with backup withholding rules fo igs to prize winners?		o ven	dors and reportable	1c	Yes	
2a		oyees reported on Form W-3, <i>Trans</i>						
		alendar year ending with or within th	ne year covered by this	2a	409			
h	return	In 2a, did the organization file all r	required federal employe					
U		a and 2a is greater than 250, you ma				2b		
3a	Did the organization have	unrelated business gross income	of \$1,000 or more durin	g the	year covered by this			
_	return?			• •		3a		N o
		m 990-T for this year? <i>If "No," pro</i> v				3b		
4a		lendar year, did the organization ha in a foreign country (such as a ban						
	account)?					4a		Νο
b	If "Yes," enter the name	of the foreign country						
	See the instructions for e	xceptions and filing requirements f	or Form TD F 90-22.1, Re	port o	f Foreign Bank and			
	Financial Accounts.							
5a		arty to a prohibited tax shelter trans				5a		No_
b	Did any taxable party not	ify the organization that it was or is	s a party to a prohibited	tax sh	nelter transaction?	5b		N o
С		the organization file Form 8886-T,	Disclosure by Tax-Exemp	t Entit	ty Regarding Prohibited	5c		
6a	Tax Shelter Transaction?	· · · · · · · · · · · · · · · · · · ·	av doductible?	•		6a		
		tion include with every solicitation :				Va		
	were not tax deductible?				· · · · · ·	6b		
7	Organizations that may red	ceive deductible contributions under :	section 170(c).					
а		ide goods or services in exchange	for any quid pro quo con	trıbutı	ion of \$75 or	7a	Yes	
	more?				12	l		
	·	tion notify the donor of the value of				7b	Yes	
C		exchange, or otherwise dispose of			-	7c		Νo
d	If "Yes," indicate the num	nber of Forms 8282 filed during the	year	7d				
			'					
е		ng the year, receive any funds, dire				7e		Νο
f		ng the year, pay premiums, directly				7f		N o
q	- · · · · · · · · · · · · · · · · · · ·	ialified intellectual property, did the				7g		
h		boats, airplanes, and other vehicle						
	required?					7h		
8		r sponsoring organizations maintaini						
	excess business holdings	Did the supporting organization, or sat any time during the	a runu mamtameu by a s	5 PO115	ormy organization, nave	8		
9		r sponsoring organizations maintaini						
a	_	e any taxable distributions under s				9a		
ь		e a distribution to a donor, donor ac	lvisor, or related person	· .		9b		
10	Section 501(c)(7) organiza			مد ا	I			
		l contributions included on Part VII		10a				
b	Gross receipts, included facilities	on Form 990, Part VIII, line 12, fo	r public use of club	10b	<u> </u>			
	Section 501(c)(12) organ		ı	1	I			
а	Gross income from memb	pers or snareholders		11a				
b	Gross income from other	sources (Do not net amounts due o	or paid to other sources					
	against amounts due or r	eceived from them)		11b				
12a	Section 4947(a)(1) non-exe	empt charitable trusts. Is the organi	zatıon filing Form 990 ır	n lieu d	of Form 1041?	12a		
	, ,, ,	t of tax-exempt interest received o	_					
	year	•	-	12b				

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

Section A. Governing Body and Management	

			Yes	No				
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.							
1a	Enter the number of voting members of the governing body 1a 38							
Ь	Enter the number of voting members that are independent 1b 38							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?							
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a material diversion of the organization's assets?							
6	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No				
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	the governing body?	8a	Yes					
Ь	each committee with authority to act on behalf of the governing body?	8b	Yes					
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νo				
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b						
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		No				
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No				

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
Ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b		Νo
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed NJ, NY
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website another's website upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization SB LIBERTY SCIENCE CENTER

222 JERSEY CITY BLVD JERSEY CITY, NJ 07305 (201) 451-0006

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

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

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

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

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

The check this box in the organization and i	(B) Average hours per week	Posit	(C) chec	:k al				(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F)
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)		Estimated amount of other compensation from the organization and related organizations
							_			

Part VII Continued

			tion that a			ill			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Оппсы	Key employee	Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
				\vdash						
			\vdash	Н	\dashv		\vdash			
				\vdash						
				<u>Ш</u>	<u> </u>		>	1,629,247	' (141,671

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►10

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		Νο
4	For any individual listed online 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			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο

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

Monroe St Suite 308 OKEN, NJ 07030 Guild Wolf Dr ROFARE, NJ 08086 III Services ORSTON, NJ 07039 III Building Services Chestnut St HERFORD, NJ 07070 KinDerkamack ROAD Suite 300	(B) Description of services	(C) Compensation
Hammerhead Advertising 720 Monroe St Suite 308 HOBOKEN, NJ 07030	Marketing	1,149,146
Art Guild 300 Wolf Dr THOROFARE, NJ 08086	Exhibit Fabricators	787,501
Larkin Services 81 Dorsa Ave LIVINGSTON, NJ 07039	Building Engineers	1,336,255
Delta Building Services 43 Chestnut St RUTHERFORD, NJ 07070	Cleaning Services	652,198
IPS 690 KinDerkamack ROAD Suite 300 ORADELL, NJ 07649	Security	390,119
_ · · · · · · · · · · · · · · · · · · ·	. , ,	16

Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated cam	ipaigns 1a					
まま	b	Membership di	ues					
gra mou	С	Fundraising ev	1b ents	717,903				
its ≅ a	d	Related organi	1c zations 1d					
% <u>≡</u>	e	Government grant		91,073				
î Si	f	_	ions, gifts, grants, and	6,338,732	ł			
돌		sımılar amounts n	ot included above					
ntri do	g		ributions included in					
S ၕ			2,717,528		7,147,708			
	h	Total (Add line	es 1a-1f)	▶-				
Q.	3-	ADMICCIONC		Business Code	5 500 044	5 500 044		
eun	2a b	ADMISSIONS		541,900	5,503,911	5,503,911		
se Reve	c	SCHOOL CONTRAC		611,710	3,500,000	3,500,000		
93	d	MUSEUM EXHIBIT EXTENDED ONSITI		611,710	777,246	777,246		
n Serwo	"	EXPERIENCES		611,710	390,134	390,134		
Ě	e	MUSEUM PROGRA	MS	611,710	322,976	322,976		
ଆଧିତ	f	All other progr	am service revenue					
Š	g	Total. Add line ► \$ 10,494,267	s 2a-2f					
	3		come (including divi	dends, interest				
		other sımılar a	mounts)		97,611			97,611
Other Revenue Contributions, gifts, grants and other similar amounts and other similar amounts	4	Income from inve	stment of tax-exempt bo	ond proceeds	0			
	5	Royalties .			0			
			(ı) Real	(II) Personal				
	6a	Gross Rents	1,931,044					
	ь	Less rental expenses	857,420					
	С	Rental income or (loss)	1,073,624					
	d	Net rental inco	me or (loss)		1,073,624			1,073,624
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	3,839,384					
		assets other than inventory						
	ь	Less cost or other basis and	3,685,930					
		sales expenses	152.454					
	c d	Gain or (loss) Net gain or (los	153,454		153,454			153,454
	a .		• • • • •		133, 131			133,131
	8a	events (not inc	from fundraising :luding),000					
enene		of contributions 1c) See Part I Attach Schedule	s reported on line	747.000				
Ξ. Œ	ь		pensesb	717,903 59,263				
the	с		(loss) from fundraisi		-9,263			-9,263
0	9a	Gross income activities. See Complete Schedexceeds \$15,00	part IV , line 19 Iule G if total					
	ь	Less directex	pensesb	10,800				
	с		(loss) from gaming a		10,800			10,800
	10a		inventory, less owances .					
	b	Less cost of a	oods sold b					
	с	-	(loss) from sales of		0			
		Miscellaneous	s Revenue	Business Code				
	11a	INSURANCE	CLAIM	524,298	288,106			288,106
	b	VENDING MA	CHINES	722,320	58,838			58,838
	С	SOLAR RENEV	WABLE ENERGY SALES	221,000	24,840			24,840
	d		iue		49,113			49,113
	e e	Total. Add line						
	4.7			\$ 420,897	10 200 000	10 404 267	(1 747 122
	12	8c,	. Add lines 1h, 2g, 3		19,389,098	10,494,267	(1,747,123
]	9c, 10c, and 1	1e	. ▶[Form 990 (200

Form 990 (2008) Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re				
Do r	ot include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,516,945	852,206	571,177	93,562
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	7,098,873	5,602,104		462,366
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	241,376	203,084	21,710	16,582
9	Other employee benefits	565,219	429,750	100,265	35,204
LO	Payroll taxes	697,505	535,990	118,728	42,787
1	Fees for services (non-employees)				
а	Management	1,513,743	957,362	521,909	34,472
b	Legal	82,666	39,485	42,235	946
C	Accounting	197,364		197,364	
d	Lobbying	0			
е	Professional fundraising See Part IV, line 17	75,000			75,000
f	Investment management fees	10,267		10,267	
g	Other	0			
2	Advertising and promotion	976,691	969,238	7,453	
3	Office expenses	494,419	384,606	55,280	54,533
4	Information technology	564,681	407,278	126,552	30,851
5	Royalties	514,714	514,714		
6 -	Occupancy	4,443,851	3,916,240	485,620	41,991
7 8	Payments of travel or entertainment expenses for any Federal, state or local public officials	302,133	219,800	69,896	12,437
9	Conferences, conventions and meetings	124,108	106,995	11,208	5,905
0	Interest	1,937,021	1,685,208	232,443	19,370
1	Payments to affiliates	0			
2	Depreciation, depletion, and amortization	8,381,065	7,291,526	1,005,728	83,811
3	Insurance	394,412	318,365	69,376	6,671
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	BAD DEBTS	35,822		35,822	
ь	OTHER EXPENSES	798,348	637,648	129,393	31,307
c					
d					
e					
d					
e					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	30,966,223	25,071,599	4,846,829	1,047,795
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X	Balance	Sheet

