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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

Open to Public

		2010	 	hii 07 01 2010ddi	me 06 20 2011				TIIS	Jection
	ck ıfa	applicable	C Name of organization NEW YORK HALL OF SC		ng 06-30-2011			loyer i	identificatio	on number
, Add ┌ Nan		_	Doing Business As							
Naii   Initi		_					•		number	
Ten			Number and street (or 47-01 111TH STREET	P O box if mail is not delivered to street ad	dress)	Room/suite	(718	3)699	9-0005	
		return	City or town, state or co	ountry, and ZIP + 4			<b>G</b> Gross	receip	ots \$ 23,189,	106
App	licatioi	n pending	CORONA, NT 11308							
			F Name and addi MARGARET HONI	ress of principal officer		<b>H(a)</b> Is this a	group returr	for affil	ıates?	<b>V</b> No
			47-01 111TH ST			<b>H(b)</b> Are all a	affiliator ir	cluded	2	┌ Yes ┌ No
			CORONA,NY 11	368					t (see inst	
<b>I</b> Tax	k-exen	npt status	▼ 501(c)(3)	(c) ( ) ◀ (insert no )	<b>□</b> 527				umber 🟲	·
J W	ebsit	e:► HTT	TP //WWW NYSCI OR	G						
<b>K</b> Form	n of or	rganızatıon	Corporation Trust	Association Other ►		<b>L</b> Year of for	mation 19	964	<b>M</b> State of le	egal domicile N
Pai	rt I	Sumi	mary							
Governance		OTHERS LOCATE INTERAC EXHIBIT LABORA	BY GALVANIZING T D IN QUEENS, THE I CTIVE EXHIBITS TH 'S, COUPLED WITH T TORY OF DISCOVER	ERSTANDING OF SCIENCE AND THEIR CURIOSITY AND OFFERING MOST ETHNICALLY DIVERSE COLAT EXPLORE CHEMISTRY, BIOLOTHE YOUNG, DIVERSE, AND ENTHRY THAT SERVES OVER 375,000 VE, SCHOOL-BASED OUTREACH F	G THEM CREAD JNTY IN THE GY, PHYSICS, USIASTIC EX VISITORS EAC	TIVE, PARTI COUNTRY, N GENETICS, PLAINER FL	CIPATO YSCI O AND MU OOR ST	RY W FFER: JCH N AFF, I	VAYS TO L S OVER 40 MORE THI MAKE NYS	EARN 00 ESE SCI A
Activities &										
E E	2	Check th	ıs box ► ıf the orga	nization discontinued its operations	or disposed of	more than 25	5% of its	neta	assets	
<u> </u>			_	the governing body (Part VI, line 1a				3		32
4			· -	members of the governing body (Pa				5	-	32
				ployed in calendar year 2010 (Part timate if necessary)	v, line Za) .			6		77
			·	nue from Part VIII, column (C), line	12			7a	<del> </del>	
				e income from Form 990-T, line 34				7b		(
						Prior	Year		Curre	nt Year
a.	8			art VIII, line 1h)			16,753,	717		17,964,469
Revenue	9	=	•	art VIII, line 2g)			2,518,	<del></del>		2,731,702
Rey	10			II, column (A), lines 3, 4, and 7d)			161,	_		258,890
_	11 12			olumn (A ), lines 5, 6d, 8c, 9c, 10c, hrough 11 (must equal Part VIII, c			635,	070		793,669
	12						20,068,	000		21,748,730
	13	Grants	and similar amounts	paid (Part IX, column (A), lines 1-3	3)		309,	843		304,733
	14			ers (Part IX, column (A), line 4) .				0		0
82	15	Salarıe 5–10)		n, employee benefits (Part IX, colur	nn (A), lines		7,390,	544		7,804,256
Expenses	16a	,		s (Part IX, column (A), line 11e) .			260,			527,504
e X	ь			(, column (D), line 25) • 2,434,669						
ш	17			lumn (A), lines 11a-11d, 11f-24f)	<del></del> .		7,276,	072		7,423,984
	18	Total e	expenses Add lines 1	3–17 (must equal Part IX, column (	A), line 25)		15,236,	459		16,060,477
	19	Revenu	ue less expenses Sub	otract line 18 from line 12			4,831,	541		5,688,253
Net Assets or Fund Balances						Beginning Ye	of Curre	nt	End (	of Year
SSet Safar	20	Total a	ıssets (Part X, lıne 16	)			59,726,	893		66,095,365
4월	21			26)			1,145,	900		1,509,426
žΞ	22			Subtract line 21 from line 20 .			58,580,	993		64,585,939
Under	edge	lties of pe and belief	3 2.	ave examined this return, including ac complete. Declaration of preparer (ot	. , ,					•
		****					12-05-15			
Sign Here		MARG	ture of officer  GARET HONEY CHIEF EXEC	UTIVE OFFICER		Dai	te			
	Ī	Print/Type	or print name and title	Preparer's signature	Dai	<u> </u>	Check If se	lf-	PTIN	
Paid		preparer's	name		Da		mployed		LITIN	
Paid Prepa	rer		ne Po'CONNOR DAVIES M						Fım's EIN	Þ
Use C		Fırm's add	ress • 60 EAST 42ND STR						1	• (212) 286-
		١٠	NEW YORK, NY 10		tions \				2600 <b>V</b> Yes	
ıvı ay t	ne IR	s aiscus	s this return with the	preparer shown above? (see instruc	LIONS)				ı <b>v</b> Yes	ı IVO

