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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)

2012

OMB No 1545-0047

Don to Public

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

Open to Public Inspection

| Amended Application                        | Doing Business As  Number and street (or P O box if mail is not delivered to street address) Room/suite 47-01 111TH STREET  City or town, state or country, and ZIP + 4 CORONA, NY 11368  F Name and address of principal officer MARGARET HONEY 47-01 111TH STREET | 3                          | 11-2104059                 |                          |  |
|--|---|----------------------------|----------------------------|--------------------------|--|
| Initial retu Terminate Amended Application | Number and street (or P O box if mail is not delivered to street address) Room/suite 47-01 111TH STREET  City or town, state or country, and ZIP + 4 CORONA, NY 11368  F Name and address of principal officer MARGARET HONEY 47-01 111TH STREET                    | 2                          |                            | 1                        |  |
| Initial retu Terminate Amended Application | return  City or town, state or country, and ZIP + 4  CORONA, NY 11368  F Name and address of principal officer  MARGARET HONEY  47-01 111TH STREET  | 2                          |                            |                          |  |
| Amended Application                        | return n pending  City or town, state or country, and ZIP + 4 CORONA, NY 11368  F Name and address of principal officer MARGARET HONEY 47-01 111TH STREET   |                            | E Telephone numl           | per                      |  |
| Application                                | F Name and address of principal officer MARGARET HONEY 47-01 111TH STREET   |                            | (718)699-0                 | 005                      |  |
|  | F Name and address of principal officer MARGARET HONEY 47-01 111TH STREET   |                            |                            |                          |  |
| <b>I</b> Tax-exen                          | MARGARET HONEY<br>47-01 111TH STREET  |                            | <b>G</b> Gross receipts \$ | 26,763,491               |  |
| <b>I</b> Tax-exen                          | l l   | <b>H(a)</b> Is the affilia | s a group return           | for<br>┌ Yes <b>┌</b> No |  |
| <b>I</b> Tax-exen                          | I CODONA NV 11260   |                            |                            |                          |  |
| <b>I</b> Tax-exen                          | CORONA,NY 11368   |                            |                            | ded? Tyes TNo            |  |
|  | npt status  |                            |                            | (see instructions)       |  |
| J Website                                  | e: ► HTTP //WWW NYSCI ORG   | H(c) Grou                  | p exemption nun            | nber <b>►</b>            |  |
| K Form of or                               | rganization   | L Year of fo               | rmation 1964 M             |                          |  |
| Part I                                     | Summary   | 1                          | <u>'</u>                   | -                        |  |
|  | Briefly describe the organization's mission or most significant activities  |                            |                            |                          |  |
|  | SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT IN FULL   |                            |                            |                          |  |
| ğ   :                                      |   |                            |                            |                          |  |
| Governance                                 |   |                            | F0/ - f.h                  |                          |  |
| Š   1 '                                    | Check this box 🔭 if the organization discontinued its operations or disposed of   | more than 2                | 5% of its net as:          | sets                     |  |
| 3<br>8 3                                   | Number of voting members of the governing body (Part VI, line 1a)   |                            | . 3                        | 38                       |  |
| ACTIVITIES &                               | Number of independent voting members of the governing body (Part VI, line 1b)   |                            | . 4                        | 3 8                      |  |
| <b>5</b> 5                                 | Total number of individuals employed in calendar year 2012 (Part V, line 2a) $$ .   |                            | 5                          | 303                      |  |
|  | Total number of volunteers (estimate if necessary)  |                            | 6                          | 84                       |  |
| 1  | Total unrelated business revenue from Part VIII, column (C), line 12  |                            |                            |                          |  |
| В  | Net unrelated business taxable income from Form 990-T, line 34  |                            | · ·   7b  <br>r Year       | Current Year             |  |
| 8  | Contributions and grants (Part VIII, line 1h)   | FIIO                       | 14,825,106                 | 21,070,595               |  |
|  | Program service revenue (Part VIII, line 2g)  |                            | 2,811,101 2,               |                          |  |
| 9 10                                       | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   |                            | 220,063                    | 276,447                  |  |
| #   11                                     | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  |                            | 806,504 86                 |                          |  |
| 12   | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line  |                            | 18,662,774                 | 24,940,387               |  |
| 13   | Grants and similar amounts paid (Part IX, column (A), lines 1–3)  |                            | 872,480                    | 2,227,396                |  |
| 14   | Benefits paid to or for members (Part IX, column (A), line 4)   |                            | 0                          | 0                        |  |
| 15   | Salaries, other compensation, employee benefits (Part IX, column (A), lines   |                            |                            |                          |  |
| 8  | 5-10)   |                            | 8,943,295                  | 10,447,889               |  |
| Se   16a                                   | Professional fundraising fees (Part IX, column (A), line 11e)   |                            | 283,613                    | 96,840                   |  |
| _  | Total fundraising expenses (Part IX, column (D), line 25) ►2,400,700  |                            | 0.205.022                  | 0.450.017                |  |
| 17<br>18                                   | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  |                            | 8,395,032<br>18,494,420    | 8,459,017<br>21,231,142  |  |
| 19   | Revenue less expenses Subtract line 18 from line 12   |                            | 168,354                    | 3,709,245                |  |
|  | ·   | Beginning                  | of Current                 | End of Year              |  |
| පිදී                                       |   | Y                          | <b>ear</b> 66,104,849      | 70,933,255               |  |
| See    | Total assets (Part X June 16)   |                            | 00,101,015                 |                          |  |
| A Baseces<br>od Baseces<br>of Baseces      | Total assets (Part X, line 16)  |                            | 1,471,433                  |                          |  |
| ₩ <b>=</b>                                 | Total assets (Part X, line 16)  |                            | 1,471,433<br>64,633,416    | 1,595,034<br>69,338,221  |  |

May the IRS discuss this return with the preparer shown above? (see instructions)

√ Yes 

√ No

| Form     | Page <b>2</b>  |
|----------|--|
| 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  |
| -<br>NYS | BRINGS THE EXCITEMENT AND UNDERSTANDING OF SCIENCE AND TECHNOLOGY TO CHILDREN, FAMILIES, TEACHERS,   |
| AND      | THERS BY GALVANIZING THEIR CURIOSITY AND OFFERING THEM CREATIVE AND PARTICIPATORY WAYS TO LEARN  |
|          |  |
| 2        | Did the organization undertake any significant program services during the year which were not listed on   |
| 2        | the prior Form 990 or 990-EZ?  |
|          | If "Yes," describe these new services on Schedule O  |
| 3        | Did the organization cease conducting, or make significant changes in how it conducts, any program services?   |
|          | If "Yes," describe these changes on Schedule O   |
| 4        | Describe the organization's program service accomplishments for each of its three largest program services, as measured by   |
|          | expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported   |
| 4a       | (Code ) (Expenses \$ 6,403,165 including grants of \$ ) (Revenue \$ 1,995,995 )  |
|          | EXHIBITIONS NYSCI IS POSITIONING ITSELF AS A PREMIER DESTINATION FOR CHILDREN AND FAMILIES AS EVIDENCED BY PAID GENERAL ADMISSION WHICH HAS INCREASED BY 21% OVER THE PAST TWO YEARS - A CLEAR SIGN THAT NYSCI CONTINUES TO ATTRACT NEW AUDIENCES TO THE MUSEUM NYSCI OFFERS AN UNPARALLELED RANGE OF 450 PERMANENT INTERACTIVE EXHIBITS THAT EXPLORE CHEMISTRY, BIOLOGY, ASTRONOMY, PHYSICS, GENETICS, AND MUCH MORE, ALL GEARED FOR CHILDREN AND ADULTS IN ADDITION, NYSCI HOSTS TIMELY TEMPORARY EXHIBITS THAT TAP INTO CURRENT PUBLIC INTERESTS AND DRAW UNIQUE AUDIENCES BY COMBINING THESE EXHIBITS WITH THE OUTDOOR SCIENCE PLAYGROUND, ROCKET PARK MINI GOLF, MAKER SPACE, THE BIOCHEMISTRY, ASTRONOMY AND CONNECTIONS DISCOVERY LABS, THE PRESCHOOL PLACE FOR EARLY CHILDHOOD LEARNING, AND NATIONALLY REPLICATED SCIENCE EDUCATION PROGRAMS FOR UNDERSERVED POPULATIONS, NYSCI OFFERS A HIGH-TECH, HANDS-ON EXPERIENCE OF DISCOVERY FOR VISITORS OF ALL AGES IN FISCAL YEAR 2013, NYSCI HOSTED SEVERAL NEW TRAVELING EXHIBITIONS APPEALING TO A BROAD AND DIVERSE AUDIENCE WHICH APPROACHED ALMOST 500,000 VISITORS THESE INCLUDED ANIMATION, WHICH EXPLORED ANIMATION TECHNIQUES SUCH AS STORYBOARDING, CHARACTER DESIGN, DRAWING, FILMING AND SOUND, RAD SCIENCE, WHICH SHOWED HOW THE PHYSICS OF GRAVITY, FORCE, VELOCITY AND BALANCE MAKE RADICAL TRICKS POSSIBLE IN ACTION SPORTS SUCH AS SKATEBOARDING, AND DESIGN ZONE, WHICH DEMONSTRATED HOW VIDEOGAME DEVELOPERS, MUSIC PRODUCERS, ROLLER COASTER DESIGNERS AND OTHER CREATIVE PROBLEM SOLVERS USE MATH AND SCIENCE TO MEET DESIGN CHALLENGES  |
| 4b       | (Code ) (Expenses \$ 3,536,799 including grants of \$ ) (Revenue \$ 427,018)   |
|          | EDUCATION SCIENCE CAREER LADDER (SCL) A YOUTH DEVELOPMENT AND EMPLOYMENT PROGRAM AIMED AT INCREASING THE PARTICIPATION OF WOMEN AND PEOPLE OF COLOR. IN STEM PROFESSIONS, SCL TRAINS HIGH SCHOOL AND COLLEGE STUDENTS AS EXPLAINERS TO LEAD DEMONSTRATIONS, ASSIST AND INSTRUCT MUSEUM VISITORS, AND FACILITATE PUBLIC PROGRAMS THE PROGRAM PROVIDES CAREER AND COLLEGE READINESS AND DEVELOPS PROBLEM-SOLVING, COMMUNICATIONS, AND LEADERSHIP SKILLS FOR OVER 100 YOUTH ANNUALLY, HAVING ENGAGED 2500 YOUTH SINCE THE PROGRAM'S FOUNDING IN 1986 IN 2013, SCL TRAINED 13S STUDENTS, OF WHOM 54 PERCENT WERE FOR COLOR, AND WHO COLLECTIVELY SPOKE 23 LANGUAGES THIS DIVERSITY MAKES NYSCI ACCESSIBLE AND INVITING TO A BROAD RANGE OF AUDIENCES SCL WAS SELECTED AS AN EXEMPLARY PROGRAM BY CHANGE THE EQUATION, A WHITE HOUSE INITIATIVE THAT MOBILIZES TOP BUSINESS. CEOS OF OLD. A WHOM THE HEARNING IN THE UNITED STATES THROUGH PHILANTHROPY, INSPIRING YOUTH, AND ADVOCATING POLICY CHANGE SCL INSTITUTE LAUNCHED IN 2011, THE SCL INSTITUTE FOCUSES ON THE ENTREPRENEURIA. AND INNOVATION SKILLS AMONG ITS PARTICIPANTS AND EXPANDS THEIR OPPORTUNITIES TO PARTICIPATE IN THE 21ST CENTURY ECONOMY THROUGH MENTORSHIPS AND RESIDENCIES, STUDENTS ARE LEARNING FROM RESEARCHERS AND SCIENTISTS WORKING IN UNIVERSITIES, LABS AND AT FORTUNE 500 COMPANIES, WHILE ALSO RUNNING INYSCI'S PRESCHOOL PROGRAMS, CONDUCTING LEARNING STUDIES, AND DEVELOPING AND PROTOTYPING NEW EXHBIT EXPERIENCES. THESE EXPERIENCES NOT ONLY DEVELOP NEW SKILLS AND ENHANCE RESUMES, BUT ALSO ENRICH THE VISITOR EXPERIENCE AND PROJECTS ACROSS THE INSTITUTION AFTER SCHOOL PROGRAMS PROVIDE ELEMENTARY THROUGH HIGH SCHOOL STUDENTS WITH HANDS-ON LEARNING AND LEADERSHIP EXPERIENCES THROUGH WORKSHOPS, CLUBS, CAMPS AND OUTLEAD STATUTES SPECIFICES THROUGH WORKSHOPS, CLUBS, CAMPS AND OUTLEAD STATUTES SPECIFICES THROUGH WORKSHOPS, CLUBS, CAMPS AND OUTLEAD STATUTES SPECIFICE AND OUTLEAD STATUTES SPECIFICALLY DESIGNED TO FORTUNE AT PROTOCOLOR. THE ABSIC PRINCIPAL SPECIFICAL PROPERTY OF THE ABSIC PRINCIPAL SPECIFICAL PROP |
| 4c       | (Code ) (Expenses \$ 955,468 including grants of \$ ) (Revenue \$ 114,517 )  |
|          | PUBLIC PROGRAMS SSCIENCE 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 2013 MAKER SPACE NYSCI IS COMMITTED TO DEVELOPING PROGRAMS THAT INSPIRE YOUNG PEOPLE TO BE CREATIVE, IMAGINATIVE AND INVENTIVE, AND TO TRANSFORMING STEM EDUCATION NATIONALLY EMBRACING THE METHODOLOGIES OF "DESIGN-MAKE-PLAY", MAKER SPACE IS 1,200 SQUARE-FEET OF SPACE DEDICATED TO A VARIETY OF PROGRAMMING THAT ENCOURAGES CHILDREN AND FAMILIES TO TINKER, DESIGN, AND CREATE, INCLUDING THE YOUNG MAKER CLUB AND THE LITTLE MAKERS SERIES MAKER SPACE OFFERS TOOLS, MATERIALS AND RESOURCES THAT FACILITATE BOTH PHYSICAL AND DIGITAL MAKING SO THAT VISITORS CAN PLAY, INVENT, MAKE AND SHARE, WHILE LEARNING SCIENCE IN THE PROCESS MAKER SPACE OFFERS ACTIVITIES DESIGNED TO APPEAL TO A SPAN OF SKILL LEVELS, FOSTERING OPPORTUNITIES FOR COOPERATION, SHARING AND FAMILY CONVERSATION THIS VENUE GIVES NYSCI VISITORS, ESPECIALLY YOUNG CHILDREN, TOOLS TO NURTURE THEIR INNATE HUMAN PROPENSITY TO BE CREATIVE AND TO SEE THE WORLD DIFFERENTLY EARLY CHILDHOOD AND FAMILY LEARNING INITIATIVES THE EARLY CHILDHOOD AND FAMILY LEARNING INITIATIVE SERVED OVER 85,000 CHILDREN AND FAMILES IN FY13. THE PRIMARY LOCATION FOR WORKSHOPS AND ACTIVITIES IS THE 2,500-SQUARE FOOT EARLY CHILDHOOD LEARNING ENVIRONMENT, PRESCHOOL PLACE, WHICH OFFERS A VARIETY OF IMAGINATIVE LEARNING EXPERIENCES THAT INTRODUCE YOUNG CHILDREN (AGES 6 AND YOUNGER) AND THEIR ACCOMPANYING PARENTS, GRANDPARENTS AND CAREGIVERS, TO THE SCIENCE OF SOUND, COLOR, LIGHT, MEASUREMENT AND SIMPLE MACHINES ADDITIONAL SPACES FOR PRESCHOOL CHILDREN INCLUDE THE PRESCHOOL LAUNCH PAD AND THE PRESCHOOL PAD AND THE RESCHOOL PAD AND THE RESCHOOL PAD AND THE RESCHOOL PAD AND THE RESCHOOL OF THE RESCHOOL PAD OF THE PRESCHOOL FARMENT OF SCIENCE FOR CHILDR |