					(A)		(B	
	1	Cash—non-interest-bearing			Beginning of year	1	End of	ryear
	2	-			365,315			996,373
	3	Savings and temporary cash investments			6,935,562			5,639,979
	4	Pledges and grants receivable, net			2,089,584			445,063
	5	Accounts receivable, net			2,009,364	4		445,005
	_	Receivables from current and former officers, directors, trustee other related parties $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$				5		
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of				6		
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use				8		
ş	9	Prepaid expenses and deferred charges			602,388	9		554,590
Assets	10a	Land, buildings, and equipment cost basis	10a	146,145,988				
•	ь	Less accumulated depreciation Complete Part VI of	104	140,140,000				
	J	Schedule D	10b	44,570,379	109,598,691			1,575,609
	11	Investments—publicly traded securities			2,670,454	11		2,334,771
	12	Investments—other securities See Part IV, line 11 $\it Complete F Schedule D$	Part VII	of		12		
	13	Investments—program-related See Part IV , line 11 $\it Complete$ of $\it Schedule D$.	Part VI.	II		13		
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			6,296	15		3,800
	16	Total assets. Add lines 1 through 15 (must equal line 34)			122,268,290		11	1,550,185
	17	Accounts payable and accrued expenses .			3,101,891	17		2,163,088
	18	Grants payable	, ,	18		<u> </u>		
	19	Deferred revenue		716,281	19		393,069	
	20	Tax-exempt bond liabilities			20			
Š	21	Escrow account liability Complete Part IV of Schedule D		_		21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
<u>iā</u>		persons Complete Part II of Schedule L		_		22		
	23	Secured mortgages and notes payable to unrelated third parties				23		
	24	Unsecured notes and loans payable	•	•		24		
	25	Other liabilities Complete Part X of Schedule D			44,895,998	25	4	7,681,664
	26	Total liabilities. Add lines 17 through 25			48,714,170	26		0,237,821
_		Organizations that follow SFAS 117, check here ▶ ✓ and com	plete li	nes 27				<u> </u>
S O S		through 29, and lines 33 and 34.						
an	27	Unrestricted net assets			68,508,350	27	5	6,527,560
Balance	28	Temporarily restricted net assets			2,445,059	28		2,171,840
Fund	29	Permanently restricted net assets			2,600,711	29		2,612,964
Ξ		Organizations that do not follow SFAS 117, check here 🕨 🦵 a	nd com	plete				
ě		lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31		
	32	Retained earnings, endowment, accumulated income, or other f	unds			32		
Net	33	Total net assets or fund balances			73,554,120	33		1,312,364
	34	Total liabilities and net assets/fund balances			122,268,290	34	11	1,550,185
Pa	rt XI	Financial Statements and Reporting						
		r					Yes	No

Dart VI	Einancial	Statements	and D	oporting
7. 1 4 2 . 1 2	FINANCIAL	Statements	ann R	emmetiliki.

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

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As Filed Data -

DLN: 93493137059590

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

LIBERT	Y SCIE	ENCE CENTER							22 2202252					
Do	T	Doncon	for Dublic C	havitu Status (to be co	mplotod	hu all ar			-230225:					
	rt I			harity Status (to be co ation because it is (Please	•				msuuct	10115)				
1	- Gain.			nurches, or association of ch					A \/i\					
2	<u>'</u>	•		tion 170(b)(1)(A)(ii). (Attac			Section 1	., ((,), (,	A)(1).					
3	<u>'</u>			e hospital service organizati			tion 170/k	.\/1\/A\/;	ii) // ++>c	h Cahadul	۵ LI ۱			
4	<u>'</u>	•	•				•		• `		•			
4	'		-	zation operated in conjuncti	on with a i	nospital di	escribea ii	Section .	170(0)(1)	(A)(III). □	nter the			
_	_	•	name, city, and		the benefit of a college or university owned or operated by a governmental unit described in									
5	1	_	•	-	universit	y owned o	roperated	by a gove	ernmentai	unit desc	Cliped III			
_	_			(Complete Part II)				/I \ /	, ,					
6	<u> </u>	A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public												
7	 ~	_				support fro	om a govei	rnmental u	init or fron	n the gene	ral public			
_	_		-	(Complete Par	•									
8	<u> </u>		•	ped in Section 170(b)(1)(A)			-							
9	ı	-		ally receives (1) more than						•		SS		
		•		lated to its exempt functions	-		·		•					
			-	estment income and unrelate			•			() from bu	sinesses			
	_		•	on after June 30, 1975 See			•		•					
10	<u> </u>	An organization organized and operated exclusively to test for public safety. See Section 509(a)(4). (See instructions.) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of												
11	1	one or more	e publicly support describes the	orted organizations describe type of supporting organiza	d in section	on 509(a) omplete li	(1) or sec	tıon 509(a hrough 11	a)(2) See	Sect ion 5		Check		
e	Γ	By checkin	g this box, I ce	rtify that the organization is	not contro	olled direc	tly or ındı	rectly by o	ne or mor	e disquali	fied pers	ons		
		other than	foundation man	agers and other than one or	more publ	icly suppo	orted orga	nızatıons	described	ın sectior	509(a)(1) or		
_		section 50												
f g		check this	box	d a written determination fro as the organization accepted						supportir	ig organiz	ration,		
9		following pe		as the organization accepto	a a, g			u., o						
		(i) a perso	n who directly o	r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes	No		
		and (111) bel	ow, the governi	ng body of the the supported	d organiza	tion?				11g	(i)			
		(ii) a family	/ member of a p	erson described in (i) above	?					11g(ii)			
		(iii) a 35%	controlled enti	ty of a person described in ((ı) or (ıı) al	bove?				11g(iii)			
h		Provide the	following infori	mation about the organizatio	ns the org	janızatıon	supports							
		ame of	(ii) EIN	(iii) Type of organization		s the	(v) Did y	•		s the	(vii) An			
		oorted nization		(described on lines 1-9 above or IRC section	organiz col (i)	ation in	the orga	nization) of your		ation in rganized	supp	ort?		
•	Organ	lization		(See Instructions))		verning	supp			US?				
				(docur									
					Yes	No	Yes	No	Yes	No]			

Total

Part II Support Schedule for Organizations Described in IRC 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.)