FUIII	90 (2010)	'age ∡
Par	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	
	BRINGS THE EXCITEMENT AND UNDERSTANDING OF SCIENCE AND TECHNOLOGY TO CHILDREN, FAMILIES, TEACHER THERS BY GALVANIZING THEIR CURIOSITY AND OFFERING THEM CREATIVE AND PARTICIPATORY WAYS TO LEARN	₹S
_		
2	Did the organization undertake any significant program services during the year which were not listed on he prior Form 990 or 990-EZ?	
	f "Yes," describe these new services on Schedule O	
3	Old the organization cease conducting, or make significant changes in how it conducts, any program services?	
	f "Yes," describe these changes on Schedule O	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and illocations to others, the total expenses, and revenue, if any, for each program service reported	
	(Code ) (Expenses \$ 4,900,181 including grants of \$ ) (Revenue \$ 1,709,816 )	
	EXHIBITIONS NYSCI OFFERS AN UNPARALLELED RANGE OF 450 INTERACTIVE EXHIBITS THAT EXPLORE CHEMISTRY, BIOLOGY, ASTRONOMY, PHYSICS, GENET AND MUCH MORE, ALL GEARED FOR CHILDREN AND ADULTS BY COMBINING THESE EXHIBITS WITH THE OUTDOOR SCIENCE PLAYGROUND, ROCKET PARK M GOLF, THE BIOCHEMISTRY, ASTRONOMY AND CONNECTIONS DISCOVERY LABS, THE PRESCHOOL PLACE FOR EARLY CHILDHOOD LEARNING, THE HARCOURT TEACHER LEADERSHIP CENTER FOR OUR ENHANCED TEACHER TRAINING PROGRAMS, AND NATIONALLY REPLICATED SCIENCE EDUCATION PROGRAMS FOR UNDERSERVED POPULATIONS, NYSCI OFFERS A HIGH-TECH, HANDS-ON LABORATORY OF DISCOVERY FOR VISITORS OF ALL AGES IN FISCAL YEAR 2011, NYSERVED A NEAR RECORD NUMBER OF 500,000 VISITORS	IINI
4b	(Code ) (Expenses \$ 3,508,206 including grants of \$ ) (Revenue \$ 672,877 )  EDUCATION SCIENCE CAREER LADDER A YOUTH DEVELOPMENT PROGRAM THAT TRAINS A CADRE OF 150 NEW YORK CITY HIGH SCHOOL AND COLLEGE STUDENTS TO WORK AS EXHIBIT FLOOR GUIDES TO INTERACT WITH AND INSTRUCT VISITORS AFTER SCHOOL PROGRAMS PROVIDE ELEMENTARY THROUGH SCHOOL STUDENTS WITH HANDS-ON LEARNING IN CALENDAR YEAR 2010, 2,990 YOUNGSTERS PARTICIPATED IN WORKSHOPS, CLUBS, CAMPS AND OUTREAT ACTIVITIES DESIGNED TO TEACH THE BASIC PRINCIPLES OF CHEMISTRY, PHYSICS, BIOLOGY, ECOLOGY, FORENSICS AND OTHER SCIENTIFIC DISCIPLINES PROFESSIONAL DEVELOPMENT EACH YEAR APPROXIMATELY 4,500 TEACHERS PARTICIPATE IN NYSCI'S PROFESSIONAL DEVELOPMENT PROGRAM EFFECTIVELY REACHING SOME 300,000 STUDENTS ANNUALLY INFORMAL SCIENCE EDUCATION WITH A \$1 4 MILLION GRANT FROM NSF, NYSCI IS COLLABOR WITH THE NSF QUALITY OF LIFE TECHNOLOGY ENGINEERING RESEARCH CENTER OF THE UNIVERSITY OF PITTSBURGH AND CARNEGIE MELLON UNIVERSITY DEVELOP AN INTERACTIVE TRAVELING EXIBITION ENTITLED HUMAN + THE GOAL OF THE EXHIBITION IS TO ENGAGE THE PUBLIC IN THE PROFOUNDLY CREAT SCHOOLS, LIBRARIES, COMMUNITY CENTERS AND HOSPITALS IN FISCAL YEAR 2011, NYSCI DELIVERED 200 VIRTUAL VISITS REACHING AN AUDIENCE OF 6,4	ACH MS, RATING TO TIVE ING TO
<b>4</b> c	(Code ) (Expenses \$ 1,143,887 including grants of \$ ) (Revenue \$ 148,939 )  PUBLIC PROGRAMS SCIENCE TECHNOLOGY LIBRARY FEATURES A WIDE VARIETY OF BOOKS, MEDIA, JOURNALS AND LESSON PLANS APPROXIMATELY 29,000 VISITORS INCLUDING 500 TEACHERS USED THE LIBRARY DURING FISCAL YEAR 2011 PRESCHOOL EDUCATION THE PRESCHOOL PLACE IS A 3,000 SQUARE FAREA THAT CONTAINS PROGRAMS AND EXHIBITS FOR CHILDREN UNDER THE AGE OF SIX IN FISCAL YEAR 2011, 88,225 VISITORS (84,500 FAMILIES & 3,725 SCHOOL GROUPS) AND CAME TO THE PRESCHOOL PLACE SCIENCE THEATER A COMBINATION OF THEATER MIXED WITH SCIENTIFIC CONTENT THAT ENCOUGHILDREN TO PARTICIPATE WITH CHARACTERS TO CREATE AN INTERACTIVE EXPERIENCE	00T
4d	Other program services (Describe in Schedule O ) See also Additional Data for Description	
	(Expenses \$ 2,361,528 including grants of \$ 304,733 ) (Revenue \$ 200,070 )	
4e	Total program service expenses►\$ 11,913,802	

Part TV	Checklist of	Required	Schedules
	CHCCKHSCOL	IXCUUII CU	Scriculics

			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 (see instruction)? $^{f z}$	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 $I^{\bullet}$	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
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	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	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	Yes	
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, directly or through a related organization, hold assets in term, permanent, or quasiendowments? If "Yes," complete Schedule D, Part $V^{\square}$	10	Yes	
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
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.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
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, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170 (b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV .	16		No
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? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
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	18	Yes	
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	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II $\Box$	21	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	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 lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
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		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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	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	Yes	
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? If "Yes," complete Schedule N, Part II	32		No
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? <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)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $			
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>990</b>	(2010)

	<u> </u>
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
La	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 96			
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	Yes	
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		103	
b	return	1	W = =	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
la	Did the organization have unrelated business gross income of \$1,000 or more during the			
L	year?	3a 3b		Νo
la	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		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
ia	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ia	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?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
,	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
}	<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?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club  10b	1		
_	facilities	1		
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	-		
ט	against amounts due or received from them )	_		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
p.	Enter the amount of reconnect the agreement is recovered to account to the attention 1			
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Voc " has it filed a Form 7.20 to report these payments? If "No " provide an explanation in Schedule O	1/h		

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

Se	ection 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			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
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?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
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	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	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	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
	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		No
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		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	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

- 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
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 MARGARET HONEY PRESIDENT & CEO

47-01 111TH STREET CORONA, NY 11368 (718)699-0005

# <u>Part VIII</u> 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 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, and **current** key employees 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 organ	sate	d any current office	er, director, or trust	ee						
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)				( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation		
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
See Additional Data Table										

\$100,000 in compensation from the organization 1-1

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

	<b>(A)</b> Name and Title	A verage Position (check all Reportable Reportable hours that apply) compensation compensat							Reportable compensation	1 :	(F) Estimated amount of other compensation			
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organiz	ation (W- 9-MISC)	organizations (W- 2/1099- MISC)		from organizat relat organiz	the non and ed
See A	ddıtıonal Data Table	<u> </u>												
		-					-					_		
							1							
1b	Sub-Total			<u>.                                    </u>	٠.	<u> </u>	<del>'</del>	<b> </b>						
С	Total from continuation sheets						<b> -</b> -							
d	Total (add lines 1b and 1c) .							-		1,052,039		0		155,640
2	Total number of individuals (inc \$100,000 in reportable comper					ted	above	) who	receive	d more tha	n			
,	Did the examination list any for	man officer dire		ruo ta	یا م		mnlau		r biabaat		atad amplayaa		Yes	No
3	Ord the organization list any <b>for</b> on line 1a? <i>If</i> "Yes," complete Sc										• • •	3		No
4	For any individual listed on line organization and related organization													
_	Did any person listed on line 1a	rocowo or accr		·	tion	fror		• uprol	lated ora	· ·	runduvidual for	4	Yes	_
5	services rendered to the organi								_		i illalviauai loi	5		No
Se	ction B. Independent Cor													
1	Complete this table for your five \$100,000 of compensation from			ndep	ende	ent o	contra	ctors	that rec	eived more	e than			
		(A) me and business ad								Descr	(B) uption of services		(C	
PO BO	NUNITY COUNSELLING SERVICE CO LLC X 27462 YORK, NY 100877462	me and basiness da	uress								FOR FUNDRAISING	i	Соттре	395,000
	,											#		
												$\dashv$		
	Total number of Independent con	tun ataua (in aliidii		1		1 +	+6	l.ata				$\blacksquare$		

ZEITU N		2010)					Pi	age <b>9</b>
	/1111	Statement of Reven	ue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	
								512, 513, oi 514
2	1a	Federated campaigns	1a					
contributions, gitts, grants and other similar amounts	b	Membership dues	. 1b	545,665				
∰ _	c	Fundraising events	. 1c	938,003				
_ <u></u>	d	Related organizations	. 1d					
<u>.</u>	e	Government grants (contributions)	<b>1e</b>	2,691,963				
2	f	All other contributions, gifts, grants similar amounts not included above	, and <b>1f</b>	13,788,838		İ		İ
ğ		Noncash contributions included in li		262,035				
. e	h	Total. Add lines 1a-1f			17,964,469			
e e				Business Code				
Program Serwoe Revenue	2a	ADMISSIONS		713990	1,862.903	1,862,903		
<u>a</u>		EDUCATION & TRAINING F		611710	517,258			
4 C P		PUBLIC PROGRAMS		611710	351,541	351,541		
Š	d		<u></u>					
<u>ه</u>	e •	All other program conuce re	wonue.					
ာ့ ဦ	•	All other program service re	venue					
<u>.</u>					2,731,702			
		Investment income (including and other similar amounts)		-	17,160			17,1
		Income from investment of tax-ex		ŀ	•			<u> </u>
	5	Royalties						
			(ı) Real	(II) Personal				
		Gross Rents	520,066 130,339					
	_	Less rental expenses						
		Rental income or (loss)	389,727					
	d	Net rental income or (loss)		(v) 0 th - n	389,727			389,7
	7a	Gross amount	(ı) Securities 1,401,098	(II) O ther				
		from sales of assets other						
		than inventory Less cost or	1,159,368					
	_	other basis and sales expenses	, ,					
	c	Gain or (loss)	241,730					
		Net gain or (loss)		_	241,730			241,7
;		Gross income from fundraisi (not including	ng events					
}		\$938,003						
:		of contributions reported on See Part IV, line 18						
			a	361,923				
		Less direct expenses .  Net income or (loss) from ful		150,669	211,254			211,2
-			ctivities See Part IV, line 19 . a					
			b					
		Net income or (loss) from ga						
		Gross sales of inventory, les returns and allowances .	S					
			a					
		Less cost of goods sold .						
	С	Net income or (loss) from sa Miscellaneous Revenue	les of inventory F	Business Code				
	11a	PARKING LOT INCOME		812930	121,114			121,1
		RESTAURANT		722200	44,224			44,2
		MISCELLANEOUS REVENU	 E	900099	27,350			27,3
		All other revenue						
	_			-		1		
	е	Total. Add lines 11a-11d			192 688			
		Total. Add lines 11a-11d  Total revenue. See Instructi	▶		192,688			