AND CREATIVITY WHERE MAKERS SHARE THEIR PROCESS AND PRODUCT. APPROXIMATELY 75,000 NEW YORKERS AND VISITORS TO THE REGION ATTENDED THE

6,208,979 2,227,396 ) (Revenue \$ including grants of \$

CONNECTED WORLDS LAYING THE FOUNDATION FOR THE RE-OPENING OF NYSCI'S GREAT HALL IN 2014, NYSCI IS CONCEPTUALIZING AND DESIGNING BOLD, IMMERSIVE INSTALLATIONS FOR THE SPACE THAT INVITE AUDIENCES TO EXPLORE CRITICAL ISSUES OF SUSTAINABILITY AND WHAT IT MEANS TO LIVE ON AN INTERCONNECTED PLANET MULTIMEDIA, DATA-VISUALIZATION TOOLS INTERACTIVE DIGITAL TECHNOLOGIES, ROLE-PLAYING GAMES, AND "WHAT-IF" SCENARIOS WILL GIVE VISITORS OPPORTUNITIES TO INVESTIGATE HOW HUMAN ACTIVITY IMPACTS THE SUSTAINABILITY OF COMMUNITIES - LOCALLY, NATIONALLY AND GLOBALLY DESIGN LAB THIS NEW NYSCI INITIATIVE IS CURRENTLY BEING PROTOTYPED AND WILL OPEN IN 2014 ITS PURPOSE IS TWOFÓLD TO INTRODUCE THE VISITING PUBLIC TO THE DESIGN PROCESS AND TO SERVE AS AN INNOVATION LABORATORY TO DEVELOP CLASSROOM PRACTICES FOR TEACHERS DESIGN IS AN TIERATIVE, PURPOSEFUL PROCESS THAT SOLVES PROBLEMS BY IMPROVING OLD DESIGNS OR ADDRESSING NEW ISSUES IN THE CLASSROOM, DESIGN-BASED LEARNING CAN INVIGORATE FORMAL SCIENCE TEACHING BY MAKING STUDENTS ACTIVE PARTICIPANTS WHO CONDUCT STEM EXPERIMENTS TO SOLVE A PROBLEM SARA LEE SCHUPF FAMILY CENTER FOR PLAY, SCIENCE, AND TECHNOLOGY LEARNING THE CENTER HAS GARNERED SIGNIFICANT NATIONAL ATTENTION BY PIONEERING NEW MODELS OF LEARNING THAT SUPPORT THE NEW NEXT GENERATION SCIENCE STANDARDS NYSCI'S MOST RECENT PARTNERSHIP WITH TWO OTHER EDUCATIONAL ORGANIZATIONS IS FORGING A NEW TEACHER PREPARATION MODEL FOR HIGH SCHOOL SCIENCE TEACHERS THAT UTILIZES NYSCI AS A LABORATORY FOR CLINICAL PRACTICE AND LEARNING OPPORTUNITIES TO DEEPLY IMPACT THE WAYS IN WHICH NYSCI SUPPORTS AND PREPARES TEACHERS WILL CONTINUE TO EVOLVE, PARTICULARLY AS TOOLS AND RESOURCES ARE BUILT AND DEVELOPED AS PART OF THE CENTER AND DESIGN LAB

4d Other program services (Describe in Schedule O )

> 6,208,979 including grants of \$ 2,227,396 ) (Revenue \$ 195,750)

4e 17,104,411 Total program service expenses ▶

| Part IV | Checklist of | Required | <b>Schedules</b> |
|---------|--------------|----------|------------------|
|         |              |          |                  |

|     |   |     | 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 | 110 |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏   | 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   |     | No  |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part $IV^{\bullet}$ | 9   |     | No  |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt[4]{3}$  | 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, line 10?  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  |
|     | 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 |     | N o |
|     | 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  |
| е   | 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 and XII   | 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 and XII 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  |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a |     | No  |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | Yes |     |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV   | 15  | Yes |     |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV   | 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? If "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  |     | N o |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule $H$   | 20a |     | N o |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b |     |     |

| Par | t IV Checklist of Required Schedules (continued)  |     |                 |        |
|-----|---|-----|-----------------|--------|
| 21  | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   | 21  | 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  | Yes             |        |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  | 23  | 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 through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27  |                 | 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 |                 | No     |
| 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 M  | 29  | Yes             |        |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  | 30  | 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? If "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, Part II, III, or IV, and Part V, line 1  | 34  |                 | No     |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a |                 | No     |
| b   | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2  | 35b |                 |        |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2   | 36  |                 | 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 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O   | 38  | Yes             |        |
|     |   | F   | orm <b>99</b> 0 | (2012) |

| GII | Statements Regarding Other 1R5 Fillings and Tax Compliance   |                    |      | г   |
|-----|--|--------------------|------|-----|
|     | 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   193  |                    | . 63 | 140 |
|     | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0  |                    |      |     |
|     | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable  |                    |      |     |
| _   | gaming (gambling) winnings to prize winners?   | 1c                 |      |     |
| a   | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  |                    |      |     |
| )   | by this return   | 2b                 | Yes  |     |
|     |  |                    |      |     |
|     | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a                 |      | N   |
|     | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O   | 3b                 |      |     |
| 1   | 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                 |      | N   |
| )   | 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  |                    |      |     |
|     |  |                    |      |     |
|     | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a                 |      | No  |
| )   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b                 |      | N   |
|     | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   | <br>  <sub>5</sub> |      |     |
|     | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the   | 5c<br>6a           |      | N ( |
|     | organization solicit any contributions that were not tax deductible as charitable contributions?   |                    |      | IN  |
| ,   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts   | 6b                 |      |     |
|     | were not tax deductible?   | ОВ                 |      |     |
|     | 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  |     |
|     | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to   |                    |      |     |
|     | file Form 8282?  | 7c                 |      | N   |
| ı   | If "Yes," indicate the number of Forms 8282 filed during the year  |                    |      |     |
| :   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit  |                    |      |     |
|     | contract?  | 7e                 |      | N   |
|     | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f                 |      | N   |
|     | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g                 |      |     |
|     | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a  | 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.  | 0-                 |      |     |
|     | Did the organization make any taxable distributions under section 4966?  | 9a<br>9b           |      |     |
|     | Did the organization make a distribution to a donor, donor advisor, or related person?   | מפ                 |      |     |
|     | 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 facilities  |                    |      |     |
|     | Section 501(c)(12) organizations. Enter  |                    |      |     |
|     | Gross income from members or shareholders  |                    |      |     |
|     | Gross income from other sources (Do not net amounts due or paid to other sources 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                |      |     |
|     | If "Yes," enter the amount of tax-exempt interest received or accrued during the   |                    |      |     |
|     | year   |                    |      |     |
|     | Section 501(c)(29) qualified nonprofit health insurance issuers.  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                |      |     |
| )   | 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  |                    |      |     |
|     | Enter the amount of reserves on hand   |                    |      |     |
| ı   | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a                |      | N   |
|     | If "Yes " has it filed a Form 7.20 to report these payments? If "No " provide an explanation in Schedule O   | 14h                |      |     |