	(Complete only if you chec	ked the box of	11 IIIIe 5, 7, 0r	0 01 Part 1.)				
	ublic Support		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,	. n			(4) = : :
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	10,559,210	33,094,246	20,312,020	9,808,040		7,147,708	80,921,224
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add line 1-3	10,559,210	33,094,246	20,312,020	9,808,040		7,147,708	80,921,224
5	The portion of total contribution by each							
	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column							0
6	(f) Public Support subtract line 5 from line 4							80,921,224
T	otal Support						•	
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	10,559,210	252,461	20,312,020	9,808,040		7,147,708	80,921,224
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	606,076	252,461	467,524	632,451		2,028,655	3,987,167
-	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	25,331	50,549	19,992	208,092		420,897	724,861
11	Total Support (Add lines 7 through 10)							85,633,252
12	Gross receipts from related activities, etc	(See instruction	s)			12		52,316,350
13 C	First Five Years. If the Form 990 is for the organization, check this box and stop here omputation of Public Support Perc		st, second, third	l, fourth, or fifth	tax year as a 50	01(c)(3)	▶┌
14	Public Support Percentage for 2008 (line 6		ed by line 11 co	lumn (f))		14		94.497 %
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, line 26f			15		87.08 %
	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization did	a publicly supp	orted organizatio	on	·			▶ ✓
17a	box and stop here. The organization qualifies 10% Facts and Circumstances Test - 2008. more, and if the organization meets the "facts and circumstances and circumstances" meets the "facts and circumstances" meets and circumstances	If the organization is the contraction of the contr	on did not check ances" test, che	a box on line 13 ck this box and	stop here. Expl	laın ın	Part IV ho	
ь 18	10% Facts and Circumstances Test - 2007. Immore, and if the organization meets the "fact the organization meets the "facts and circu Private Foundation. If the organization did	ts and circumst mstances" test	ances" test, che The organizatio	eck this box and n qualifies as a	stop here. Expl publicly suppor	laın ın ted or	Part IV ho ganization	
10	instructions	not check the bo	,	а, тор, т/а ог т	. / D, CHECK IIIS	טעא מו	14 5 E E	▶ □

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	monutation of Dublic Compant Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
	-			-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

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

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that

Supplemental Financial Statements

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number Name of the organization LIBERTY SCIENCE CENTER 22-2302253 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 Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$

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.

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

Does each conservation easement reported on line 2(d) above satisfy the requirements of section

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

For Paperwork Reduction Act Notice, see the Intructions for Form 990

(ii) Assets included in Form 990, Part X

170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1

► \$

Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2008

Part	111	Organizations Maintaining Co	llections of Art,	His [.]	<u>tori</u>	cal Treas	sures, or Oth	<u>ner Simil</u>	<u>ar Asse</u>	ts (co	ntınued)
3		g the organization's accession and other s (check all that apply)	r records, check any o	ofth	e foll	owing that	are a significant	t use of its	collection	ı	
а	abla	Public exhibition		d	\sqcap	Loan or ex	change program	ns			
b	F :	Scholarly research		e	Γ	Other					
С	Γ	Preservation for future generations									
4	Prov Part	ide a description of the organization's co XIV	ellections and explain	how	v they	further the	e organization's	exempt pu	rpose in		
5		ng the year, did the organization solicit o ts to be sold to raise funds rather than t						ımılar	Г	Yes	┌ No
Par	t IV	Trust, Escrow and Custodial A Part IV, line 9, or reported an am					ganızatıon ans	swered "Y	es" to Fo	orm 99	90,
1a		e organization an agent, trustee, custod ded on Form 990, Part X?	ıan or other ıntermed	ary	for c	ontributions	s or other asset	s not	Г	Yes	┌ No
b	If"Y	es," explain why in Part XIV and comple	te the following table								
									A mou	nt	
С	Begi	nnıng balance					10				
d	Add	itions during the year					10	d l			
e	Dıst	ributions during the year					10	2			
f	Endi	ng balance					11	<u> </u>			
2a	Dıd t	he organization include an amount on Fo	orm 990, Part X, line 2	21?					Γ	Yes	┌ No
b	If "Y	es," explain the arrangement in Part XIV									
Pai	t V	Endowment Funds. Complete i									
1a	Bogu	nning of year balance	(a)Current Year 2,657,731	(b)	Prior `	rear (c)	Two Years Back ((d)Three Year	s Back (e)Four Ye	ars Back
ь		tributions	112,253								
c		stment earnings or losses	-432,232								
d		nts or scholarships	<u> </u>								
e		er expenditures for facilities									
		programs									
f	Adm	iinistrative expenses									
g	End	of year balance	2,337,752								
2	Prov	ide the estimated percentage of the year	r end balance held as								
а	Boar	d designated or quasi-endowment 🕨	0 299 %								
b	Perm	nanent endowment 🕨 99 701 %									
c	Term	n endowment 🕨 0 %									
3a		there endowment funds not in the posses	ssion of the organizat	ion t	hat a	re held and	l admınıstered f	or the			
		nization by nrelated organizations		_					. 3a(i)	Yes Yes	No
		elated organizations			•				3a(ii)	Yes	
b		es" to 3a(II), are the related organization			ched	ule R?			. 3b		
4	Desc	cribe in Part XIV the intended uses of the	e organization's endo	wme	nt fu	nds				'	
Par	t VI	Investments—Land, Buildings	s, and Equipment	t. S	ee F	orm 990,	Part X, line 10	D. _.			
		Description of investment				Cost or other (investment)	(b)Cost or othe basis (other)	r (c) Depre	eciation	(d) Boo	k value
1 a l	and										
b E	Buildii	ngs					118,203,67	73 30,	609,684	87	7,593,989
c l	ease	hold improvements					169,00	50	169,060		(
d E	quipi	ment					4,619,00	00 3,	953,720		665,280
e (Other		<u></u>		<u></u>		23,154,2	55 9,	837,915	13	3,316,340