	990 (2010)				Page <b>10</b>
Par	t IX Statement of Functional Expenses				
Δ	Section $501(c)(3)$ and $501(c)(4)$ organizations mus II other organizations must complete column (A) but are not required to $c$	-		(D)	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	304,733	304,733		скрепаса
2	Grants and other assistance to individuals in the U S See Part IV, line 22	·			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,026,175	204,674	580,556	240,945
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	5,001,000	3,898,704	409,636	692,660
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	347,281	264,267	29,233	53,781
9	Other employee benefits	952,372	719,857	86,017	146,498
10	Payroll taxes	477,428	342,118	<del>                                     </del>	77,067
а	Fees for services (non-employees) Management	1,269,236	1,018,161	68,130	182,945
b	Legal	11,945	8,406	3,513	26
c	Accounting	25,545	0,400	25,545	
d		230,079		23,343	220.070
	Lobbying	<u> </u>			230,079
e		527,504			527,504
f	Investment management fees	10.600	017	7 725	2.047
g 12	Other	10,689	917	7,725	2,047
12	Advertising and promotion	239,392	193,347	37,134	8,911
13	Office expenses	601,631	383,682	100,532	117,417
14	Information technology				
15	Royalties				
16	Occupancy	642,855	622,962	<u> </u>	6,366
17 18	Travel	279,768	217,091	35,918	26,759
	state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,003,437	2,929,863	35,909	37,665
23	Insurance	195,591	190,709	2,515	2,367
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	RENTAL/MAINT EQUIP /EXH	451,292	345,585	75,192	30,515
b	OTHER OPERATING EXPENSE	230,826	75,283	124,913	30,630
С	PARTICIPANT COSTS	94,316	94,316		
d	NONCAPTIALIZED EQUIP	94,284	73,344	12,584	8,356
е	BOOKS,DUES & SUB	43,098	25,783	5,184	12,131
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	16,060,477	11,913,802	1,712,006	2,434,669
26	<b>Joint costs.</b> Check here ► ☐ If following				
	SOP 98-2 (ASC 958-720) Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				<b>000</b> (2010)

Part X Balance Sheet (A) (B) Beginning of year End of year 355,211 2,232,177 1 1 2.791.815 2 2,740,169 2 Savings and temporary cash investments . . . . . . . 3,069,010 8,449,026 3 131,541 4 155,391 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . . . 6 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) **A**ssets 6 7 8 8 Prepaid expenses and deferred charges . . . . . . 209,114 9 228,227 10a Land, buildings, and equipment cost or other basis Complete 68.030.271 Part VI of Schedule D 10a 10b 18.285.457 b Less accumulated depreciation . . . . . 51,261,926 **10c** 49,744,814 1,900,429 2.532.895 11 11 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 Intangible assets . . . . . . . . . 7.847 15 12,666 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 59,726,893 16 66,095,365 **17** 737,615 17 1.261.084 Accounts payable and accrued expenses . 18 18 408.285 248.342 19 19 20 20 Liabilities 21 21 Escrow or custodial account liability  $Complete\ Part\ IV\ of\ Schedule\ D$  . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 25 Other liabilities Complete Part X of Schedule D . . . . . 25 26 1,145,900 26 1,509,426 Total liabilities. Add lines 17 through 25 . . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . 4,225,762 27 4.872,236 Temporarily restricted net assets . . . . . 54,020,231 28 59,378,703 28 Fund F 335,000 335,000 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ŏ 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 32 Retained earnings, endowment, accumulated income, or other funds ž 58,580,993 64,585,939 33 33 Total net assets or fund balances . . . . . 34 Total liabilities and net assets/fund balances . . . . . 59.726.893 66,095,365 34

Pai	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		21.7	748,73
2	Total expenses (must equal Part IX, column (A), line 25)	2			060,47
3	Revenue less expenses Subtract line 2 from line 1	3		5,6	588,25
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		58,5	580,99
5	Other changes in net assets or fund balances (explain in Schedule O)	5		3	316,69
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	6 64,585,9		
Par	TEXII Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII			৮	
1	Accounting method used to prepare the Form 990			Yes	No
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 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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 is Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separated basis	issued			
За	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?	ie	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

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DLN: 93493136074882

# OMB No 1545-0047

OMB No 1545-004

2010

Open to Public Inspection

# **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization NEW YORK HALL OF SCIENCE

Department of the Treasury Internal Revenue Service

h

# 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.

Employer identification number

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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 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 described in section 170(b)(1)(A)(vi) (Complete Part II ) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 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 Type I **b** Type II Type III - Other 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) 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

(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 the supported organization?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s)

(ii) a family member of a person described in (i) above?

Yes

11g(i)

11g(ii)

11g(iii)

No

# 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.)

	under Part III. II til	e organización	ialis to quality t	muer the tests	iistea below, pie	ease co	ilibiete i	art III.)
	ection A. Public Support	T						
Cal	endar year (or fiscal year beginning in) ►	<b>(a)</b> 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	<b>(e)</b> 2	010	<b>(f)</b> ⊤otal
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	8,598,20	8 9,610,690	11,205,415	16,753,717	17,964,469		64,132,499
2	grants ") 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	<b>Total.</b> Add lines 1 through 3	8,598,20	8 9,610,690	11,205,415	16,753,717	17	7,964,469	64,132,499
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							809,545
6	(f) <b>Public Support.</b> Subtract line 5							63,322,954
	from line 4							
	ection B. Total Support endar year (or fiscal year						$\overline{}$	
Cui	beginning in)	<b>(a)</b> 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	<b>(e)</b> 20	)10	<b>(f)</b> Total
7	A mounts from line 4	8,598,208	9,610,690	11,205,415	16,753,717	17	,964,469	64,132,499
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	750,530	786,959	503,125	556,026		537,226	3,133,866
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	336,700	495,012	468,824	197,679		192,688	1,690,903
11	Total support (Add lines 7 through 10)							68,957,268
12	Gross receipts from related activit	ies, etc (See ins	tructions )	<u>'</u>	•	12		14,458,675
13	<b>First Five Years</b> If the Form 990 is check this box and <b>stop here</b>	for the organizat	ion's first, second	, thırd, fourth, or f	ifth tax year as a	501(c)(	3) organız	ation,
	ection C. Computation of Pu							
14	Public Support Percentage for 201	0 (line 6 column	(f) divided by line	11 column (f))		14		91 830 %
15	Public Support Percentage for 200	9 Schedule A, P	art II, line 14			15		92 260 %
16a	33 1/3% support test—2010. If the and stop here. The organization qu				ine 14 is 33 1/3%	or more	, check t	his box
b	<b>33 1/3% support test—2009.</b> If the	e organization di	d not check the bo	x on line 13 or 16	a, and line 15 is :	33 1/3%	or more,	check this_
17a	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances test</b> is 10% or more, and if the organization me	: <b>—2010.</b> If the ore	ganization did not o facts and circums	check a box on lir tances" test, che	ck this box and <b>st</b>	op here.	Explain	
b	organization  10%-facts-and-circumstances test 15 is 10% or more, and if the orga Explain in Part IV how the organiza	nızatıon meets tl	ne "facts and circu	mstances" test, o	check this box an	d <b>stop h</b> e	ere.	
18	supported organization <b>Private Foundation</b> If the organiza instructions	tion did not chec	k a box on line 13,	16a, 16b, 17a o	r 17b, check this	box and	see	▶□ ▶□

organization

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 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) 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 Section C. Computation of Public Support Percentage Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) 15 16 Public support percentage from 2009 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 18 19a 33 1/3% support tests—2010. 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

33 1/3% support tests-2009. 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

**▶**□

Part IV Supplemental Information. 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).