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  1a  38   |  |                             |                  |
|   | year   |  |                             |                  |
|   | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O   |  |                             |                  |
| 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  |                             | No               |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets? .   | 5  |                             | Νο               |
| 6   | Did the organization have members or stockholders?   | 6  |                             | N o              |
| 7a  | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   | 7a   |                             | No               |
| b   | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  | 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                         |                  |
| ь   | 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  |                             | No               |
|   |  |  |                             |                  |
| Se  | ection B. Policies (This Section B requests information about policies not required by the Internal R  | <u>even</u> u                                      | <u>ie Coa</u>               | e.)              |
| Se  | ection B. Policies (This Section B requests information about policies not required by the Internal R  | evenu  | Yes                         | e.)<br><b>No</b> |
|   | Did the organization have local chapters, branches, or affiliates?   | evenu<br>10a                                       |                             |                  |
| 10a   |  |  |                             | No               |
| 10a<br>b  | Did the organization have local chapters, branches, or affiliates?   | 10a  |                             | No               |
| 10a<br>b<br>11a   | Did the organization have local chapters, branches, or affiliates?   | 10a<br>10b   | Yes                         | No               |
| 10a<br>b<br>11a<br>b  | Did the organization have local chapters, branches, or affiliates?   | 10a<br>10b   | Yes                         | No               |
| 10a<br>b<br>11a<br>b<br>12a                                       | Did the organization have local chapters, branches, or affiliates?   | 10a<br>10b<br>11a                                  | Yes                         | No               |
| 10a<br>b<br>11a<br>b<br>12a<br>b                                  | Did the organization have local chapters, branches, or affiliates?   | 10a<br>10b<br>11a<br>12a                           | Yes<br>Yes                  | No               |
| 10a<br>b<br>11a<br>b<br>12a<br>b                                  | Did the organization have local chapters, branches, or affiliates?   | 10a<br>10b<br>11a<br>12a<br>12b                    | Yes<br>Yes<br>Yes           | No               |
| 10a<br>b<br>11a<br>b<br>12a<br>b<br>c                             | Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | 10a<br>10b<br>11a<br>12a<br>12b                    | Yes Yes Yes Yes             | No               |
| 10a<br>b<br>11a<br>b<br>12a<br>b                                  | Did the organization have local chapters, branches, or affiliates?   | 10a<br>10b<br>11a<br>12a<br>12b<br>12c<br>13       | Yes Yes Yes Yes Yes Yes     | No               |
| 10a<br>b<br>11a<br>b<br>12a<br>b<br>c                             | Did the organization have local chapters, branches, or affiliates?   | 10a<br>10b<br>11a<br>12a<br>12b<br>12c<br>13       | Yes Yes Yes Yes Yes Yes     | No               |
| 10a<br>b<br>11a<br>b<br>12a<br>b<br>c<br>13<br>14                 | Did the organization have local chapters, branches, or affiliates?   | 10a<br>10b<br>11a<br>12a<br>12b<br>12c<br>13<br>14 | Yes Yes Yes Yes Yes Yes Yes | No               |
| 10a<br>b<br>11a<br>b<br>12a<br>b<br>c<br>13<br>14                 | Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official | 10a<br>10b<br>11a<br>12a<br>12b<br>12c<br>13<br>14 | Yes Yes Yes Yes Yes Yes Yes | No               |
| 10a<br>b<br>11a<br>b<br>12a<br>b<br>c<br>13<br>14<br>15           | Did the organization have local chapters, branches, or affiliates?   | 10a<br>10b<br>11a<br>12a<br>12b<br>12c<br>13<br>14 | Yes Yes Yes Yes Yes Yes Yes | No               |
| 10a<br>b<br>11a<br>b<br>12a<br>b<br>c<br>13<br>14<br>15<br>a<br>b | Did the organization have local chapters, branches, or affiliates?   | 10a 10b 11a 12a 12b 12c 13 14 15a 15b              | Yes Yes Yes Yes Yes Yes Yes | No<br>No         |
| 10a<br>b<br>11a<br>b<br>12a<br>b<br>c<br>13<br>14<br>15<br>a<br>b | Did the organization have local chapters, branches, or affiliates?   | 10a<br>10b<br>11a<br>12a<br>12b<br>12c<br>13<br>14 | Yes Yes Yes Yes Yes Yes Yes | No<br>No         |

- 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 made these available. Check all that apply
  - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 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 (718) 699-0005

| Form | 990 | (2012) |
|------|-----|--------|
|------|-----|--------|

#### 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 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

|                           | 1  | (C)                    |                        |                                   |                       |                                    |              |  |  |   |                      |  |
|---------------------------|--|------------------------|------------------------|-----------------------------------|-----------------------|------------------------------------|--------------|--|--|---|----------------------|--|
| (A)<br>Name and Title     | Name and Title A verage hours per week (list any hours |                        |                        |                                   |                       | heck<br>unless<br>officer<br>stee) |              | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation from the |                      |  |
|                           | for related<br>organizations<br>below<br>dotted line)  | organizations<br>below | organizations<br>below | Individual trustae<br>or director | Institutional Trustee | Officei                            | Key employee | Highest compensated employee                                       | Former   | 2/1099-MISC)  | (W- 2/1099-<br>MISC) | organization and<br>related<br>organizations |
| See Additional Data Table |  |                        |                        |                                   |                       |                                    |              |  |  |   |                      |  |
|                           |  |                        |                        |                                   |                       |                                    |              |  |  |   |                      |  |
|                           |  |                        |                        |                                   |                       |                                    |              |  |  |   |                      |  |
|                           |  |                        |                        |                                   |                       |                                    |              |  |  |   |                      |  |
|                           |  |                        |                        |                                   |                       |                                    |              |  |  |   |                      |  |
|                           |  |                        |                        |                                   |                       |                                    |              |  |  |   |                      |  |
|                           |  |                        |                        |                                   |                       |                                    |              |  |  |   |                      |  |
|                           |  |                        |                        |                                   |                       |                                    |              |  |  |   |                      |  |
|                           |  |                        |                        |                                   |                       |                                    |              |  |  |   |                      |  |
|                           |  |                        |                        |                                   |                       |                                    |              |  |  |   |                      |  |
|                           |  |                        |                        |                                   |                       |                                    |              |  |  |   |                      |  |
|                           |  |                        |                        |                                   |                       |                                    |              |  |  |   |                      |  |
|                           |  |                        |                        |                                   |                       |                                    |              |  |  |   |                      |  |
|                           |  |                        |                        |                                   |                       |                                    |              |  |  |   |                      |  |
|                           |  |                        |                        |                                   |                       |                                    |              |  |  |   |                      |  |
|                           |  |                        |                        |                                   |                       |                                    |              |  |  |   |                      |  |
|                           |  |                        |                        |                                   |                       |                                    |              |  |  |   |                      |  |
|                           | •  | •                      | •                      |                                   |                       |                                    |              |  |  | Form <b>990</b> (2012)                              |                      |  |

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

|       | <b>(A)</b><br>Name and Title  | (B)<br>A verage<br>hours per<br>week (list<br>any hours | more t                            | tion (<br>han d<br>on is | ne l<br>both | oox,<br>an d | heck<br>unless<br>officer<br>stee) |         | (D) Reportable compensation from the organization (W- | (E) Reportable compensation from related organizations (W- |   | (F) Estima mount of compens from t | ted<br>fother<br>ation<br>he |
|-------|---|---|-----------------------------------|--------------------------|--------------|--------------|------------------------------------|---------|---|--|---|------------------------------------|------------------------------|
|       |   | for related<br>organizations<br>below<br>dotted line)   | Individual trustee<br>or director | Institutional Trustee    | Officei      | Key employee | Highest compensated employee       | Former  | 2/1099-MISC)  | 2/1099-MISC)   |   | ganizati<br>relate<br>organiza     | d                            |
|       |   |   |                                   |                          |              |              |                                    |         |   |  |   |                                    |                              |
|       |   |   |                                   |                          |              |              |                                    |         |   |  |   |                                    |                              |
|       |   |   |                                   |                          |              |              |                                    |         |   |  |   |                                    |                              |
|       |   |   |                                   |                          |              |              |                                    |         |   |  |   |                                    |                              |
|       |   |   |                                   |                          |              |              |                                    |         |   |  |   |                                    |                              |
|       |   |   |                                   |                          |              |              |                                    |         |   |  | + |                                    |                              |
|       |   |   |                                   |                          |              |              |                                    |         |   |  |   |                                    |                              |
|       |   |   |                                   |                          |              |              |                                    |         |   |  |   |                                    |                              |
|       |   |   |                                   |                          |              |              |                                    |         |   |  |   |                                    |                              |
|       |   |   |                                   |                          |              |              |                                    |         |   |  | _ |                                    |                              |
| 1b    | Sub-Total   |   | <u> </u>                          | <u> </u>                 | <u></u>      | <u> </u>     |                                    | <u></u> |   |  |   |                                    |                              |
| c     | Total from continuation sheet   | s to Part VII, S  | ection A                          | ١.                       |              |              | •                                  | Þ       |   |  |   |                                    |                              |
| d<br> | Total number of individuals (in   | aluding but not   | lumuta d                          | • • •                    |              | ·            | •<br>d abay                        | ⊷       | 1,538,662   |  | 0 |                                    | 226,181                      |
| 2     | Total number of individuals (in<br>\$100,000 of reportable compe                | -   |                                   |                          |              |              | u abov                             | e) w    | no received more th                                   | la II  |   |                                    |                              |
|       |   |   |                                   |                          |              |              |                                    |         |   |  |   | Yes                                | No                           |
| 3     | Did the organization list any <b>f</b> oon line 1a? <i>If "Yes," complete S</i> |   |                                   |                          |              | key<br>•     | emplo                              | yee,    | or highest compen                                     | sated employee   | 3 |                                    | No                           |
| 4     | For any individual listed on line organization and related organ individual     |   |                                   |                          |              |              |                                    |         |   |  | 4 | Yes                                |                              |
| 5     | Did any person listed on line 1<br>services rendered to the organ               |   |                                   |                          |              |              |                                    |         |   |  | 5 |                                    | No                           |
| Se    | ection B. Independent Co  | ntractors   | _                                 |                          |              |              |                                    |         |   |  |   |                                    |                              |
| 1     | Complete this table for your five   |   |                                   |                          |              |              |                                    |         |   |  |   |                                    |                              |

| (A) Name and business address  | (B) Description of services | (C)<br>Compensation |
|--|-----------------------------|---------------------|
| OREGON MUSEUM OF SCIENCE & INDUSTRY PO BOX 4900 PORTLAND OR 972084900                      | EXHIBIT FABRICATION         | 676,247             |
| LOCAL PROJECTS 315 WEST 39TH ST SUITE 309 NEW YORK NY 10018                                | INTERACTIVE MEDIA DESIGN    | 259,041             |
| CONCORD CONSORTIUM INC 25 LOVE LANE CONCORD MA 01742                                       | GAME-BASED DESIGN RESEARCH  | 162,686             |
| 583 PARK AVENUE 583 PARK AVENUE NEW YORK NY 10021  | GALA CATERING SERVICES      | 144,600             |
| SOLOMON PAGE GROUP 260 MADISON AVE 3 NEW YORK NY 10016                                     | TEMP ACCOUNTANTS            | 121,713             |
| Total number of independent contractors (including but not limited to these lighted phases | A who was a was done a thou |                     |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 10