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12	
(a) Description of security or cateory (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		·
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) 🕨		
To a serious December 2011	- F 000 B- LV L- 1	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line 1	.3. (c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
		·
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, I		
(a) Descri	ption	(b) Book value
RENT DEPOSIT		3
Total. (Column (b) should equal Form 990, Part X, col.(B) line		<u> </u>
Other Liabilities. See Form 990, Part		
(a) Description of Liability	(b) A mount	
Federal Income Taxes	1 010 740	
PUBLIC SERVICE NEW MILLENNIUM DEBT	1,810,743	
CHASE EQUIPMENT LEASING JERSEY CITY ECONOMIC DEVELOPMENT	1,820,921	
CORPORATION NOTE	2,350,000	
BANK OF AMERICA CREDIT LINE	2,200,000	
WACHOVIA BANK	1,000,000	
INTEREST FREE LOAN FROM NJEDA	38,500,000	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	47,681,664	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	19,389,098
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	30,966,223
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-11,577,125
4	Net unrealized gains (losses) on investments	4	-664,631
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-664,631
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-12,241,756
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	19,630,883
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 916,683		
е	Add lines 2a through 2d	2e	252,052
3	Subtract line 2e from line 1	3	19,378,831
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 10,267		
Ь	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	10,267
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	19,389,098
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	31,872,639
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	-	
Ь	Prior year adjustments		
С	Losses reported on Form 990, Part IX, line 25	-	
d	Other (Describe in Part XIV)	_	
е	Add lines 2a through 2d	2e	916,683
3	Subtract line 2e from line 1	3	30,955,956
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 10,267		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	10,267
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	30,966,223

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

Part XIV Supplemental Information

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

Ident if ier	Return Reference	Expla	nat ion		
FIN 48	SCHEDULE D, PART X	IN JUNE 2006, THE FASB ISSUED INTERPRETATION NO 4 (FIN 48), ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION OF FASB STATEMENT NO 109, WHICH ADDRESSES ACCOUNTING FOR, AND DISCLOSURE OF, UNCERTAIN TAX POSITIONS FIN 48 PRESCRIBES A MODEL FOR HOW AN ENTITY SHOULD RECOGNIZE, MEASURE, PRESENT, AND DISCLOSE IN ITS FINANCIAL STATEMENTS UNCERTAIN TAX POSITIONS THAT THE ENTITY HAS TAKEN OR EXPECTS TO TAKE ON A TAX RETURN UNDER FIN 48, THE FINANCIAL STATEMENT WILL REFLECT EXPECTED FUTURE TAX CONSEQUENCES O SUCH POSITIONS, PRESUMING THE TAX AUTHORITIES' FULL KNOWLEDGE OF THE POSITION AND ALL RELEVANT FACTS FIN 48 WILL REQUIRE AN ENTITY TO RECOGNIZE THE BENEFIT OF TAX POSITIONS WHEN IT IS "MORE LIKELY THAN NOT" THAT THE PROVISION WILL BE SUSTAINABLE BASED ON THE MERITS OF THE POSITION THE CENTER IS CURRENTLY EVALUATING THE IMPACT THAT FIN 48 WILL HAVE ON ITS FINANCIAL STATEMENTS UPON ADOPTION EFFECTIVE JUNE 30, 2010			
REVENUE RECONCILIATION	SCHEDULE D, PART XII, LINE 2D	DIRECT EXPENSES - GALA EXPENSES TOTAL	\$ 59,263 RENT 857,420 ======= \$ 916,683		
RECONCILIATION OF EXPENSES	SCHEDULE D, PART XIII, LINE 2D	DIRECT EXPENSES - GALA EXPENSES TOTAL	\$ 59,263 RENT 857,420 ======== \$ 916,683		
ENDO WM ENT	SCHEDULE D, PART V	THE CENTER HAS ONE ENDOVE FOR UNRESTRICTED PURPOS NOT IN THE POSSESSION OF IS HELD AND ADMINISTERED BANK OF AMERICA	WMENT FUND ESTABLISHED ES THE ENDOWMENT FUND THE ORGANIZATION THAT		
ADDITIONAL DISCLOSURE		THE 2007 FORM 990 WAS PRE FINANCIAL STATEMENTS, BE STATEMENTS WERE NOT AVA DUE DATE OF THE RETURN THE SHEET HAS BEEN ADJUSTED FINAL AUDITED FINANCIAL S	CAUSE FINAL FINANCIAL ILABLE ON OR BEFORE THE HE BEGINNING BALANCE IN ACCORDANCE WITH THE		

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DLN: 93493137059590

OMB No 1545-0047 **Supplemental Information Regarding Fundraising or Gaming Activities**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