### Explanation

SCHEDULE A, PART IV, SUPPLEMENTAL INFORMATION SCHEDULE A, PART II, LINE 10 - EXPLANATION FOR OTHER INCOME OTHER INCOME FOR ALL YEARS INCLUDES PARKING AND RESTAURANT REVENUE PROVIDED FOR THE CONVENIENCE OF GUESTS AS WELL AS OTHER MISCELLANEOUS REVENUE AMOUNTS

DLN: 93493136074882

OMB No 1545-0047

# **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury

# Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

шеша	iai Revenue Service				Inspe	ction
If the	<del>-</del>	90, Part IV, Line 3, or Form 990-EZ, Part V, line 46	(Political C	am pa	ign Activit	ies),
	ection 501(c)(3) organizations  Complete Parts I-A	2 and B. Do not complete Part LC				
	` ', ` ' • ' • ' • ' • ' • ' • ' • ' • ' • '	nizations Complete Parts I-A and C below Do not com	nnlete Part LF	3		
	ection 527 organizations Complete Part I-A only	mizations complete ratio (7) and o below bottot our	ipiete i art i i	,		
	, ,	90, Part IV, Line 4, or Form 990-EZ, Part VI, line 47	7 (Lobbying	Activ	ities), thei	า
	•	m 5768 (election under section 501(h)) Complete Part		•	• •	-
	, ,, ,	d Form 5768 (election under section 501(h)) Complete		•		II-A
	, ,, , , ,	90, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Pa			•	
<ul><li>Se</li></ul>	ection 501(c)(4), (5), or (6) organizations Comple	ete Part III				
	ame of the organization	[ E	Employerıde	entifica	ition numbe	er
NEV	EW YORK HALL OF SCIENCE		11-210405	0		
Dar	rt I-A Complete if the organization i	is exempt under section 501(c) or is a s			anizatio	n
				7 019	jamzacio	•••
1	Provide a description of the organization's dir	rect and indirect political campaign activities in Part	IV			
2	Political expenditures		<b>&gt;</b>	\$		
3	Volunteer hours			_		
Par	rt I-B Complete if the organization i	is exempt under section 501(c)(3).				
1	Enter the amount of any excise tax incurred b	by the organization under section 4955	<b>&gt;</b>	\$		
2	Enter the amount of any excise tax incurred b	oy organization managers under section 4955	▶	\$		
3	If the organization incurred a section 4955 to	ax, did it file Form 4720 for this year?			☐ Yes	┌ No
4a	Was a correction made?				☐ Yes	┌ No
b	If "Yes," describe in Part IV					
Par	rt I-C Complete if the organization i	is exempt under section 501(c) except s	section 50	)1(c)	(3).	
1	Enter the amount directly expended by the fil	ing organization for section 527 exempt function act	tivities 🕨	\$		
2	Enter the amount of the filing organization's fi	unds contributed to other organizations for section 5	527 <b>►</b>	¢		

Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

(a) Name	( <b>b)</b> Address	<b>(c)</b> EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -

Р	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and filed Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked bo	n affiliated group x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing O rganization's Totals	<b>(b)</b> Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)		
C	Total lobbying expenditures (add lines 1a and 1	o)		
d	O ther exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1	c and 1d)		
f	Lobbying nontaxable amount Enter the amount to columns			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
	Grassroots nontaxable amount (enter 25% of lir	ne 1f)		
h	Subtract line 1g from line 1a If zero or less, ent	er -0 -		
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -		
j	If there is an amount other than zero on either lii section 4911 tax for this year?	ne 1h or line 1i, did the organization file Form	4720 reporting	┌ Yes ┌ No

# 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expendit	ures During 4	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768	
	(election under section 501(h)).	

	(election under section 501(h)).				
		(a)		(b)	
		Yes	No	Amou	ınt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		No		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes			
С	Media advertisements?		No		
d	Mailings to members, legislators, or the public?		No		
е	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		No		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes			3,24
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
i	Other activities? If "Yes," describe in Part IV	Yes		2	226,83
j	Total lines 1c through 1i			2	230,07
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$ ?		l No		
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		Ī		
d					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c	)(5), o	r sectio	on
				Yes	No

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

### Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
C	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Tayable amount of lobbying and political expenditures (see instructions)	7	

### Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
EXPLANATION OF OTHER LOBBYING ACTIVITIES		NEW YORK HALL OF SCIENCE HAS RETAINED COUNSEL TO MONITOR APPROPRIATIONS ACTIVITY AND CONTACT GOVERNMENT OFFICIALS REGARDING SCIENCE FUNDING AND FUNDING FOR NYSCI WITH RESPECT TO THE UNITED STATES, NEW YORK STATE AND NEW YORK CITY GOVERNMENTS

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As Filed Data -

DLN: 93493136074882

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

**Supplemental Financial Statements** ► Complete if the organization answered "Yes," to Form 990. Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Internal Revenue Service ► Attach to Form 990. ► See separate instructions. Name of the organization **Employer identification number** NEW YORK HALL OF SCIENCE 11-2104059 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 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes 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 for any other purpose conferring 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 Protection of natural habitat Preservation of a certified historic structure 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶\_ Number of states where property subject to conservation easement is located -Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 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 ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 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 **▶**\$\_\_\_\_\_ (ii) Assets included in Form 990, Part X 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

Part	IIII Organizations Maintaining Co	llections of Art	<u>, His</u>	toric	al Tre	asures, or (	Othe	r Similar Ass	ets (c	ontinued)
3	Using the organization's accession and other items (check all that apply)	r records, check an	y of th		_	_			on	
а	✓ Public exhibition		d	<u>~</u>	Loan or	exchange prog	ırams	5		
b	Scholarly research		е	$\Gamma$	Other					
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın hov	v they	further t	the organizatio	n's e	xempt purpose ır	1	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								_ Yes	√ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	<b>ements.</b> Comple	ete ıf	the c	rganiza	ation answer		es" to Form 9	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	ediary	for co	ntributio	ons or other as	sets		_ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI $\!$	/ and complete the	follow	ıng ta	ble					
								Am	ount	
С	Beginning balance						<b>1</b> c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?					Г	_ Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV									
Paı	t V Endowment Funds. Complete		n ans	were						
		(a)Current Year	(b	Prior Y		(c)Two Years Ba	<u> </u>	1)Three Years Back	<b>(e)</b> Four	Years Back
1a	Beginning of year balance	1,663,190		1,	744,496	2,000,	112			
b	Contributions	360			5,089		_			
C	Investment earnings or losses	190,818			137,599	-255,	516			
d	Grants or scholarships									
е	Other expenditures for facilities and programs	-107,062		-,	208,492					
f	Administrative expenses	-12,952			-15,502					
q	End of year balance	1,734,354			663,190	1,744,	196			
-	Provide the estimated percentage of the yea					_,,,				
2		69 000 %	15							
а	Board designated or quasi-endowment	05 000 70								
Ь	Permanent endowment ► 31 000 %									
С	Term endowment 🕨									
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	ation 1	that a	re held a	nd administer	ed for	the	Yes	No
	(i) unrelated organizations							3a(i		No
	(ii) related organizations							3a(i		No
b	If "Yes" to 3a(II), are the related organization	ns listed as require	d on S	chedu	ıle R? .			3b	i	i
4	Describe in Part XIV the intended uses of th	e organızatıon's end	dowme	ent fur	nds				•	
Par	t <b>VI</b> Investments—Land, Buildings	s, and Equipme	nt. S	ee Fo	orm 990	), Part X, line	10.	,		
	Description of investment				Cost or oth (investme			(c) Accumulated depreciation	( <b>d</b> ) B	ook value
<b>1</b> a l	and									
b E	Buildings									
сl	easehold improvements					66,59	7,805	17,930,178		48,667,627
	quipment					<del>-  </del>	2,466			1,077,187
	Other									. ,
	. Add lines 1a-1e (Column (d) should equal Fo			, line	10(c).) .	<u> </u>		<u> </u> ►	<u> </u>	49,744,814
	, , ,	· · · · · · · · · · · · · · · · · · ·	. /					Schedule D		