| Form 99   |         | <u> </u>  |   |                       |                             |  |   | Page <b>9</b>   |
|---|---------|---|---|-----------------------|-----------------------------|--|---|---|
| Part V  | ДШ      |   | o <b>f Revenue</b><br>ule O contains a respon       | ise to any question i | n this Part VIII            |  |   |   |
|   |         |   |   |                       | <b>(A)</b><br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512,513,or 514 |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | 1a      | Federated cam   | paigns 1a   |                       |                             |  |   |   |
| an  | ь       | Membership du   | ies <b>1b</b>                                       | 509,326               |                             |  |   |   |
| يَ قِ   | c       | Fundraising eve   | ents <b>1c</b>                                      | 963,383               |                             |  |   |   |
| ff.<br>F  | d       | Related organiz   | zations 1d  |                       |                             |  |   |   |
| i9 [e   | e       | Government grant  |   | 9,966,406             |                             |  |   |   |
| ms,<br>Sin  |         | _   |   |                       |                             |  |   |   |
| i i   | f       | similar amounts no  | ons, gifts, grants, and <b>1f</b> ot included above | 9,631,480             |                             |  |   |   |
| 를 돌   | g       | Noncash contributi<br>1a-1f \$                                  | ons included in lines                               | 1,520,040             |                             | į  |   |   |
| ng t  | h       | Total. Add lines  | s 1 a - 1 f   |                       | 21,070,595                  |  |   |   |
| <u>ة ت</u>  | ļ       | Total: Add line.  | 314 17  |                       | ,,                          |  |   |   |
| Ele   | 2-      | ADMISSIONS  |   | Business Code         | 2.005.005                   | 2 000 000  |   |   |
| wer   | 2a<br>b |   | <u> </u>  | 713990                | 2,086,909                   | 2,086,909  |   | <del> </del>  |
| Program Serwce Revenue                                    |         | PUBLIC PROGRAMS   |   | 611710                | 323,770                     | 323,770  |   | <del> </del>  |
| Š<br>Ā  | c<br>d  | EDUCATION/TRAIN   | ONITA   | 611710                | 322,601                     | 322,601  |   | <del> </del>  |
| Š   |         | -   |   |                       |                             |  |   |   |
| Ē   | e<br>f  | Δ II other progra   | am service revenue                                  |                       |                             |  |   | +   |
| Ş   | '       | All other progra  | anii service revenue                                |                       |                             |  |   |   |
|   | g       | Total. Add lines  | s 2a-2f   |                       | 2,733,280                   |  |   |   |
|   | 3       |   | ome (including dividend<br>ar amounts)              |                       | 29,688                      |  |   | 29,688  |
|   | 4       |   | stment of tax-exempt bond p                         |                       |                             |  |   |   |
|   | 5       | Royalties   |   | 🕨                     |                             |  |   |   |
|   |         |   | (ı) Real  | (II) Personal         |                             |  |   |   |
|   | 6a      | Gross rents   | 577,982   |                       |                             |  |   |   |
|   | Ь       | Less rental<br>expenses   | 124,502   |                       |                             |  |   |   |
|   | c       | Rental income<br>or (loss)                                      | 453,480   |                       |                             |  |   |   |
|   | d       | , ,   | me or (loss)  |                       | 453,480                     |  |   | 453,480   |
|   |         |   | (ı) Securities                                      | (II) Other            |                             |  |   |   |
|   | 7a      | Gross amount<br>from sales of<br>assets other<br>than inventory | 1,703,510   |                       |                             |  |   |   |
|   | ь       | Less cost or  | 1 456 751   |                       |                             |  |   |   |
|   |         | other basis and<br>sales expenses                               | 1,456,751   |                       |                             |  |   |   |
|   | C       | Gain or (loss)  | 246,759   |                       | 246 750                     |  |   | 246 750   |
|   | d       |   | ss)   | · · · · •             | 246,759                     |  |   | 246,759   |
| Other Revenue   | 8a      | Ψ   | =   |                       |                             |  |   |   |
| ě   |         | See Part IV, lir  |   |                       |                             |  |   |   |
| <u>.</u>  |         |   | a   | 443,692               |                             |  |   |   |
| ŧ   | Ь       |   | penses <b>b</b>                                     | 241,851               | 204.044                     |  |   | 204.044   |
| 0   | C       |   | (loss) from fundraising 6                           | events 🛌              | 201,841                     |  |   | 201,841   |
|   | 94      | See Part IV, lir  | rom gaming activities ne 19 a                       |                       |                             |  |   |   |
|   | ь       |   | penses b  |                       |                             |  |   |   |
|   | С       |   | ۔<br>(loss) from gamıng actı)<br>ت                  | /ities▶               |                             |  |   |   |
|   | 10a     | Gross sales of<br>returns and allo                              |   |                       |                             |  |   |   |
|   | b<br>c  | Net income or   | oods sold <b>b</b><br>(loss) from sales of inve     | entory 🛌              |                             |  |   |   |
|   |         | Miscellaneou  | s Revenue   | Business Code         |                             |  |   |   |
|   | 11a     | PARKING LOT   |   | 812930                | 125,890                     |  |   | 125,890   |
|   | b       | RESTAURANT  |   | 722200                | 55,919                      |  |   | 55,919  |
|   | С       | COAT CHECK  |   | 900099                | 15,470                      |  |   | 15,470  |
|   | d       | All other reven   | L   |                       | 7,465                       |  |   | 7,465   |
|   | e       | Total. Add lines  | s 11a-11d   | • • •                 | 204,744                     |  |   |   |
|   | 12      | Total revenue.  | See Instructions                                    | · · · · •             | 24,940,387                  | 2,733,280  |   | 0 1,136,512   |

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 2,007,297 2,007,297 Grants and other assistance to individuals in the United States See Part IV, line 22 182,600 182,600 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 37,499 37,499 Benefits paid to or for members Compensation of current officers, directors, trustees, and 1,396,915 405,561 578,062 413,292 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . Other salaries and wages 6,770,108 5,310,620 616,557 842,931 Pension plan accruals and contributions (include section 401(k) 470,377 381,743 15,020 and 403(b) employer contributions) . . . . 73,614 37,155 Other employee benefits . . . . 1,165,428 946,173 182,100 10 645,061 493,095 44,028 107,938 11 Fees for services (non-employees) 1,389,815 1,153,891 84,459 151,465 Management . . . . 61,896 38,394 20,215 3,287 Legal . . . . . . . . Accounting . . . . . . . . . . . . . 62,000 24,032 32,658 5,310 215,904 215,904 Professional fundraising services See Part IV, line 17 96,840 96,840 Investment management fees . . . . . 4,027 4,027 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 176,939 87,180 58,149 31,610 Schedule O) . . . . . . . Advertising and promotion . . 151,716 150,366 312 12 1,038 13 Office expenses . . . 679,782 520,026 44,588 115,168 180,779 88,760 66,484 14 Information technology . . 25,535 15 Royalties . 503,641 493,201 4,873 5,567 16 Occupancy . . . . . . **17** 296,053 264,942 13,583 17,528 Travel . . . . . . . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . . 19 Conferences, conventions, and meetings . . . 48,547 40,684 2,142 5,721 20 Payments to affiliates . . . . . . 21 22 Depreciation, depletion, and amortization . 3,059,873 2,998,624 28,636 32,613 23 204,480 200,241 1,979 2,260 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a RENTAL/MAINT EQUIP /EXH 469,433 429,514 5,872 34,047 OTHER OPERATING EXPENSE 345,882 262,470 50,366 33,046 BAD DEBT 282,739 282,739 d NONCAPTIALIZED EQUIP 261,361 240,609 16,866 3,886 64,150 64,150 e All other expenses Total functional expenses. Add lines 1 through 24e 25 21,231,142 17,104,411 1.726.031 2,400,700 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► [ if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

| Par           | t X | Balance Sheet Check if Schedule O contains a response to any question in this Part X   |                   |     |             |
|---------------|-----|--|-------------------|-----|-------------|
|               |     | , <sub>1</sub>   | (A)               |     | (B)         |
|               | Ι.  |  | Beginning of year |     | End of year |
|               | 1   | Cash—non-interest-bearing  | 1,557,429         |     | 2,413,679   |
|               | 2   | Savings and temporary cash investments   | 2,989,946         |     | 3,270,465   |
|               | 3   | Pledges and grants receivable, net   | 10,859,705        |     | 12,316,167  |
|               | 4   | Accounts receivable, net   | 118,240           | 4   | 118,448     |
|               | 5   | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L  |                   | 5   |             |
| Assets        | 6   | Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L |                   | 6   |             |
| Š             | 7   | Notes and loans receivable, net  |                   | 7   |             |
| ¥             | 8   | Inventories for sale or use  |                   | 8   |             |
|               | 9   | Prepaid expenses and deferred charges  | 389,618           | 9   | 234,880     |
|               | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 73,860,178   |                   |     | 204,000     |
|               | ь   | Less accumulated depreciation 10b 24,387,659   | 47,588,317        | 10c | 49,472,519  |
|               | 11  | Investments—publicly traded securities   | 2,595,729         | 11  | 3,100,886   |
|               | 12  | Investments—other securities See Part IV, line 11  | _,                | 12  |             |
|               | 13  | Investments—program-related See Part IV, line 11   |                   | 13  |             |
|               | 14  | Intangible assets  |                   | 14  |             |
|               | 15  | Other assets See Part IV, line 11  | 5,865             |     | 6,211       |
|               | 16  | Total assets. Add lines 1 through 15 (must equal line 34)  | 66,104,849        |     | 70,933,255  |
|               | 17  | Accounts payable and accrued expenses  | 1,239,981         | 17  | 1,288,736   |
|               | 18  | Grants payable   | 1,233,331         | 18  | .,,         |
|               | 19  | Deferred revenue   | 231,452           | 19  | 306,298     |
|               | 20  | Tax-exempt bond liabilities  | 201,102           | 20  |             |
|               | 21  | Escrow or custodial account liability Complete Part IV of Schedule D   |                   | 21  |             |
| Liabilities   | 22  | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified   |                   |     |             |
| ē             |     | persons Complete Part II of Schedule L   |                   | 22  |             |
| ï             | 23  | Secured mortgages and notes payable to unrelated third parties   |                   | 23  |             |
|               | 24  | Unsecured notes and loans payable to unrelated third parties   |                   | 24  |             |
|               | 25  | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule   |                   | 25  |             |
|               | 26  | D  | 1,471,433         | 25  | 1,595,034   |
| <u>ب</u><br>م | 26  | Total liabilities. Add lines 17 through 25   | 1,471,455         | 26  | 1,595,034   |
| Fund Balance  | 27  | lines 27 through 29, and lines 33 and 34.  Unrestricted net assets   | 4,672,471         | 27  | 5,035,060   |
| <u>ଟ</u>      | 28  | Temporarily restricted net assets  | 59,625,945        |     | 63,907,736  |
| <u> </u>      | 29  | Permanently restricted net assets  | 335,000           | 29  | 395,425     |
| Ĭ             | 29  | ·  | 333,000           | 29  | 393,423     |
| or Fi         |     | Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.  |                   |     |             |
|               | 30  | Capital stock or trust principal, or current funds   |                   | 30  |             |
| Assets        | 31  | Paid-in or capital surplus, or land, building or equipment fund  |                   | 31  |             |
|               | 32  | Retained earnings, endowment, accumulated income, or other funds   |                   | 32  |             |
| Ř             | 33  | Total net assets or fund balances  | 64,633,416        | 33  | 69,338,221  |
|               | 34  | Total liabilities and net assets/fund balances   | 66,104,849        | 34  | 70,933,255  |

| Pai | Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI   |           |    |          |         |
|-----|---|-----------|----|----------|---------|
| -   | Check if Schedule o Contains a response to any question in this rate X1   | · ·       |    | <u> </u> | • • • • |
| 1   | Total revenue (must equal Part VIII, column (A), line 12)   | 1         |    | 24,9     | 940,387 |
| 2   | Total expenses (must equal Part IX, column (A), line 25)  | 2         |    |          | 231,142 |
| 3   | Revenue less expenses Subtract line 2 from line 1   | 3         |    |          | 09,245  |
| 4   | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))   | 4         |    | 64,6     | 33,416  |
| 5   | Net unrealized gains (losses) on investments  | 5         |    | 2        | 212,248 |
| 6   | Donated services and use of facilities  | 6         |    | 7        | 83,312  |
| 7   | Investment expenses   | 7         |    |          |         |
| 8   | Prior period adjustments  | 8         |    |          |         |
| 9   | Other changes in net assets or fund balances (explain in Schedule O)  | 9         |    |          | C       |
| 10  | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))   | 10        |    | 69,3     | 338,221 |
| Par | rt XII Financial Statements and Reporting   |           |    |          |         |
|     | Check if Schedule O contains a response to any question in this Part XII  |           |    |          | . ᅜ     |
|     |   |           |    | Yes      | No      |
| 1   | Accounting method used to prepare the Form 990  |           |    |          |         |
| 2a  | Were the organization's financial statements compiled or reviewed by an independent accountant?   |           | 2a |          | Νo      |
|     | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie<br>a separate basis, consolidated basis, or both   | ewed on   |    |          |         |
|     | Separate basis Consolidated basis Both consolidated and separate basis  |           |    | 1        | 1       |
| b   | Were the organization's financial statements audited by an independent accountant?  |           | 2b | Yes      |         |
|     | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separasis, consolidated basis, or both  | arate     |    |          |         |
|     | Separate basis Consolidated basis Both consolidated and separate basis  |           |    | 1        | 1       |
| c   | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant? | nt of the | 2c | Yes      |         |
|     | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  | ın        |    | 1:       | 1:      |
|     | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th<br>Single Audit Act and OMB Circular A-133?  |           | За | 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      |         |

Software ID: Software Version:

**EIN:** 11-2104059

Name: NEW YORK HALL OF SCIENCE

| Form 990, Part VII - Compensation of<br>Compensated Employees, and Indeper | Officers, Dir<br>ndent Contra                          | ectors<br>actors                           | i,Trı                       | ıst€                                      | es,                             | , Key                        | , En   | nployees, Highe  | st  |  |
|--|--|--|-----------------------------|---|---------------------------------|------------------------------|--------|--|---|--|
| (A)<br>Name and Title  | (B) Average hours per week (list                       | Positio<br>more<br>unless<br>an o<br>direo | <b>(C</b><br>on (do<br>than | o not<br>one<br>son is<br>er and<br>trust | e box<br>is bot<br>id a<br>tee) | th                           |        | (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 |
|  | any hours for related organizations below dotted line) | Individual trustae<br>or director          | Institutional Trustee       | Officei                                   | Key employee                    | Highest compensated employee | Former |  |   | related<br>organizations   |
| IVAN G SEIDENBERG<br>CO-CHAIR UNTIL 6/19/13/THEN TRUSTEE                   | 30   | х  |                             | х   |                                 |                              |        | 0  | 0   | 0  |
| NICHOLAS M DONOFRIO<br>CO-CHAIR UNTIL 6/19/13/THEN TRUSTEE                 | 1 00   | х  |                             | х   |                                 |                              |        | 0  | 0   | 0  |
| FRANCISCO D'SOUZA<br>CO-CHAIR  | 3 00   | х  |                             | х   |                                 |                              |        | 0  | 0   | 0  |
| MELISSA VAIL<br>CO-CHAIR   | 7 00   | х  |                             | х   |                                 |                              |        | 0  | 0   | 0  |
| SIBYL R GOLDEN<br>SECRETARY BOARD OF TRUSTEE                               | 1 00   | х  |                             | х   |                                 |                              |        | 0  | 0   | 0  |
| MARTIN R KUPFERBERG<br>TREASURER BOARD OF TRUSTEE                          | 2 00   | х  |                             | х   |                                 |                              |        | 0  | 0   | 0  |
| ANTHONY K ASNES<br>TRUSTEE   | 2 00   | х  |                             |   |                                 |                              |        | 0  | 0   | 0  |
| BONNIE ROCHE-BRONFMAN<br>TRUSTEE   | 30   | х  |                             |   |                                 |                              |        | 0  | 0   | 0  |
| DR GEORGE CAMPBELL JR<br>TRUSTEE   | 2 00   | х  |                             |   |                                 |                              |        | 0  | 0   | 0  |
| DAVID CHRISTMAN<br>TRUSTEE   | 2 00   | х  |                             |   |                                 |                              |        | 0  | 0   | 0  |
| ANTHONY CIOFFI<br>TRUSTEE  | 1 00   | х  |                             |   |                                 |                              |        | 0  | 0   | 0  |
| RAVENEL B CURRY III<br>TRUSTEE   | 2 00   | х  |                             |   |                                 |                              |        | 0  | 0   | 0  |
| DAN CALLAHAN<br>VICE-CHAIR UNTIL 6/13/13                                   | 50   | х  |                             |   |                                 |                              |        | 0  | 0   | 0  |
| LEON DEMAILLE<br>TRUSTEE UNTIL 3/31/13                                     | 30   | х  |                             |   |                                 |                              |        | 0  | 0   | 0  |
| ERIK DOCHTERMANN<br>TRUSTEE UNTIL 6/13/13                                  | 30   | х  |                             |   |                                 |                              |        | 0  | 0   | 0  |
| MIKAEL DOLSTEN MD PHD<br>TRUSTEE   | 1 50   | х  |                             |   |                                 |                              |        | 0  | 0   | 0  |
| ATUL DUBEY<br>TRUSTEE  | 2 50   | х  |                             |   |                                 |                              |        | 0  | 0   | 0  |
| SETH H DUBINESQ<br>TRUSTEE   | 2 00   | х  |                             |   |                                 |                              |        | 0  | 0   | 0  |
| ANNA M EWING<br>TRUSTEE  | 1 00   | х  |                             |   |                                 |                              |        | 0  | 0   | 0  |
| JOSEPH R FICALORA<br>TRUSTEE   | 1 00   | х  |                             |   |                                 |                              |        | 0  | 0   | 0  |
| STUART FISCHER<br>TRUSTEE  | 4 00   | х  |                             |   |                                 |                              |        | 0  | 0   | 0  |
| JOHN J GILBERT III<br>TRUSTEE  | 5 00   | х  |                             |   |                                 |                              |        | 0  | 0   | 0  |
| EDWARD D HOROWITZ<br>TRUSTEE   | 2 00   | х  |                             |   |                                 |                              |        | 0  | 0   | 0  |
| JEFFREY R LIBSHUTZ<br>TRUSTEE  | 50   | х  |                             |   |                                 |                              |        | 0  | 0   | 0  |
| YVONNE LIU<br>TRUSTEE  | 50   | x  |                             |   |                                 |                              |        | 0  | 0   | 0  |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (B) (C) (D) (E) (F) Name and Title Position (do not check Reportable Reportable Estimated amount Average hours more than one box, compensation compensation of other unless person is both from the from related per compensation organization (Wan officer and a organizations (Wweek from the (list director/trustee) 2/1099-MISC) 2/1099-MISC) organization and related any Former Highest compensated employee Individual 1 or director Institutional hours organizations Ē for employee related organızatıons trustae below Trustee dotted line) PAUL MALCHOW Χ 0 0 0 TRUSTEE 2 00 MARY JANE MCCARTNEY 0 Х 0 TRUSTEE 50 ANTHONY J MELONE 0 0 0 Х TRUSTEE 2 00 JOEL H MOSER ESQ Х 0 0 0 TRUSTEE 30 SHANKAR NARAYNAN 0 0 0 Χ TRUSTEE 1 00 DAVID NEWMAN 0 0 0 Х TRUSTEE 2 00 JANE FEARER SAFER 0 0 0 Х TRUSTEE UNTIL 6/13/13 1 50 STEPHEN H SANDS 0 0 0 **TRUSTEE** 50 LINDA S SANFORD Χ 0 0 **TRUSTEE** 2 50 SARA LEE SCHUPF O 0 0 X TRUSTEE 2 00 ANIL SHRIVASTAVA Χ 0 0 0 TRUSTEE 5 00 ALAN SINSHEIMER ESQ 0 Х 0 TRUSTEE 30 CLAUDE TRAHAN 0 0 0 Х **TRUSTEE** 1 00 BERT WELLS ESQ Х 0 0 0 TRUSTEE 50 KURT WOETZEL Χ 0 0 0 TRUSTEE 30 PAUL J MADDON 0 0 0 Х TRUSTEE 30 MICHELE TROGNI 0 0 0 Х TRUSTEE 35 00 MARGARET HONEY Χ 352,814 0 42,177 PRESIDENT & CEO 35 00 PATRICIA HUIE Х 172,596 0 24,443 CHIEF FINANCIAL OFFICER 35 00 ROBERT LOGAN 0 Χ 168,389 24,631 EXECUTIVE VP & COO 35 00 ERIC SIEGEL Х 161,226 0 33,494 DIRECTOR & CHIEF CONTENT O 35 00 FRANK DUUS JR Х 166,762 0 19,944 VP, INSTITUTIONAL ADVANCEM 35 00 DANNY WEMPA Χ 164,296 0 20,968 VP, EXTERNAL AFFAIRS 35 00 LEE I LIVNEY 115,345 27,205 Х 0 DIRECTOR PROGRAM DEVELOPMENT 35 00 DAVID E KANTER 129,716 0 17,429 DIRECTOR OF SCIPLAY

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

| compensated Employees, and Indepen   | iaciic coiici  |      |                                       |                             |         |        | ı   |   |  |
|--------------------------------------|--|------|---------------------------------------|-----------------------------|---------|--------|---|---|--|
| (A) Name and Title                   | (B) A verage hours per week (list any hours for related organizations below dotted line) | than | not<br>one<br>son i<br>er an<br>trust | box<br>s bot<br>d a<br>tee) | ,<br>th | Former | ( <b>D</b> ) 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 |
| SUHUL WON<br>NYSCI CAMPAIGN DIRECTOR | 35 00  |      |                                       |                             | х       |        | 107,518   | 0   | 15,890   |

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OMB No 1545-0047

### **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

NEW YORK HALL OF SCIENCE

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

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

Open to Public Inspection

|       |                          |  |   |  |  |                            |  |                     | 11-2104                                     |                      |   |  |  |  |
|-------|--------------------------|--|---|--|--|----------------------------|--|---------------------|---|----------------------|---|--|--|--|
| Par   |                          |  |   | blic Charity Sta   |  |                            |  |                     |   | instruction          | ns.                                     |  |  |  |
| The o | rganı:                   |  |   | te foundation becaus   |  |                            | -  |                     |   |                      |   |  |  |  |
| 1     | <u> </u>                 |  | -   | on of churches, or a   |  |                            |  | section 170         | (b)(1)(A)(i)                                | •                    |   |  |  |  |
| 2     |                          | A scho   | ol described  | in <b>section 170(b)(1</b>   | L <b>)(A)(ii).</b> (A1   | ttach Sched                | lule E)  |                     |   |                      |   |  |  |  |
| 3     |                          | A hosp   | ital or a coo   | perative hospital se   | rvice organiz  | zatıon desc                | rıbed ın <b>secti</b>                          | on 170(b)(          | 1)(A)(iii).                                 |                      |   |  |  |  |
| 4     | Γ                        |  |   | h organization operat  | ted ın conjur  | nction with a              | a hospital de:                                 | scribed in <b>s</b> | ection 170(b                                | )(1)(A)(iii)         | . Enter the                             |  |  |  |
| _     | _                        |  |   | ty, and state  | + - <b>6</b> 11  |                            |  |                     |   |                      |   |  |  |  |
| 5     | 1                        | _  | <u>.</u>  | erated for the benefi  | _  | e or univers               | ity owned or                                   | operated by         | y a governme                                | ntai unit de         | scribed in                              |  |  |  |
| _     | _                        |  |   | (A)(iv). (Complete P   | •  |                            |  |                     | (4)(4)(                                     |                      |   |  |  |  |
| 6     | <u> </u>                 |  |   | local government or  |  |                            |  |                     |   |                      |   |  |  |  |
| 7     | □                        | describ  | rganization that normally receives a substantial part of its support from a governmental unit or from the general public cribed in section 170(b)(1)(A)(vi). (Complete Part II) |  |  |                            |  |                     |   |                      |   |  |  |  |
| 8     | <u> </u>                 |  | -   |  | n 170(b)(1)(A)(vi) (Complete Part II )   |                            |  |                     |   |                      |   |  |  |  |
| 9     | ļ                        |  |   |  | (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   |   |  |  |                            |  |                     |   |                      |   |  |  |  |
|       |                          | its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)  |   |  |  |                            |  |                     |   |                      |   |  |  |  |
|       | _                        |  |   |  |  |                            |  |                     |   |                      |   |  |  |  |
| 10    | <u>_</u>                 | An org   |   |  |  |                            |  |                     |   |                      |   |  |  |  |
| 11    | ı                        | An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See <b>section 509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h <b>a</b> Type I <b>b</b> Type II <b>c</b> Type III - Functionally integrated <b>d</b> Type III - Non-functionally integrated |   |  |  |                            |  |                     |   |                      | <b>509(a)(3).</b> Check                 |  |  |  |
| е     | Γ                        | other t  | _   | ox, I certify that the<br>on managers and ot                                 | _  |                            |  | •                   | •   |                      | •                                       |  |  |  |
| f     |                          | If the c   |   | received a written de  | etermination   | from the IF                | RS that it is a                                | a Type I, Ty        | pe II, or Typ                               | e III suppo          | rting organization,                     |  |  |  |
| g     |                          |  |   | 2006, has the organi   | ızatıon acceı  | pted anv gif               | t or contribut                                 | tion from an        | ıv of the                                   |                      | 1                                       |  |  |  |
|       |                          | followir   | ng persons?   |  |  | , -                        |  |                     | •   |                      |   |  |  |  |
|       |                          |  |   | irectly or indirectly o  |  |                            |  | h persons d         | escribed in (                               |                      | Yes No                                  |  |  |  |
|       |                          |  |   | governing body of th   |  | _                          | n?   |                     |   |                      | Lg(i)                                   |  |  |  |
|       |                          | • •  | •   | er of a person descr   | • •  |                            |  |                     |   | 11                   | .g(ii)                                  |  |  |  |
|       |                          | (iii) A  | 35% contro  | lled entity of a perso   | n described  | ın (ı) or (ıı)             | above?   |                     |   | 11                   | g(iii)                                  |  |  |  |
| h     |                          | Provide  | e the followi   | ng information about   | the support  | ed organıza                | tion(s)  |                     |   |                      |   |  |  |  |
| s     | ) Nam<br>uppor<br>ganiza | ted  | (ii) EIN  | (iii) Type of organization (described on lines 1-9 above or IRC section (see | (iv) Is<br>organizat<br>col (i) lis<br>your gove<br>docume                         | ion in<br>ted in<br>erning | (v) Did yo<br>the organ<br>in col (i)<br>suppo | ization<br>of your  | (vi) I:<br>organiza<br>col (i) or<br>in the | ation in<br>rganized | (vii) A mount of<br>monetary<br>support |  |  |  |
|       |                          |  |   | instructions))   | Yes  | No                         | Yes  | No                  | Yes   | No                   |   |  |  |  |
|       |                          |  |   |  |  |                            |  |                     |   |                      |   |  |  |  |
| Total |                          |  |   |  |  |                            |  |                     |   |                      |   |  |  |  |