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

Open to Public

Internal Nevertae Convice						Tilspection
Name of the organization					Employer ident	tification number
LIBERTY SCIENCE CENTER					22-2302253	
David Sunduciaina	Nativitias Camplet					l
Part I Fundraising A	activities. Complete	e if the org	<u>janizatio</u>	on answered "Yes" to) Form 990, Part IV,	line 17.
1 Indicate whether the or	ganızatıon raısed funds	through an	y of the fo	llowing activities Chec	k all that apply	
a 🔽 Mail solicitations			e		on-government grants	
b Email solicitations			f	<u> </u>	overnment grants	
c Phone solicitations			g	📝 🔽 Special fundraisi	ing events	
d In-person solicitation	ons					
Did the organization have or key employees listedIf "Yes," list the ten high	l ın Form 990, Part VII) or entity ii	n connect	ion with professional fu	ndraising activities?	V Yes □ N
to be compensated at le						
		(iii)				
(i) Name of individual		fundrais custo		(iv) Gross receipts	(v) A mount paid to (or retained by)	(vi) A mount paid to
or entity (fundraiser)	(ii) Activity	control of		from activity	fundraiser listed in	(or retained by)
		contrib	utions?]	col (i)	organization
		Yes	No			
Kathleen Thompson	EVENT MGMT/ PLANNING	Yes		778,703	75,000	703,703
			1			
			+			
		_	+			
			†			
Total	· ·	-	•			

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

NJ,NY

			(a) Event #1 Gala Dinner	(b) Event #2	(c) O ther Events	(Add col	tal Eve (a) th I (c))	
			(event type)	(event type)	(total number)	"	(c))	
Φ	1	Gross receipts	767,903				76	7,903
Revenue	2	Less Charitable contributions	717,903				71	7,903
	3	Gross revenue (line 1 minus line 2)	50,000				5(0,000
	4	Cash Prizes						
ses	5	Non-cash Prizes						
beü	6	Rent/Facility costs						
Direct Expenses	7	Other direct expenses	59,263				5 9	9,263
ğ	8	Direct expense summary Add line	es 4 through 7 in column	(d)	•		59	9,263
	9	Net income summary Combine lir	nes 3 and 8 ın column (d))			- 9	9,263
Par	t III	Gaming. Complete if the ore \$15,000 on Form 990-EZ, lin		'Yes" to Form 990, Pa	art IV, line 19, or repo	orted mor	e thar	i
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) th		
ď	1	Gross revenue						
seg	2	Cash prizes						
bens	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
즈	5	Other direct expenses						
	6	Volunteer labor	┌ Yes%_ ┌ No	┌ Yes <u> </u>	┌ Yes%			
	7	Direct expense summary Add lines	s 2 through 5 in column (d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	🛌		_	
9	Ent	er the state(s) in which the organiza	tion operates gaming act	rivities			Yes	No
a		he organization licensed to operate				· 9a		
b	If "I	No," Explain						
10a	— Wer	re any of the organization's gaming li	censes revoked, suspen	ded or terminated during	g the tax year?	10a		
b	If"	Yes," Explain						
	_			2				
11 12		es the organization operate gaming a he organization a grantor, beneficiar				11		
		ned to administer charitable gaming				. 12		

			Yes	NO
13	Indicate the percentage of gaming activity operated in			
а	The organization's facility			
b	An outside facility			
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records			
	Name 🕨			
	Address 🟲			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L5a		
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$			
c	If "Yes," enter name and address			
	Name ►			
	Address ►			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided 🟲			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	L7a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year	-, -		

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DLN: 93493137059590

OMB No 1545-0047

OMB No 1545-00

2008

Open to Public Inspection

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Compensation Information

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

Name of the organization LIBERTY SCIENCE CENTER

Employer identification number

22-2302253

РŒ	Questions Regarding Compensation	<u>n</u>				
					Yes	Νo
la	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II		,			
	First class or charter travel	Г	Housing allowance or residence for personal use		ĺ	
	Travel for companions	Г	Payments for business use of personal residence		ĺ	
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees		ĺ	
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "I		, , ,	1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2		
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t		у			
	Compensation committee	<u> </u>	Written employment contract			
	Independent compensation consultant	·				
	Form 990 of other organizations	<u> - </u>	Approval by the board or compensation committee			
1	During the year, did any person listed in Form 990,	Part VII	I, Section A, line 1a			
а	Receive a severance payment or change of control	payment	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal non	iqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	omplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, lıne 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
5	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, lıne 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		No
3	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III					

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
DR EMLYN KOSTER	(I) (II)	310,250 0	0	774 0	18,350 0	13,442 0	342,816 0	174,202 0
CONNIE CLAMAN	(I) (II)	173,451 0	0	637 0	15,611 0	3,810 0	193,509 0	98,936 0
WAYNE LABAR	(I) (II)	141,663 0	0	165 0	9,916 0	12,587 0	164,331 0	79,020 0
Mark Mattia	(ı) (ıı)	164,798 0	0	317 0	5,324 0	17,401 0	187,840 0	83,244 0
JEFFREY OSOWSKI	(ı) (ıı)	144,290 0	0	747 0	12,986 0	957 0	158,980 0	80,943 0
	(ii)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(ii)							
	(ii)							

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
-		
	·	

DLN: 93493137059590

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Internal Revenue Service Name of the organization LIBERTY SCIENCE CENTER