Pari VIII Investments—Other Securities. See	Form 990, Part X, line 1.	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(5)200. Talab	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
		12
Part VIII Investments—Program Related. See	Porm 990, Part X, line	
(a) Description of investment type	(b) Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
	-	Cost or end-or-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, lir	ne 15.	
(a) Descrip	otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	25.)	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
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1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	(, line 25.	

Par	<b>TEXI</b> Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	21,748,730
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	16,060,477
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	5,688,253
4	Net unrealized gains (losses) on investments	4	316,693
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	316,693
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	6,004,946
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	22,739,912
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		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	991,182
3	Subtract line <b>2e</b> from line <b>1</b>	3	21,748,730
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		
b	Other (Describe in Part XIV)		
C	Add lines <b>4a</b> and <b>4b</b>	<b>4</b> c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	21,748,730
Part	•	per	
1	Total expenses and losses per audited financial statements	1	16,734,966
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	674,489
3	Subtract line <b>2e</b> from line <b>1</b>	3	16,060,477
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		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	<b>4</b> c	0
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	16,060,477

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
	PART III, LINE 1A	CONSISTENT WITH THE POLICY OF MANY MUSEUMS, PURCHASES FOR USE AS EXHIBITS AND PROGRAMS ARE NOT CAPITALIZED
	PART III, LINE 4	NYSCI HAS APPROXIMATELY 450 INTERACTIVE EXHIBITS THAT EXPLORE CHEMISTRY, BIOLOGY, ASTRONOMY, PHYSICS, GENETICS, AND OTHER STEM (SCIENCE, TECHNOLOGY, ENGINEERING AND MATH) TOPICS, ALL GEARED FOR CHILDREN AND ADULTS THESE EXHIBITS, COMBINED WITH THE OUTDOOR SCIENCE PLAYGROUND, ROCKET PARK MINI GOLF, THE BIOCHEMISTRY, ASTRONOMY AND CONNECTIONS DISCOVERY LABS, THE PRESCHOOL PLACE FOR EARLY CHILDHOOD LEARNING, THE HARCOURT TEACHER LEADERSHIP CENTER FOR ENHANCED TEACHER TRAINING PROGRAMS, AND NATIONALLY REPLICATED SCIENCE EDUCATION PROGRAMS FOR UNDERSERVED POPULATIONS, OFFER A HIGH-TECH HANDS-ON LABORATORY OF DISCOVERY FOR VISITORS OF ALL AGES THE EXHIBITS SERVE A CRITICAL ROLE IN REALIZING NYSCI'S MISSION TO BRING THE EXCITEMENT AND UNDERSTANDING OF SCIENCE AND TECHNOLOGY TO CHILDREN, FAMILIES, TEACHERS AND OTHERS BY OFFERING CREATIVE AND PARTICIPATORY WAYS TO LEARN ABOUT STEM TOPICS
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	NYSCI MAINTAINS VARIOUS DONOR RESTRICTED FUNDS WHOSE PURPOSE IS TO PROVIDE LONG-TERM SUPPORT FOR ITS PROGRAMS IN EXHIBITIONS, EDUCATION, PUBLIC PROGAMS AND SPECIAL PROJECTS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	NYSCI RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY WHEN THEY ARE MORE LIKELY THAN NOT OF BEING SUSTAINED MANAGEMENT HAS DETERMINED THAT NYSCI HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION NYSCI IS NO LONGER SUBJECT TO AUDITS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO JUNE 30, 2008
PART XII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES REPORTED ON PART VIII LINE 6B 130,339 DIRECT EXPENSE FOR FUNDRAISING GALA REPORTED ON PART VIII LINE 8B 150,669
PART XIII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES REPORTED ON PART VIII LINE 6B 130,339 DIRECT EXPENSE FOR FUNDRAISING GALA REPORTED ON PART VIII LINE 8B 150,669

DLN: 93493136074882

**Supplemental Information Regarding** OMB No 1545-0047 (Form 990 or 990-EZ) **Fundraising or Gaming Activities** 

Department of the Treasury Internal Revenue Service

**SCHEDULE G** 

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.

The trial 1 to vortee Colvins	, made to to this 350 of to this 350 ELIT See Separate motivations.	Ilispection
Name of the organization		Employer identification number
NEW YORK HALL OF SC	ENCE	
		11-2104059

					1	1-2104059		
tivities. Complete	e if the o	organiza	tion a	answered "Yes"	to Form 99	90, Part IV,	line 17.	
nization raised funds	through a							
licitations					_	=		
				=	=			
s								
							✓ Yes	Γ <sub>No</sub>
(ii) Activity	fundrais custo cont contrib	ser have ody or rol of utions?		· ·	(or reta fundraise	ined by) r listed in	<b>(vi)</b> A mount (or retained organizat	by)
YR FUND-RAISING	165	No		6,842,899		395,000	6,4	147,899
CONSULTANT		No		1,299,926		132,504	1,1	L67,422
				8,142,825		527,504	7,6	515,321
	nization raised funds  collicitations  a written or oral agree Form 990, Part VIII  st paid individuals or st \$5,000 by the orgat  (ii) Activity  PLAN/DEVELOP 5 YR FUND-RAISING CAMPAIGN  CONSULTANT  organization is regis	nization raised funds through a plicitations  a written or oral agreement will Form 990, Part VII) or entity set paid individuals or entities at \$5,000 by the organization  (ii) Activity  (iii) fundrais custo contrib  Yes  PLAN/DEVELOP 5 YR FUND-RAISING CAMPAIGN  CONSULTANT  organization is registered or	nization raised funds through any of the elicitations form 98 s a written or oral agreement with any income of Form 990, Part VII) or entity in connect paid individuals or entities (fundraises the \$5,000 by the organization Form 99 set \$5,000 by the or	nization raised funds through any of the follow e	inization raised funds through any of the following activities Chellowing Che	tivities. Complete if the organization answered "Yes" to Form 9th initiation raised funds through any of the following activities. Check all that e	PLAN/DEVELOP 5 YR FUND-RAISING CAMPAIGN  No  CONSULTANT  No  No  PLAN/DEVELOP 5 YR FUND-RAISING CAMPAIGN  No  CONSULTANT  No  No  No  Resident and selected and s	tivities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  Inization raised funds through any of the following activities. Check all that apply    Part of the following activities of the following activities of the following activities. Check all that apply   Part of the following activities of the following activities of the following activities. Check all that apply   Part of the following activities of the following activities. Check all that apply   Part of the following activities of the following activities. Check all that apply   Part of the following activities of the following activities. Check all that apply   Part of the following activities of the following activities. Check all that apply   Part of the following activities of the following activities. Check all that apply   Part of the following activities of the following activities. Check all that apply   Part of the following activities. Check all that appl