Schedule A (Form 990 or 990-EZ) 2012 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do 11,205,415 16,753,717 17,964,469 14,825,106 21,070,595 81,819,302 not include any "unusual 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 11,205,415 16,753,717 17,964,469 14,825,106 21,070,595 81,819,302 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 1,471,673 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 80,347,629 from line 4 Section B. Total Support Calendar year (or fiscal year **(b)** 2009 (c) 2010 (e) 2012 (a) 2008 (d) 2011 (f) Total beginning in) 🟲 11,205,415 17,964,469 21,070,595 Amounts from line 4 16,753,717 14,825,106 81,819,302 Gross income from interest, dividends, payments received on securities loans, rents, royalties 503,125 556,026 537,226 577,228 607,670 2,781,275 and income from similar sources 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 468,824 197,679 192,688 218,428 204,744 1,282,363 capital assets (Explain in Part IV) 11 Total support (Add lines 7 85,882,940 through 10) 12 Gross receipts from related activities, etc (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 93 550 % Public support percentage for 2011 Schedule A, Part II, line 14 15 93 070 % 16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ┡┰ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

supported organization

instructions

Schedule A (Form 990 or 990-EZ) 2012 Page 3 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) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 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  |  |                    |                      |                   |                 |           |
|------------|--|--|--------------------|----------------------|-------------------|-----------------|-----------|
| 3          | Gross receipts from activities that                        |  |                    |                      |                   |                 |           |
|            | are not an unrelated trade or                              |  |                    |                      |                   |                 |           |
|            | business under section 513                                 |  |                    | -                    |                   |                 |           |
| 4          | Tax revenues levied for the                                |  |                    |                      |                   |                 |           |
|            | organization's benefit and either                          |  |                    |                      |                   |                 |           |
|            | paid to or expended on its<br>behalf                       |  |                    |                      |                   |                 |           |
| 5          | The value of services or facilities                        |  |                    |                      |                   |                 |           |
| 3          | furnished by a governmental unit to                        |  |                    |                      |                   |                 |           |
|            | the organization without charge                            |  |                    |                      |                   |                 |           |
| 6          | <b>Total.</b> Add lines 1 through 5                        |  |                    |                      |                   |                 |           |
|            | Amounts included on lines 1, 2,                            |  |                    |                      |                   |                 |           |
| <i>7</i> a | and 3 received from disqualified                           |  |                    |                      |                   |                 |           |
|            | persons  |  |                    |                      |                   |                 |           |
| b          | Amounts included on lines 2 and 3                          |  |                    |                      |                   |                 |           |
| _          | received from other than                                   |  |                    |                      |                   |                 |           |
|            | disqualified persons that exceed                           |  |                    |                      |                   |                 |           |
|            | the greater of \$5,000 or 1% of the                        |  |                    |                      |                   |                 |           |
|            | amount on line 13 for the year                             |  |                    |                      |                   |                 |           |
| С          | Add lines 7a and 7b  |  |                    |                      |                   |                 |           |
| 8          | Public support (Subtract line 7c                           |  |                    |                      |                   |                 |           |
|            | from line 6 )  |  |                    |                      |                   |                 |           |
| _Se        | ction B. Total Support                                     |  |                    |                      |                   |                 |           |
| Cale       | ndar year (or fiscal year beginning                        | (a) 2008   | <b>(h)</b> 2009    | (c) 2010             | (d) 2011          | (e) 2012        | (f) Total |
|            | in) ►  | (u) 2000   | (6) 2003           | (6) 2010             | (4) 2011          | (6) 2012        | (1) 10tai |
| 9          | A mounts from line 6                                       |  |                    |                      |                   |                 |           |
| 10a        | Gross income from interest,                                |  |                    |                      |                   |                 |           |
|            | dividends, payments received on                            |  |                    |                      |                   |                 |           |
|            | securities loans, rents, royalties                         |  |                    |                      |                   |                 |           |
|            | and income from similar                                    |  |                    |                      |                   |                 |           |
|            | sources  |  |                    |                      |                   |                 |           |
| Ь          | Unrelated business taxable income (less section 511 taxes) |  |                    |                      |                   |                 |           |
|            | from businesses acquired after                             |  |                    |                      |                   |                 |           |
|            | June 30, 1975  |  |                    |                      |                   |                 |           |
| c          | Add lines 10a and 10b                                      |  |                    |                      |                   |                 |           |
| 11         | Net income from unrelated                                  |  |                    |                      |                   |                 |           |
| 11         | business activities not included                           |  |                    |                      |                   |                 |           |
|            | in line 10b, whether or not the                            |  |                    |                      |                   |                 |           |
|            | business is regularly carried on                           |  |                    |                      |                   |                 |           |
| 12         | Other income Do not include                                |  |                    |                      |                   |                 |           |
|            | gain or loss from the sale of                              |  |                    |                      |                   |                 |           |
|            | capital assets (Explain in Part                            |  |                    |                      |                   |                 |           |
|            | IV)  |  |                    |                      |                   |                 |           |
| 13         | Total support. (Add lines 9, 10c,                          |  |                    |                      |                   |                 |           |
|            | 11, and 12)  |  |                    | Librari Corretto con | 6.01              | E04(-)(2)       |           |
| 14         |  | or the organization  | on's first, second | i, thira, fourth, or | ππη tax year as a | 1 501(c)(3) org |           |
|            | check this box and stop here                               | a Cunnaut Da   |                    |                      |                   |                 |           |
|            |  | rom disqualified and on lines 2 and 3 her than ons that exceed (,000 or 1% of the 3 for the year 17 b Subtract line 7c  Support all year beginning (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total needs on interest, entire received on rents, royalties is imiliar assistable attended the so to include the ror not the larly carried on onot include the sale of Explain in Part Add lines 9, 10c, lift the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, |                    |                      |                   |                 |           |
| 15         |  |  |                    | 13, column (T))      |                   | 15              |           |
| 16         | Public support percentage from 2011                        | L Schedule A, Pa   | art III, line 15   |                      |                   | 16              |           |
| Se         | ction D. Computation of Inve                               | stment Inco  | me Percenta        | ge                   |                   |                 |           |
| 17         | •  |  |                    |                      | nn (f))           | 17              |           |
|            |  |  |                    |                      | . , ,             |                 |           |
| 18         |  |  |                    |                      |                   |                 |           |
| 19a        |  |  |                    |                      |                   |                 |           |

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

| Schedule A (Form 990 or 990-EZ) 201 |
|-------------------------------------|
|-------------------------------------|

Page **4** 

**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

#### **Facts And Circumstances Test**

#### **Explanation**

SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME MISCELLANEOUS INCOME - 2008 AMOUNT \$ 65,113 2009 AMOUNT \$ 37,513 2010 AMOUNT \$ 27,350 2011 AMOUNT \$ 37,452 2012 AMOUNT \$ 22,935 PARKING INCOME - 2008 AMOUNT \$ 247,562 2009 AMOUNT \$ 124,005 2010 AMOUNT \$ 121,114 2011 AMOUNT \$ 131,222 2012 AMOUNT \$ 125,890 RESTAURANT - 2008 AMOUNT \$ 156,149 2009 AMOUNT \$ 36,161 2010 AMOUNT \$ 44,224 2011 AMOUNT \$ 49,754 2012 AMOUNT \$ 55,919

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493134016414

#### OMB No 1545-0047

Inspection

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

Department of the Treasury Internal Revenue Service

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.

Political Campaign and Lobbying Activities

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** NEW YORK HALL OF SCIENCE 11-2104059 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes 3 Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 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 **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

e Grassroots ceiling amount (150% of line 2d, column (e))

**f** Grassroots lobbying expenditures

| Sch      | nedule C (Form 990 or 990-EZ) 2012                                     |                           |                       |                    |  | Page 2                             |
|----------|--|---------------------------|-----------------------|--------------------|--|------------------------------------|
| Pa       | art II-A Complete if the organization                                  | is exempt under           | section 501(          | c)(3) and fil      | ed Form 5768                           | (election                          |
| _        | under section 501(h)). Check ► if the filing organization belongs to a | an affiliated group (and  | lict in Part IV os    | ach affiliated are | un mambar's nam                        | o addross EIN                      |
|          | expenses, and share of excess lobb                                     | ying expenditures)        |                       | _                  | up member s nam                        | e, address, LTN                    |
| <u>B</u> | Check Frifthe filing organization checked box                          | x A and "limited contro   | ıl" provisions apı    | oly                |  |                                    |
|          | Limits on Lobbying E<br>(The term "expenditures" means an              |                           | l <b>.</b> )          |                    | (a) Filing<br>organization's<br>totals | <b>(b)</b> Affiliated group totals |
| 1a       | Total lobbying expenditures to influence public o                      | pınıon (grass roots lob   | bying)                |                    |  |                                    |
| b        | Total lobbying expenditures to influence a legisla                     | ative body (direct lobb   | yıng)                 |                    |  |                                    |
| c        | Total lobbying expenditures (add lines 1a and 1b                       | o)                        |                       |                    |  |                                    |
| d        | O ther exempt purpose expenditures                                     |                           |                       |                    |  |                                    |
| e        | Total exempt purpose expenditures (add lines 1c                        |                           |                       |                    |  |                                    |
| f        | Lobbying nontaxable amount Enter the amount fo                         |                           |                       |                    |  |                                    |
|          | If the amount on line 1e, column (a) or (b) is:                        | The lobbying nontax       | able amount is:       |                    |  |                                    |
|          | Not over \$500,000   | 20% of the amount on li   | ne 1e                 |                    |  |                                    |
|          | Over \$500,000 but not over \$1,000,000                                | \$100,000 plus 15% of the | e excess over \$500,0 | 000                |  |                                    |
|          | Over \$1,000,000 but not over \$1,500,000                              | \$175,000 plus 10% of the | e excess over \$1,000 |                    |  |                                    |
|          | 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 lin                         | e 1f)                     |                       |                    |  |                                    |
| _        | Subtract line 1g from line 1a If zero or less, ente                    | •                         |                       | -                  |  |                                    |
| i        | Subtract line 1f from line 1c If zero or less, ente                    |                           |                       | -                  |  |                                    |
| _        | If there is an amount other than zero on either lin                    |                           | organization file     | Form 4720 rep      | ortina                                 | 1                                  |
| -        | section 4911 tax for this year?  |                           |                       |                    |  | ┌ Yes ┌ No                         |
| _        | 4-Voor Av  | veraging Period U         | Inder Section         | F01/b)             |  |                                    |
|          | (Some organizations that made a scolumns below. See the                | section 501(h) el         | ection do not         | have to cor        |  | ne five                            |
|          | Lobbying Expe  | enditures During          | 4-Year Avera          | ging Period        |  | 1                                  |
|          | Calendar year (or fiscal year<br>beginning in)                         | (a) 2009                  | <b>(b)</b> 2010       | (c) 2011           | ( <b>d)</b> 2012                       | <b>(e)</b> Total                   |
| 2a       | Lobbying nontaxable amount   |                           |                       |                    |  |                                    |
| b        | Lobbying ceiling amount<br>(150% of line 2a, column(e))                |                           |                       |                    |  |                                    |
| c        | Total lobbying expenditures  |                           |                       |                    |  |                                    |
| d        | Grassroots nontavable amount   |                           |                       |                    |  |                                    |

| Pa    | rt II-B Complete if the organization is exempt under section 501(c)(3) and has N filed Form 5768 (election under section 501(h)).  | ЮТ            |         |     | <u>.</u> |     |
|-------|--|---------------|---------|-----|----------|-----|
|       | •  | ( a           | 1)      |     | (b)      | _   |
| activ | each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying vity.  | Yes           | No      | Δ   | mount    |     |
| 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?  |               | Νo      |     |          |     |
| b     | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   | Yes           |         |     |          |     |
| C     | Media advertisements?  |               | Νo      |     |          |     |
| d     | Mailings to members, legislators, or the public?   |               | Νo      |     |          | _   |
| 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           |         |     | 215,     | 904 |
| h     | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |               | No      |     |          |     |
| i     | O ther activities?   | Yes           |         |     | 2,       | 081 |
| j     | Total Add lines 1c through 1i  |               |         |     | 217,     | 985 |
| 2a    | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  |               | No      |     |          | _   |
| b     | If "Yes," enter the amount of any tax incurred under section 4912  |               |         |     |          |     |
| c     | If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |               |         |     |          | _   |
| d     | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |               |         |     |          | _   |
| Pai   | rt III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).   | <b>01(</b> c) | )(5), o | rse | ction    |     |
|       |  |               | _       |     | 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 carry over lobbying and political expenditures from the prior year?  |               |         | 3   |          |     |
| Pai   | rt III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."                                      |               |         |     |          |     |
| 1     | Dues, assessments and similar amounts from members   | 1             |         |     |          |     |
| 2     | Section 162(e) nondeductible 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  |               |         |     |          |     |

# Taxable amount of lobbying and political expenditures (see instructions)Part IV Supplemental Information

political expenditure next year?