Employer identification number

					22-2302253			
Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of do reven	etermi	nıng	
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	1	1,000,000	FMV			
10	Securities—Closely held stock $. $							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution (historic structures)							
14	Qualified conservation contribution (other)							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	INTEREST-							
	Other (describe <u>FREE LOAN</u>) Other (describe)	×	1	1,717,528	FMV			
	Other (describe)							
	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828	= -	ar for contributions for	29			
							Yes	No
30a	During the year, did the organiza hold for at least three years from the date of						 	
	for the entire holding period? .		•			30a		No
ь	If "Yes", describe the arrangeme					304		
31	Does the organization have a gif	t acceptano	ce policy that requires the i	review of any non-standard	contributions?	31		Νo
32a	Does the organization hire or use contributions?			to solicit, process, or sell	non-cash	372	Yes	
	If "Yes", describe in Part II If the organization did not report checked, describe in Part II	revenues i	n Column (c) for a type of p	property for which Column (a) is	32a	163	

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. Identifier ReturnReference Explanation SCHEDULE M, PART I, LINE 32 THIRD PARTIES THE ORGANIZATION UTILIZES A STOCK BROKER TO PROCESS AND SELL DONATED SECURITIES

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OMB No 1545-0047

2008

Open to Public
Inspection

SCHEDULE 0

Department of the Treasury
Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

* Attach to Form 990. To be completed by organizations to provide additional information for

Name of the organization LIBERTY SCIENCE CENTER

Employer identification number 22-2302253

ldentifier	Return Reference	Explanation
	PART VI, LINE 10	THE RETURN IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY THE COMPANY AND IN CONSULTATION WITH THE COMPANY'S STAFF THE DRAFT PREPARED BY THE ACCOUNTING FIRM IS THEN CAREFULLY REVIEWED BY THE FINANCE DEPARTMENT THE FINAL VERSION IS AVAILABLE TO THE TREASURER OF THE ORGANIZATION PRIOR TO FILING WITH THE WITH IRS THE FINAL VERSION IS AVAILABLE TO BOARD MEMBERS UPON REQUEST

responses to specific questions for the Form 990 or to provide any additional information.

Identifier	Return Reference	Explanation
CONFLICT OF INTEREST	FORM 990, PART VI, LINE 12	THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY COVERING ALL TRUSTEES, OFFICERS, AND EMPLOYEES THAT REQUIRES, AMOUNG OTHER THINGS, THAT NO INDIVIDUAL MAY PARTICIPATE IN DISCUSSION OR DECISION ON ANY MATTER IN WHICH HE OR SHE HAS A MATERIAL FINANCIAL INTEREST ALL TRUSTEES, OFFICERS AND EMPLOYEES ARE REQUIRED TO CERTIFY COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS AND TO INDICATE WHETHER THE ORGANIZATION DOES BUSINESS WITH AN ENTITY IN WHICH THEY HAVE A MATERIAL FINANCIAL INTEREST IN THE CASE THAT A POTENTIAL CONFLICT OF INTEREST IS IDENTIFIED, THE CIRCUMSTANCES ARE REVIEWED INTERNALLY BY THE CFO AND THE CONTROLLER, AND IF FURTHER CLARIFICATION IS REQUIRED TO CONCLUDE ON WHETHER A CONFLICT EXISTS, EXTERNAL LEGAL COUNSEL IS CONSULTED

ldentifier	Return Reference	Explanation
COMPENSATION	FORM 990, PART VI, LINE 15	THE LIBERTY SCIENCE CENTER PERIODICALLY CONDUCTS A REVIEW TO DETERMINE THE GOING FAIR MARKET COMPENSATION RANGES FOR A COMPARABLE POSITION AT SIMILARLY SITUATED ORGANIZATIONS, BY REFERENCE TO COMPENSATION SURVEYS AND OTHER ORGANIZATIONS' FORMS 990 THE LIBERTY SCIENCE CENTER SETS COMPENSATION WITHIN THE RANGE OF THE GOING MARKET RATE NO INDIVIDUAL HAVING A CONFLICT OF INTEREST IS PERMITTED TO PARTICIPATE IN THE REVIEW OR DECISION THE ORGANIZATION MAINTAINS RECORDS REGARDING COMPENSATION

ldentifier	Return Reference	Explanation
GOVERNING DOCUMENTS	GOVERNING DOCUMENTS	THE ORGANIZATION DOES NOT CURRENTLY MAKE ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

Software ID: Software Version:

EIN: 22-2302253

Name: LIBERTY SCIENCE CENTER

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Ada										
		Posit t	(C tion (d hat a	chec		l		(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			
George E Arwady , TRUSTEE	1 0	Х						0	0	0
Lawrence E Bathgate II , TRUSTEE	1 0	Х						0	0	0
Dennis M Bone , TRUSTEE	1 0	Х						0	0	0
Rose Calı , TRUSTEE	1 0	Х						0	0	0
Jennifer A Chalsty , TRUSTEE	1 0	Х						0	0	0
Elizabeth G Christopherson , TRUSTEE	1 0	X						0	0	0
Susan A Cole Ph D , TRUSTEE	1 0	Х						0	0	0
James J Coleman Jr , TRUSTEE	1 0	Х						0	0	0
Anthony R Coscia , TRUSTEE	1 0	Х						0	0	0
Jon Cummings , TRUSTEE	1 0	X						0	0	0
Lucille E Davy , TRUSTEE	1 0	Х						0	0	0
Robert J Dougherty Jr , TRUSTEE	1 0	X						0	0	0
Elinor Johnstone Ferdon , TRUSTEE	1 0	Х						0	0	0
Lucinda Florio , TRUSTEE	1 0	X						0	0	0
Carlos Hernandez Ph D , TRUSTEE	1 0	X						0	0	0
Robert J Ingato , TRUSTEE	1 0	X						0	0	0
Atul R Kanagat , TRUSTEE	1 0	X						0	0	0
Thomas P Koestler Ph D , TRUSTEE	1 0	Х						0	0	0
Barbara Koster , TRUSTEE	1 0	Х						0	0	0
Bruce L Levy , TREASURER	1 0	Х		Х				0	0	0
Ann M Limberg , TRUSTEE	1 0	Х						0	0	0
Janet L Robinson , VICE CHAIR	1 0	Х		Х				0	0	0
Thomas J Stanton III , TRUSTEE	1 0	Х						0	0	0
William A Tansey III MD , VICE CHAIR	1 0	Х		Х				0	0	0
Josh S Weston , TRUSTEE	1 0	Х						0	0	0
John R Whitman , TRUSTEE	1 0	Х						0	0	0
Joseph D Williams , TRUSTEE	1 0	Х						0	0	0
Rosemary McFadden , TRUSTEE	1 0	Х						0	0	0
Mark Polansky , TRUSTEE	1 0	Х						0	0	0
Clare Scherrer , TRUSTEE	1 0	Х						0	0	0

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Ada										
	(B) A verage hours per week	Posit t	(C non (hat a	chec		I		(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(A) Name and Title		Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			
Scott Bruder , TRUSTEE	1 0	Х						0	0	0
Laverne Council , CHAIRMAN OF THE BOARD	10	x		х				0	0	0
F E Jacobs , TRUSTEE	1 0	Х						0	0	0
Ralph LaRossa , TRUSTEE	1 0	Х						0	0	0
Charles J Maikish , TRUSTEE	1 0	Х						0	0	0
Scott Bruder , TRUSTEE	1 0	Х						0	0	0
John Giere , TRUSTEE	1 0	Х						0	0	0
Alice White , TRUSTEE	1 0	Х						0	0	0
DR EMLYN KOSTER , PRESIDENT/CEO	70 0			Х				311,024	0	30,562
CONNIE CLAMAN , VP/CFO FINANCE	60 0			Х				174,088	0	18,710
JEFF SASSON , VP GUEST SERVICES	50 0			Х				135,602	0	2,186
ELIZABETH ROMANAUX , VP COMMUNICATIONS	50 0			х				120,605	0	15,178
WAYNE LABAR , VP EXHIBITIONS & THEATERS	50 0			х				141,828	0	21,938
Mark Mattia , VICE PRESIDENT MARKETING	50 0			х				165,115	0	22,387
JONATHAN SANDVILLE , VP DEVELOPMENT OFFICER	50 0			х				78,125	0	5,575
JEFFREY OSOWSKI , VP LEARNING & TEACHING	50 0			х				145,037	0	13,351
Hernando Giraldo , ASSOCIATE DIRECTOR IT	40 0					Х		110,000	0	0
Dennis Hercel , DIR FACILITIES	40 0					Х		128,523	0	141
James Schembarı , CONTROLLER	40 0					Х		119,300	0	11,643

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

		Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
а	ADMISSIONS	541,900	5,503,911	5,503,911		
b	SCHOOL CONTRACT	611,710	3,500,000	3,500,000		
С	MUSEUM EXHIBIT DESIGN	611,710	777,246	777,246		
d	EXTENDED ONSITE MUSEUM EXPERIENCES	611,710	390,134	390,134		
е	MUSEUM PROGRAMS	611,710	322,976	322,976		

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

LIBERTY SCIENCE CENTER, LOCATED AT THE BOOMING JERSEY CITY WATERFRONT IN LIBERTY STATE PARK, CELEBRATED ITS GRAND REOPENING JULY 19, 2007, FOLLOWING A 22-MONTH, \$109 MILLION UPGRADE OF ITS EXHIBITION, PROGRAM AND THEATER EXPERIENCES IN FACILITIES THAT HAVE BEEN ENLARGED AND MODERNIZED WITH IMPROVEMENTS SUCH AS NEW RESTAURANT AND RETAIL AMENITIES. THE PURPOSE OF THE REDESIGNED CENTER, NOW 295,000 SQUARE FEET, IS TO BE A UNIQUE AND ENGAGING RESOURCE ABOUT THE SCIENCE AND TECHNOLOGY OF LIVING, LEARNING AND WORKING IN THE NJ-NYC REGION. ALREADY ESTABLISHED AS A MAJOR DESTINATION AND WITH NATIONAL MODEL APPROACHES FOR CONNECTING WITH SCHOOLS AND FAMILIES ACROSS ALL SOCIO-ECONOMIC CIRCUMSTANCES, AS WELL AS FOR ITS ADAPTIVE USE OF VIDEOCONFERENCING TECHNOLOGY, LIBERTY SCIENCE CENTER IS POISED TO REDEFINE HOW A SCIENCE CENTER CAN OFFER GREATER PUBLIC SERVICE. THE RENOVATED BUILDING ENABLES US TO FULFILL ITS MISSION WITH EIGHT MAJOR NEW EXHIBITION GALLERIES, INCLUDING ONE EXCLUSIVELY FOR YOUNG