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form				
			(a) Event #1  ANNUAL GALA	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
<u>Ф</u>			(event type) 1,299,926		(total number)	1,299,926
Reveilue	1 2	Gross receipts Less Charitable	938,003			938,003
<u> </u>	3	contributions Gross income (line 1	361,923			361,923
		minus line 2)	301,323	<u>'                                     </u>		301,323
	4	Cash prizes				
96	5	Non-cash prizes				
Expenses	6	Rent/facility costs	106,015	5		106,015
	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses .	44,654	1		44,654
	10	Direct expense summary Add lin				150,669
	11	Net income summary Combine II		-		211,254
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	ert IV, line 19, or rep	orted more than
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
ခွ	2	Cash prizes				
Expenses	3	Non-cash prizes				
<u>ភ</u> ថ	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	Г Yes% Г No	Г Yes <u>%</u> Г No	┌ Yes% ┌ No	_
		Direct expense summary Add lines				
	8	Net gaming income summary Com	bine lines 1 and 7 in cold	ımn (a)	<u> </u>	
9		er the state(s) in which the organiza				
a b		he organization licensed to operate No," Explain				
10a b		re any of the organization's gaming l Yes," Explain	licenses revoked, susper	nded or terminated during	the tax year?	· · 「Yes 「No

11	Does the organization operate ga	aming activities with nonmembers? .		$\Gamma_{ m Yes}$ $\Gamma_{ m No}$			
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?		. Г <sub>Yes</sub> Г <sub>No</sub>			
13	Indicate the percentage of gamin	ng activity operated in					
а	The organization's facility		13a				
b	An outside facility		13b				
14	Provide the name and address of records	f the person who prepares the organiza	tion's gaming/special events books and				
	Name 🟲						
	Address 🟲						
15a	Does the organization have a co	ntract with a third party from whom the	organization receives gaming				
	<del>-</del>	· ·		. $\Gamma_{Yes}$ $\Gamma_{No}$			
b			tion 🟲 \$ and the	, , , , , , , , , , , , , , , , , , , ,			
	amount of gaming revenue retain	ned by the third party 🟲 \$					
c	If "Yes," enter name and address	s					
	Name 🟲						
	Address ►						
16	Gaming manager information						
	Name 🟲						
	Gaming manager compensation I	<b>&gt;</b> \$					
	Description of services provided	<b></b>					
	Director/officer	□ Employee	Independent contractor				
17	Mandatory distributions						
а		er state law to make charitable distribu					
				Tyes No			
b		required under state law distributed t	o other exempt organizations or spent				
D		activities during the tax year \$	reconnect to question on Cohedule C./				
Pa	t IV Complete this part to proceed instructions.)	provide additional information for	responses to question on Schedule G (	see 			
	Identifier	ReturnReference	Explanation				

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

**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

DLN: 93493136074882 OMB No 1545-0047

Employer identification number

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en to	Pι	ıblic	

NEW YORK HALL OF SCIENCE 11-2104059 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Part II Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. **(b)** EIN (c) IRC Code section (d) Amount of cash (e) A mount of non-(f) Method of (h) Purpose of grant 1 (a) Name and address of (a) Description of organization ıf applıcable arant cash valuation non-cash assistance or assistance (book, FMV, appraisal or government assistance other) (1) CAPITAL EXHIBITS PAYMENT FOR 54-1475244 N/A 156,268 SERVICES INC12299 SERVICES LIVINGSTON ROAD RENDERED IN MANASSASS, VA 20109 CONNECTION WITH A FEDERAL RESEARCH GRANT FOCUSINGON EDUCATION AND HUMAN RESOURCES (2) INSTITUTE FOR 52-1467051 57,184 PAYMENT FOR 501(C)(3) LEARNING INNOVATION SERVICES 166 WEST STREET RENDERED IN ANNAPOLIS, MD 21401 CONNECTION WITH A FEDERAL RESEARCH GRANT FOCUSINGON EDUCATION AND HUMAN RESOURCES (3) OREGON MUSEUM OF 93-0402877 501(C)(3) 85,773 PAYMENT FOR SCIENCE & INDUSTRY SERVICES 1945 SE WATER AVENUE RENDERED IN PORTLAND, OR CONNECTION WITH 972143354 A FEDERAL RESEARCH GRANT OCUSINGON EDUCATION AND HUMAN RESOURCES (4) UNIVESTITY OF 25-0965591 501(C)(3) 5,508 PAYMENT FOR PITTSBURGH123 SERVICES UNIVERSITY PLACE RENDERED IN PITTSBURGH, PA 15213 CONNECTION WITH A FEDERAL RESEARCH GRANT FOCUSINGON EDUCATION AND HUMAN RESOURCES Enter total number of section 501(c)(3) and government organizations . . . . . .

Part III	Grants and Other Assistance to Individuals in the United States. C	Complete if the	organization answered	"Yes" to Form 990,	Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.		-		

(a)Type of grant or assistance	(b)Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE SUBCONTRACTOR IS REQUIRED TO SUBMIT A BUDGET FOR APPROVAL ONCE APPROVED, NYSCI MAINTAINS THE BUDGET IN ITS ACCOUNTING SYSTEM AND MONITORS GRANT EXPENSES
IN THE U S		AGAINST THIS BUDGET PAYMENT TO THE SUBCONTRACTOR IS USUALLY IN THE FORM OF REIMBURSEMENTS SUBCONTRACTOR IS REQUIRED TO SUBMIT RECEIPTS AND SUPPORTING DOCUMENTATION IN ORDER TO BE
		REIMBURSED DEPENDING ON THE PROJECT, INTERIM PROGRESS REPORTS MAY BE REQUIRED A FINAL REPORT AND ACCOUNTING STATEMENT IS USUALLY REQUIRED AT THE END OF THE PROJECT AT ITS DISCRETION, NYSCI RESERVES THE RIGHT TO AUDIT THE SUBCONTRACTOR'S FINANCIAL RECORDS

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DLN: 93493136074882

OMB No 1545-0047

**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, question 23. ► Attach to Form 990. ► See separate instructions. Open to Public Inspection

Name of the organization NEW YORK HALL OF SCIENCE

**Employer identification number** 

11-2104059

Pa	rt I Questions Regarding Compensation			
			Yes	Νo
1a	Check the appropiate 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			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	✓ Compensation committee   ✓ Written employment contract			1
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations  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			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			İ
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			
а	The organization?	5a		No
b	Any related organization?	5b		No
	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			
а	The organization?	6a		No
b	Any related organization?	6b		No
	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	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III			
		8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

### 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) 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) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) MARGARET HONEY	(ı) (ıı)	259,664 0	0	0	25,148 0	12,505 0	1	0
(2) ROBERT LOGAN	(ı) (ıı)	151,994 0	0 0	0	14,465 0	6,287 0	1	0
(3) ERIC SIEGEL	(ı) (ıı)	160,696 0	0	0	16,295 0	13,516 0	190,507 0	0
(4) FRANK M DUUS JR	(ı) (ıı)	153,761 0	0	0	11,393 0	12,539	177,693 0	0
(5)								
(6)								
(7)								
(8)								
(9)								
( 10 )								
(11)								
( 12 )								
(13)								
( 14 )								
( 15 )								
( 16 )								

Schedule J (Form 990) 2010 Page **3** 

## 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

	Identifier	Return Reference	Explanation
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Schedule J (Form 990) 2010

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Schedule L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Transactions with Interested Persons** 

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization NEW YORK HALL OF SCIENCE							E	mployer i	dent if ica	tion numbe	er
Part I Excess Benefit Tran	ısacti	ons (s	ection 501	(c)(3) a	ınd section 501	(c)(4)		<u>1-21040</u> zations (			
Complete if the organizat										ıne 40b	
1 (a) Name of disq					<b>(b)</b> Desc				·		(c) rected?
						•				Yes	No
<ul> <li>2 Enter the amount of tax impossection 4958</li> <li>3 Enter the amount of tax, if any</li> <li>Part II Loans to and/or in Complete if the organization</li> </ul>	on line	 e 2, abo <b>Intere</b>	ve, reimburs	ed by th	e organization .			<b>&gt;</b>	· \$	a	
(a) Name of interested person and purpose	(b) L	oan to om the zation?	<b>(c)</b> 0 rig	jinal	(d)Balance due	( <b>e)</b> i	In	(f) Approv by boar commit	ved d or	( <b>g)</b> Writt	
	То	From				Yes	No	Yes	No	Yes	No
							1				
Fotal	<del>'</del>	٠		<b>▶</b> \$			<u> </u>				<u> </u>
Part III Grants or Assistar Complete if the orga	nce Be	enefitt	ing Intere			line 2	7				
(a) Name of interested pers			<b>b)</b> Relationsh	np betwe	een interested per ganization			nount of g	rant or ty	/pe of assis	stance

# Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Complete if the organization	on answered "Yes" on	Form 990, Part IV, II	ne 28a, 28b, or 28c.		
(a) Name of Interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
	organization			Yes	No
(1) ERIK DOCHTERMANN	CEO OF KD&E AND BOARD OF TRUSTEE MEMBER	40,000	KD&E, AN ADVERTISING AND MARKETING AGENCY, PRODUCED BILLBOARDS FOR NYSCI		No
(2) IVAN SEIDENBERG	CHAIRMAN/CEO OF VERIZON AND CO CHAIR OF THE BOARD FO TRUSTEES	,	VERIZON PROVIDES TELECOMMUNICATIONS SERVICES TO NYSCI		No
(3) ALBERT WELLS	SPOUSE OF PRESIDENT/CEO OF NY PUBLIC RADIO AND BOARD OF TRUSTEE MEMBER	15,000	NYSCI RECEIVED ON-AIR MARKETING SUPPORT FROM WNYC IN RETURN FOR UNDERWRITING A PAYMENT AS A CULTURAL ARTS PARTNER		No
(4)					No

### Supplemental Information Part V

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
Taeutitier	Return Kererence	Explanation

Schedule L (Form 990 or 990-EZ) 2010

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(Form 990)

Department of the Treasury

Internal Revenue Service

**SCHEDULE M** 

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

**NonCash Contributions** 

Name of the organization **Employer identification number** NEW YORK HALL OF SCIENCE 11-2104059

Pa	Types of Property							
		(a) Check if applicable	<b>(b)</b> Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d) Method of determining o amounts		ontribut	ion
1	Art—Works of art			-9				
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
good	_							
6	Cars and other vehicles .							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded	Х	5	262,035	FAIR VALUE			
10	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests .							
12	Securities—Miscellaneous							
	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	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts .							
25	O ther ▶ ()							
26	O ther ▶()							
27	O ther ▶()							
28	O ther ▶ ()				<u> </u>			
29	Number of Forms 8283 received by for which the organization complete				29			
30a	During the year, did the organizatio	n receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it		Yes	No
	must hold for at least three years fi	om the o	date of the initial contribution	on, and which is not require	d to be used			
	for exempt purposes for the entire l	nolding p	eriod?			30a		No
b	If "Yes," describe the arrangement	ın Part I	I					
31	Does the organization have a gift a	cceptano	ce policy that requires the r	eview of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or use the contributions?	nırd partı 	es or related organizations	to solicit, process, or sell i	non-cash	32a		No
33	If "Yes," describe in Part II If the organization did not report re describe in Part II	venues i	n column (c) for a type of p	operty for which column (a	) is checked,			

Page 2

### 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 Return Reference Explanation

Schedule M (Form 990) 2010

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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 to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization NEW YORK HALL OF SCIENCE **Employer identification number** 

11-2104059

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		BOARD OF TRUSTEE MEMBER ALAN SINSHEIMER AND BOARD OF TRUSTEE MEMBER SETH DUBIN HAVE A FAMILY RELATIONSHIP

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4		NY SCI'S BOARD OF TRUSTEES APPROVED THE FOLLOWING REVISIONS TO ITS BY-LAWS ON DECEMBER 15, 2010 1 HAVE THE EXECUTIVE COMMITTEE BE COMPOSED OF THE CO-CHAIRS AND OFFICERS, AND THE CHAIRS OF ALL OF THE STANDING COMMITTEES, 2 ADD TO THE LIST OF STANDING COMMITTEES THE EXHIBITION AND EDUCATION COMMITTEE, A COMMITTEE THAT WAS NOT PREVIOUSLY ADDRESSED IN THE BY LAW, 3 REMOVE THE PERSONNEL COMMITTEE, WHICH HAS NOT BEEN IN OPERATION FOR SOME TIME, AND EMPOWER THE EXECUTIVE COMMITTEE TO HANDLE CEO COMPENSATION AND OTHER PERSONAL MATTERS, 4 CLARIFY THE ROLE OF PRESIDENT, AND 5 REVISE LANGUAGE AROUND THE APPOINTMENT OF AN EMERITUS TRUSTEE. NOTIFICATION OF PROPOSED CHANGES ARE RECOMMENDED TO THE BOARD A MINIMUM OF TENDAYS PRIOR TO THE BOARD MEETING IN WHICH THEY WOULD BE VOTED ON

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE CHIEF FINANCIAL OFFICER ENGAGED AN EXTERNAL ACCOUNTING FIRM TO PREPARE FORM 990 THE FIRST DRAFT WAS REVIEWED WITH SENIOR MANAGEMENT FORM 990 WAS THEN PROVIDED TO EACH VOTING MEMBER ELECTRONICALLY VIA EMAIL FOR REVIEW AND COMMENT BEFORE FILING THE CHIEF FINANCIAL OFFICER COORDINATED DISTRIBUTION TO THE BOARD, AND IN CONJUNCTION WITH THE CHIEF EXECUTIVE OFFICER, RESPONDED TO COMMENTS AND QUESTIONS FORM 990 WAS FILED AFTER REVIEW AND COMMENT BY THE BOARD

FORM 990, PART VI, SECTION B, SILVERET O BITHER INTO AN EXCESS BENEFIT TRANSACTION WITH A TRUSTEE OR OFFICER OF NYS CIA OR NYSCIWERE TO BITHER INTO AN EXCESS BENEFIT TRANSACTION WITH A TRUSTEE OR OFFICER OF NYS CIA INSCINUENCE OVER THE AFFARS OF NYS CIA SIMILAR CONCERN ABOUT CONFLICTS OF INTEREST ALSO INFORMS THE NEW YORK NOT-FOR-PROFIT LEW PROVISIONS ABOUT CONFLICTS OF INTEREST ALSO INFORMS THE NEW YORK NOT-FOR-PROFIT LEW PROVISIONS ABOUT CONFLICTS OF INTEREST ALSO INFORMS THE NEW YORK NOT-FOR-PROFIT LEW PROVISIONS ABOUT CONFLICTS OF INTEREST ALSO INFORMS THE NEW YORK NOT-FOR-PROFIT LEW PROVISIONS ABOUT CONFLICTS OF INTEREST ALSO INFORMS THE NEW YORK NOT-FOR-PROFIT LEW PROVISIONS ABOUT CONFLICTS INSUES AND WRITTEN STATEMENT WHICH DRAWS FROM THE REQUIREMENTS OF FEDERAL AND STATE LAW AND ALSO FROM OTHER RENOFLES. OF GOOD MANAGEMENT DEPRINDINGS OF FEDERAL AND STATE LAW AND ALSO FROM OTHER RENOFLES. OF GOOD MANAGEMENT DEPRINDINGS A PERSON WHO HAS "SUBSTANTIAL INFLUENCE OVER THE AFFARS OF INYSCI MEANS EACH TRUSTEE AND EACH SHID OF FICER OR OF INYSCI INCLUDINS ALL MYSCI EMPLOYEES WHO ARE AT THE LEVEL OF DIRECTOR OR ABOVE FOR OUR PURPOSES, IT ALSO MEANS A CORPORATION IN WHICH A TRUSTEE OR A SENIOR OFFICER IS A DIRECTOR OR OFFICER OR ONTRICES. THE RENOFTS WE CALL EACH OF THOSE PROFILE AND DIFFIELD AND THEIR STORY. POWER AND A PARTINERSHIP IN WHICH A TRUSTEE OR A SENIOR OFFICER IN BUILTIED TO AT LEAST 10% OF THE PROFITS WE CALL EACH OF THOSE PROFILE AND METHERS AND BROTTHERS, AND SISTERS AND BOTTERS IN LAW AND EXCESS BENEFIT THAT ALSO INCLUDES AN INDIVIDUAL'S SPOUSE OR SIGNIFICANT OTHER, PARRINS, CHILDREN AND THEIR SPOUSES, SISTERS AND BROTTHERS, AND SISTERS AND BOTTERS IN LAW AND EXCESS BENEFIT THAT IS WORTH MORE THAN THE GOODS OR SERVICES THAT IN YOS INCRESS.  WHICH IN THE SENIOR OFFICER OF THE SELECTION OF THE SENIOR THE PARTY TO SENIOR OF THE SENIOR OFFICER OF THE SENIOR THAN A LOAN THE REPORD OF THE SENIOR OFFICER OF THE SENIOR THAN A LOAN THE PARTY THE PARTY THE PARTY THE PARTY THE PARTY THE PARTY THE PARTY THE P
OF THE BOARD FOR RECONSIDERATION THE RELEVANT INFLUENTIAL PERSON MAY NOT VOTE ON THAT  MATTER AS A TRUSTEE OR MEMBER OF THE EXECUTIVE COMMITTEE.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION FOR THE CEO IS REVIEWED AND APPROVED BY THE BOARD OF TRUSTEES, PROVIDED THAT PERSONS WITH POTIENTIAL CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENTS DO NOT PARTICIPATE. THE BOARD USES APPROPRIATE AND ADEQUATE DATA TO DETERMINE THE REASONABLENESS OF THE COMPENSATION BEING CONSIDERED AGAINST INDUSTRY STANDARDS FOR KEY EMPLOYEES, THE CEO USES INDUSTRY STANDARDS SUBSTANTIATED BY APPROPRIATE DATA SUCH AS COMPENSATION SURVEYS, PERFORMANCE REVIEWS, AND A CONSIDERATION OF EQUITY AND PARITY WITHIN THE ORGANIZATION THE COMPENSATION REVIEW PROCESS WAS LAST UNDERTAKEN FOR THE CEO AND KEY EMPLOYEES IN THE YEARS LISTED BELOW PRESIDENT & CEO 2011 DIRECTOR & CHIEF CONTENT OFFICER 2008 CHIEF FINANCIAL OFFICER 2011 EXECUTIVE VP & COO 2011 VP INSTITUTIONAL ADVANCEMENT 2011