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and

| Identifier                            | Return Reference  | Explanation  |
|---------------------------------------|-------------------|--|
| EXPLANATION OF LOBBYING<br>ACTIVITIES | PART II-B, LINE 1 | 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 THE VP, EXTERNAL AFFAIRS PARTICIPATES IN REQUESTING PUBLIC SUPPORT, PRIMARILY FROM NEW YORK CITY SOURCES, TO HELP FUND THE EDUCATIONAL AND OPERATIONAL NEEDS OF NYSCI \$1,541 OF HIS SALARY AND \$540 OF HIS FRINGE BENEFITS HAVE BEEN ALLOCATED TO THE LOBBYING COSTS DISCLOSED ON SCHEDULE C, PART II-B, LINE 11 |

DLN: 93493134016414

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

Open to Public Inspection

|          | me of the organization   |  | Emp      | ployer identification number   |
|----------|--|--|----------|--------------------------------|
| INE /    | V YORK HALL OF SCIENCE   |  | 11-      | 2104059                        |
| Pa       | organizations Maintaining Donor Adorganization answered "Yes" to Form 99   | 0, Part IV, line 6.  | unds     | ·                              |
| _        |  | (a) Donor advised funds  |          | (b) Funds and other accounts   |
| L        | Total number at end of year  |  | +        |                                |
| 2        | Aggregate contributions to (during year)   |  |          |                                |
| 3        | Aggregate grants from (during year)  |  |          |                                |
|          | Aggregate value at end of year   |  | <u> </u> |                                |
| 5        | Did the organization inform all donors and donor advis<br>funds are the organization's property, subject to the o  | organization's exclusive legal control?  |          | ☐ Yes ☐ No                     |
| •        | Did the organization inform all grantees, donors, and oused only for charitable purposes and not for the bene<br>conferring impermissible private benefit?   |  |          |                                |
| Pa       | rt III Conservation Easements. Complete  | f the organization answered "Yes" t  | o Forr   | n 990, Part IV, line 7.        |
| <u>.</u> | Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held | n or education)  Preservation of an Preservation of a c                            | ertifie  | d historic structure           |
|          | easement on the last day of the tax year   | a qualified conservation contribution in t   |          |                                |
| _        | Total number of conservation easements   | •  | 2-       | Held at the End of the Year    |
| a        |  | •  | 2a       |                                |
| b<br>-   | Total acreage restricted by conservation easements  Number of conservation easements on a certified hist   | toric structure included in (2)  | 2b       |                                |
| d        | Number of conservation easements included in (c) achistoric structure listed in the National Register  | • • •  | 2c<br>2d |                                |
|          | Number of conservation easements modified, transfer  | •<br>rred, released, extinguished, or terminate                                    | d by t   | he organization during         |
|          | the tax year 🛌   | , ,  | ,        | J J                            |
|          | · -  |  |          |                                |
|          | Number of states where property subject to conserva  |  |          |                                |
|          | Does the organization have a written policy regarding enforcement of the conservation easements it holds?  |  |          | ☐ Yes ☐ No                     |
|          | Staff and volunteer hours devoted to monitoring, insp  | ecting, and enforcing conservation easen   | nents    | during the year                |
| ,        | A mount of expenses incurred in monitoring, inspecting.  | g, and enforcing conservation easements  | s durın  | g the year                     |
|          | Does each conservation easement reported on line 2 and section 170(h)(4)(B)(II)?   | (d) above satisfy the requirements of sec  | tion 1   | 70(h)(4)(B)(ı)                 |
| )        | In Part XIII, describe how the organization reports co<br>balance sheet, and include, if applicable, the text of the<br>the organization's accounting for conservation easem   | he footnote to the organization's financial  |          |                                |
| aı       | <b>TIII</b> Organizations Maintaining Collection Complete if the organization answered "   |  | or Ot    | her Similar Assets.            |
| а        | If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar ass service, provide, in Part XIII, the text of the footnote   | ets held for public exhibition, education,   | or rese  | earch in furtherance of public |
| b        | If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar ass service, provide the following amounts relating to the   | 116 (ASC 958), to report in its revenue ets held for public exhibition, education, | staten   | nent and balance sheet         |
|          | (i) Revenues included in Form 990, Part VIII, line 1   |  |          | <b>►</b> \$                    |
|          | (ii) Assets included in Form 990, Part X   |  |          | <b>▶</b> \$                    |
|          | If the organization received or held works of art, histofollowing amounts required to be reported under SFAS   |  | or finar |                                |
| a        | Revenues included in Form 990, Part VIII, line 1   |  |          | <b>►</b> \$                    |
| b        | Assets included in Form 990, Part X  |  |          | <b>▶</b> \$                    |

| Part       | Organizations Maintaining Co  | llections of Art                    | , His   | tori            | cal Tr             | <u>easu</u>     | res, or C                         | the    | r Similar <i>A</i>                   | sset          | <b>S</b> (co | ntınued)       |
|------------|---|-------------------------------------|---------|-----------------|--------------------|-----------------|-----------------------------------|--------|--------------------------------------|---------------|--------------|----------------|
| 3          | Using the organization's acquisition, access collection items (check all that apply)  | ion, and other recor                | ds, cl  | neck a          | ny of t            | he foll         | owing that                        | are a  | sıgnıfıcant u                        | se of it      | :s           |                |
| а          | ▼ Public exhibition   |                                     | d       | ~               | Loan               | or excl         | hange prog                        | rams   |                                      |               |              |                |
| b          | Scholarly research  |                                     | е       | Γ               | Other              | r               |                                   |        |                                      |               |              |                |
| C          | Preservation for future generations   |                                     |         |                 |                    |                 |                                   |        |                                      |               |              |                |
| 4          | Provide a description of the organization's c<br>Part XIII  | ollections and expla                | ın hov  | w they          | / furthe           | er the c        | rganızatıoı                       | ı's ex | cempt purpos                         | e in          |              |                |
| 5          | During the year, did the organization solicit   |                                     |         |                 |                    |                 |                                   |        | nılar                                | _ ,,          |              | √ No           |
| Dar        | assets to be sold to raise funds rather than to the transfer to be sold to raise funds rather than to the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to be sold |                                     |         |                 |                    |                 |                                   |        | 'es" to Form                         | 990           | es           | NO NO          |
| 1461       | Part IV, line 9, or reported an ar  |                                     |         |                 |                    |                 | i aliswere                        | u      | es to roili                          | 990,          |              |                |
| 1a         | Is the organization an agent, trustee, custoo<br>included on Form 990, Part X?  | lian or other interme               | diary   | for c           | ontribu            | itions (        | or other as:                      | ets    | not                                  | <b>┌ Y</b>    | es           | ┌ No           |
| b          | If "Yes," explain the arrangement in Part XI  | II and complete the                 | follov  | ving t          | able               |                 | -                                 |        |                                      |               |              |                |
|            |   |                                     |         |                 |                    |                 | }                                 |        | -                                    | moun          | t            |                |
| с          | Beginning balance   |                                     |         |                 |                    |                 | }                                 | 1c     |                                      |               |              |                |
| d          | Additions during the year   |                                     |         |                 |                    |                 | }                                 | 1d     |                                      |               |              |                |
| e          | Distributions during the year   |                                     |         |                 |                    |                 | }                                 | 1e     |                                      |               |              |                |
| f          | Ending balance  |                                     |         |                 |                    |                 | L                                 | 1f     |                                      |               |              |                |
| 2a         | Did the organization include an amount on F   | orm 990, Part X, line               | 21?     |                 |                    |                 |                                   |        |                                      | <b>┌</b> Y    | es           | □ No           |
| _ь         | If "Yes," explain the arrangement in Part XII   |                                     |         |                 |                    |                 |                                   |        |                                      |               |              | <u> </u>       |
| Pai        | t V Endowment Funds. Complete   | If the organization (a)Current year |         | were<br>Prior y |                    |                 |                                   |        | t IV, line 10<br>Three years bacl    |               | our w        | ears back      |
| 1a         | Beginning of year balance   | 2,038,199                           | (D)     |                 | '34,354            | <b>B</b> (C) 1V | 1,663,19                          | +      | 1,744,49                             |               |              | 2,000,112      |
| b          | Contributions   | 363,975                             |         |                 | 90,818             |                 | 360                               | +      | 5,08                                 | _             |              | <del>'''</del> |
| c          | Net investment earnings, gains, and losses  |                                     |         |                 |                    |                 |                                   |        |                                      | +             |              |                |
|            | - , - ,   | 187,665                             |         |                 | 79,394             |                 | 190,818                           | 3      | 137,59                               | 9             |              | -255,616       |
| d          | Grants or scholarships  |                                     |         |                 |                    |                 |                                   | -      |                                      | +             |              |                |
| е          | Other expenditures for facilities and programs  | -215,614                            |         | -               | 53,255             |                 | -107,062                          | 2      | -208,49                              | 2             |              |                |
| f          | Administrative expenses   | -16,743                             |         | -               | 13,112             |                 | -12,95                            | 2      | -15,50                               | 2             |              |                |
| g          | End of year balance   | 2,357,482                           |         | 2,0             | 38,199             |                 | 1,734,354                         | Į .    | 1,663,19                             | 0             |              | 1,744,496      |
| 2          | Provide the estimated percentage of the cur   | rent year end baland                | e (lır  | ie 1g,          | colum              | n (a)) l        | neld as                           |        |                                      |               |              |                |
| а          | Board designated or quasi-endowment 🕨   | 75 200 %                            |         |                 |                    |                 |                                   |        |                                      |               |              |                |
| b          | Permanent endowment ► 24 800 %  |                                     |         |                 |                    |                 |                                   |        |                                      |               |              |                |
| c          | Temporarily restricted endowment ►  |                                     |         |                 |                    |                 |                                   |        |                                      |               |              |                |
|            | The percentages in lines 2a, 2b, and 2c sho   | uld equal 100%                      |         |                 |                    |                 |                                   |        |                                      |               |              |                |
| За         | Are there endowment funds not in the posse  | ssion of the organiza               | ation   | that a          | re held            | d and a         | dmınıstere                        | d for  | the                                  | _             |              |                |
|            | organization by   |                                     |         |                 |                    |                 |                                   |        | _                                    |               | Yes          | No             |
|            | (i) unrelated organizations   |                                     | •       | •               |                    |                 |                                   | •      | <u> </u>                             | a(i)<br>a(ii) |              | No<br>No       |
| b          | If "Yes" to 3a(II), are the related organization  |                                     | on S    | Sched           | ule R?             | ٠               |                                   | ٠.     | <u> </u>                             | 3b            |              | 110            |
| 4          | Describe in Part XIII the intended uses of the  |                                     |         |                 |                    |                 |                                   |        | _                                    |               |              | L              |
| Par        | t VI Land, Buildings, and Equipme   | ent. See Form 99                    | 0, Pa   | art X,          | line 1             | 10.             |                                   |        |                                      |               |              |                |
|            | Description of property   |                                     |         |                 | Cost or<br>(invest |                 | ( <b>b</b> )Cost or obasis (other |        | <b>(c)</b> Accumulat<br>depreciation |               | <b>d)</b> Bo | ok value       |
| 1a         | and   |                                     |         |                 |                    |                 |                                   |        |                                      |               |              |                |
| b l        | Buildings   |                                     |         |                 |                    |                 |                                   |        |                                      |               |              |                |
| <b>c</b> l | easehold improvements   |                                     |         |                 |                    |                 | 73,567                            | 7,386  | 24,212,                              | 030           | 4            | 9,355,356      |
| d i        | Equipment   |                                     |         |                 |                    |                 | 219                               | ,886   | 135,                                 | 193           |              | 84,693         |
|            |   |                                     |         |                 |                    |                 |                                   | 2,906  | 40,                                  | 436           |              | 32,470         |
| Tota       | . Add lines 1a through 1e (Column (d) must e  | equal Form 990, Part >              | (, colu | ımn (E          | 3), line           | 10(c).)         |                                   | •      |                                      |               |              | 9,472,519      |
|            |   |                                     |         |                 |                    |                 |                                   |        | Schedule                             | D (Fo         | rm 9         | 90) 2012       |