Identifier	Return Reference	Explanation				
	FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY HAVE NEVER BEEN REQUESTED AND HAVE NOT BEEN MADE READILY AVAILABLE TO THE PUBLIC FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST HARD COPIES ARE PROVIDED WITH A CHARGE TO THE RECIPIENT FOR POSTAGE ELECTRONIC COPIES IN PDF FORMAT ARE PROVIDED FOR FREE				

ldentifier	Return Reference	Explanation		
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 316,693		

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THERE HAVE BEEN NO CHANGES IN THE OVERSIGHT PROCESS OF THE AUDIT OF NYSCI'S FINANCIAL STATEMENTS OR IN THE SELECTION PROCESS OF AN INDEPENDENT ACCOUNTANT WITHIN THIS TAX YEAR

# Software ID: Software Version:

**EIN:** 11-2104059

Name: NEW YORK HALL OF SCIENCE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per	Posi t			')			(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
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			
IVAN G SEIDENBERG CO-CHAIR BOARD OF TRUSTEES	30	Х		х				0	0	0
NICHOLAS M DONOFRIO CO-CHAIR BOARD OF TRUSTEES	1 50	Х		х				0	0	0
DON CALLAHAN VICE CHAIR BOARD OF TRUSTE	1 00	Х		х				0	0	0
MELISSA VAIL VICE CHAIR BOARD OF TRUSTE	3 00	Х		х				0	0	0
SIBYL R GOLDEN SECRETARY BOARD OF TRUSTEE	1 00	Х		х				0	0	0
MARTIN R KUPFERBERG TREASURER BOARD OF TRUSTEE	2 00	Х		х				0	0	0
ANTHONY K ASNES TRUSTEE	50	Х						0	0	0
BONNIE ROCHE-BRONFMAN TRUSTEE	1 00	Х						0	0	0
DR GEORGE CAMPBELL JR TRUSTEE	2 00	Х						0	0	0
ANTHONY CIOFFI TRUSTEE	2 00	Х						0	0	0
RAVENEL B CURRY III TRUSTEE	1 00	Х						0	0	0
FRANCISCO D'SOUZA TRUSTEE	1 00	X						0	0	0
LEON DEMAILLE TRUSTEE	1 50	Х						0	0	0
ERIK DOCHTERMANN TRUSTEE	2 00	Х						0	0	0
SETH H DUBINESQ TRUSTEE	1 50	Х						0	0	0
JO SEPH R FICALORA TRUSTEE	1 00	Х						0	0	0
DAVID CHRISTMAN TRUSTEE	2 00	Х						0	0	0
JOHN J GILBERT III TRUSTEE	5 00	Х						0	0	0
EDWARD D HOROWITZ TRUSTEE	1 00	Х						0	0	0
SHANKAR NARAYNAN TRUSTEE	1 50	Х						0	0	0
JEFFREY R LIBSHUTZ TRUSTEE	50	Х						0	0	0
YVONNE LIU TRUSTEE	1 00	Х						0	0	0
PAUL MALCHOW TRUSTEE	2 00	Х						0	0	0
MARY JANE MCCARTNEY TRUSTEE	2 00	Х						0	0	0
JOEL H MOSER ESQ TRUSTEE	2 00	Х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
<b>(A)</b> Name and Title	(B) Average hours per		tion ( that a		′)			<b>(D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
DAVID NEWMAN TRUSTEE	1 00	X						0	0	0
JANE FEARER SAFER TRUSTEE	1 50	Х						0	0	0
SARA LEE SCHUPF TRUSTEE	1 00	Х						0	0	0
ALAN SINSHEIMER ESQ TRUSTEE	1 00	Х						0	0	0
CLAUDE TRAHAN TRUSTEE	2 00	Х						0	0	0
BERT WELLS ESQ TRUSTEE	2 00	Х						0	0	0
KURT D WOETZEL TRUSTEE	1 00	Х						0	0	0
SAMUEL FLORMAN RESIGNED 311 TRUSTEE	1 00	Х						0	0	0
MARK KAPLANRESIGNED 1210 TRUSTEE	1 00	Х						0	0	0
MARK PIRNERRESIGNED 111 TRUSTEE	1 00	Х						0	0	0
ROBERT ROTHSCHILDRESIGNED 1211 TRUSTEE	1 00	Х						0	0	0
HOWARD SZARFARCRESIGNED 611 TRUSTEE	1 00	Х						0	0	0
GRETCHEN TEICHGRAEBERRESIGNED 1010 TRUSTEE	1 00	X						0	0	0
JAMES WHALEYRESIGNED 22011 TRUSTEE	1 00	X						0	0	0
MARGARET HONEY PRESIDENT & CEO	35 00			х				259,664	0	37,653
PATRICIA HUIE CHIEF FINANCIAL OFFICER	35 00			х				106,876	0	11,195
ROBERT LOGAN EXECUTIVE VP & COO	35 00			х				151,994	0	20,752
ERIC SIEGEL DIRECTOR & CHIEF CONTENT O	35 00				Х			160,696	0	29,811
FRANK M DUUS JR VP, INSTITUTIONAL ADVANCEMENT	35 00				Х			153,761	0	23,932
PREETI GUPTA SR VP EDUCATION	35 00					Х		107,166	0	17,985
DANNY WEMPA VP, EXTERNAL AFFAIRS	35 00					х		111,882	0	14,312

### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

01111 330, 1 di c	TII TITOGIAM SCIVI	c Accompi	siments (see the ris	ti actions,						
4d. Other program	services									
(Code	) (Expenses \$	2,361,528	including grants of \$	304,733 ) (Revenue \$	200,070 )					
DEVELOPMENT OF SPECIAL SCIENTIFIC PROGRAMS AND EVENTS										