| Part VIII Investments—Other Securities. See   | Form 990, Part X, line 1. | Σ.                               |
|---|---------------------------|----------------------------------|
| (a) Description of security or category   | (b)Book value             | (c) Method of valuation          |
| (including name of security)  |                           | Cost or end-of-year market value |
| (1)Financial derivatives  |                           |                                  |
|   |                           |                                  |
| (2)Closely-held equity interests  |                           |                                  |
| Other   |                           |                                  |
|   |                           |                                  |
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|   |                           |                                  |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12)  | ,                         |                                  |
|   |                           | 12                               |
| Part VIII Investments—Program Related. See  |                           |                                  |
| (a) Description of investment type  | (b) Book value            | (c) Method of valuation          |
|   | <u> </u>                  | Cost or end-of-year market value |
|   |                           |                                  |
|   | +                         |                                  |
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|   |                           |                                  |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13)  | 1                         |                                  |
| Total (Colami (b) mast equal form 350, fart X, col (b) mic 15 )   |                           |                                  |
|   | ne 15.                    |                                  |
| Part IX Other Assets. See Form 990, Part X, lii   |                           | (h) Book value                   |
|   |                           | (b) Book value                   |
| Part IX Other Assets. See Form 990, Part X, lii   |                           | (b) Book value                   |
| Part IX Other Assets. See Form 990, Part X, lii   |                           | (b) Book value                   |
| Part IX Other Assets. See Form 990, Part X, lii   |                           | (b) Book value                   |
| Part IX Other Assets. See Form 990, Part X, lii   |                           | (b) Book value                   |
| Part IX Other Assets. See Form 990, Part X, lii   |                           | (b) Book value                   |
| Part IX Other Assets. See Form 990, Part X, lii   |                           | (b) Book value                   |
| Part IX Other Assets. See Form 990, Part X, lii   |                           | (b) Book value                   |
| Part IX Other Assets. See Form 990, Part X, lii   |                           | (b) Book value                   |
| Part IX Other Assets. See Form 990, Part X, lii   |                           | (b) Book value                   |
| Part IX Other Assets. See Form 990, Part X, lii   |                           | (b) Book value                   |
| Part IX Other Assets. See Form 990, Part X, lii   |                           | (b) Book value                   |
| Part IX Other Assets. See Form 990, Part X, lii   |                           | (b) Book value                   |
| Part IX Other Assets. See Form 990, Part X, lii   |                           | (b) Book value                   |
| Part IX Other Assets. See Form 990, Part X, lii   |                           | (b) Book value                   |
| Part IX Other Assets. See Form 990, Part X, lii   |                           | (b) Book value                   |
| Part IX Other Assets. See Form 990, Part X, lii   |                           | (b) Book value                   |
| Part IX Other Assets. See Form 990, Part X, lii   |                           | (b) Book value                   |
| Part IX Other Assets. See Form 990, Part X, lii   |                           | (b) Book value                   |
| Part IX Other Assets. See Form 990, Part X, lii   |                           | (b) Book value                   |
| Part IX Other Assets. See Form 990, Part X, III (a) Descrip   | ption                     |                                  |
| Part IX Other Assets. See Form 990, Part X, III  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15  | otion                     | (b) Book value                   |
| Part IX Other Assets. See Form 990, Part X, III  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15  | otion                     |                                  |
| Part IX Other Assets. See Form 990, Part X, III  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  | .)  C, line 25.           |                                  |
| Part IX Other Assets. See Form 990, Part X, III  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15  | otion                     |                                  |
| Part IX Other Assets. See Form 990, Part X, III  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  | .)  C, line 25.           |                                  |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability   | .)  C, line 25.           |                                  |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability   | .)  C, line 25.           |                                  |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability   | .)  C, line 25.           |                                  |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability   | .)  C, line 25.           |                                  |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability   | .)  C, line 25.           |                                  |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability   | .)  C, line 25.           |                                  |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability   | .)  C, line 25.           |                                  |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability   | .)  C, line 25.           |                                  |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability   | .)  C, line 25.           |                                  |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability   | .)  C, line 25.           |                                  |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability   | .)  C, line 25.           |                                  |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability   | .)  C, line 25.           |                                  |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability   | .)  C, line 25.           |                                  |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability   | .)  C, line 25.           |                                  |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability   | .)  C, line 25.           |                                  |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability   | .)  C, line 25.           |                                  |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability   | .)  C, line 25.           |                                  |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability   | .)  C, line 25.           |                                  |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability   | .)  C, line 25.           |                                  |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability   | .)  C, line 25.           |                                  |
| Part IX Other Assets. See Form 990, Part X, In (a) Description (a) Description (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability  Federal income taxes | .)  C, line 25.           |                                  |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability   | c)                        |                                  |

| Part                  | Reconciliation of Revenue per Audited Financial Statements With Revenue p  | er Re   | eturn                 |
|-----------------------|--|---------|-----------------------|
| 1                     | Total revenue, gains, and other support per audited financial statements   | 1       | 26,298,273            |
| 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 2b 783,312  |         |                       |
| c                     | Recoveries of prior year grants  |         |                       |
| d                     | Other (Describe in Part XIII )   |         |                       |
| e                     | Add lines <b>2a</b> through <b>2d</b>  | 2e      | 1,361,913             |
| 3                     | Subtract line <b>2e</b> from line <b>1</b>   | 3       | 24,936,360            |
| 4                     | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>   |         |                       |
| а                     | Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4,027  |         |                       |
| b                     | Other (Describe in Part XIII )   |         |                       |
| c                     | Add lines <b>4a</b> and <b>4b</b>  | 4c      | 4,027                 |
| 5                     | Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12 )   | 5       | 24,940,387            |
| Part                  | Reconciliation of Expenses per Audited Financial Statements With Expenses  | per     | Return                |
| 1                     | Total expenses and losses per audited financial statements   | 1       | 21,593,468            |
| 2                     | Amounts included on line 1 but not on Form 990, Part IX, line 25   |         |                       |
| а                     |  |         |                       |
|                       | Donated services and use of facilities   |         |                       |
| b                     | Donated services and use of facilities   |         |                       |
| b<br>c                |  |         |                       |
| _                     | Prior year adjustments   |         |                       |
| С                     | Prior year adjustments   | 2e      | 366,353               |
| c<br>d                | Prior year adjustments   | 2e<br>3 | 366,353<br>21,227,115 |
| c<br>d<br>e           | Prior year adjustments         2b           Other losses         2c           Other (Describe in Part XIII )         2d         366,353           Add lines 2a through 2d         2c         2d                        |         |                       |
| c<br>d<br>e           | Prior year adjustments         2b           Other losses         2c           Other (Describe in Part XIII )         2d           Add lines 2a through 2d         2d           Subtract line 2e from line 1         2d |         |                       |
| c<br>d<br>e<br>3      | Prior year adjustments   |         |                       |
| c<br>d<br>e<br>3<br>4 | Prior year adjustments   |         |                       |

#### Part XIII Supplemental Information

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

| 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<br>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<br>TAX POSITIONS UNDER FIN 48 | PART X, LINE 2    | 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 EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO 2010   |
| PART XI, LINE 2D - OTHER<br>ADJUSTMENTS                |                   | RENTAL EXPENSES REPORTED ON PART VIII LINE 6B<br>124,502 DIRECT EXPENSE FOR FUNDRAISING GALA<br>REPORTED ON PART VIII LINE 8B 241,851   |
| PART XII, LINE 2D - OTHER<br>ADJUSTMENTS               |                   | RENTAL EXPENSES REPORTED ON PART VIII LINE 6B<br>124,502 DIRECT EXPENSE FOR FUNDRAISING GALA<br>REPORTED ON PART VIII LINE 8B 241,851   |

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DLN: 93493134016414

SCHEDULE F (Form 990)

Department of the Treasury

#### **Statement of Activities Outside the United States**

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

2012

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

NEW YORK HALL OF SCIENCE

Employer identification number

|    |   |  |   |   | 11-2104059   |  |
|----|---|--|---|---|--|--|
| Pa | rt I General Information "Yes" to Form 990, Pai   |  |   | ne United States. C   | omplete if the organiza  | ition answered   |
| 1  | For grantmakers. Does the cassistance, the grantees' eligible the grants or assistance? | gibility for the g                         | grants or assis   | tance, and the selecti  | on criteria used to awai   |  |
| 2  | <b>For grantmakers.</b> Describe in the United States.                                  | n Part V the or                            | ganızatıon's pı   | rocedures for monitori  | ng the use of grant fur  | ds outside   |
| 3  | Activites per Region (The follow  | ung Part I, line 3                         | table can be du   | uplicated if additional spa   | ace is needed )  |  |
|    | (a) Region  | <b>(b)</b> Number of offices in the region | (c) Number of<br>employees,<br>agents, and<br>independent<br>contractors in<br>region | (d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures<br>for and investments<br>in region |
|    | EUROPE  | 0  | 1   | PROGRAM SERVICES  | DEVELOP AND<br>PRODUCE AN E-BOOK   | 37,499   |
|    |   |  |   |   |  |  |
|    |   |  |   |   |  |  |
|    |   |  |   |   |  |  |
|    | Sub-total   | 0  | 1   |   |  | 37,499   |
|    | Total from continuation sheets to Part I  | 0  | 0   |   |  | 0  |
| С  | <b>Totals</b> (add lines 3a and 3b)   | 0  | 1   |   | 1  | 37,499   |

| 1 | (a) Name of organization | (b) IRS code<br>section<br>and EIN (if<br>applicable) | (c) Region         | ( <b>d)</b> Purpose of grant  | (e) A mount of<br>cash grant | (f) Manner of<br>cash<br>disbursement | (g) A mount of<br>of non-cash<br>assistance | (h) Description<br>of non-cash<br>assistance | (i) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) |
|---|--------------------------|---|--------------------|---|------------------------------|---------------------------------------|---|--|--|
|   |                          |   | EUROPE             | TO DEVELOP AND PRODUCE INTERACTIVES AND MEDIA ELEMENTS FOR THE E-BOOK, "INNOCENCE, GUILT AND SCIENCE" GRANT RECIPIENT HAD TO SUBMIT DESIGN ELEMENTS AND INTERACTIVE SPECIFICATIONS FOR ORGANIZATION'S REVIEW NAD COMMENT GRANT RECIPIENT THEN INCORPORATED TEXT, MEDIA AND DOCUMENTATION INTO A FINISHED E-BOOK PRODUCT | 37,499                       | WIRE TRANSFER                         |   |  |  |
| 2 |                          |   |                    | Isted above that are re<br>tee or counsel has prov  |                              |                                       |   |  | 0  |
| 3 | Enter total nu           | mber of other   | organizations or e | entities  |                              |                                       | <u>.</u> . <b>&gt;</b>                      |  | 1  |
|   |                          |   |                    |   |                              |                                       |   | Schedule F                                   | (Form 990) 2012  |

Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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

| (a) Type of grant or<br>assistance | (b) Region | (c) Number of recipients | (d) A mount of<br>cash grant | (e) Manner of cash<br>disbursement | (f) A mount of<br>non-cash<br>assistance | (g) Description<br>of non-cash<br>assistance | (h) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) |
|------------------------------------|------------|--------------------------|------------------------------|------------------------------------|--|--|--|
|                                    |            |                          |                              |                                    |  |  | appraisal, other)  |
|                                    |            |                          |                              |                                    |  |  |  |
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|                                    |            |                          |                              |                                    |  |  |  |

#### Part IV Foreign Forms

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

Schedule F (Form 990) 2012

#### Part V Supplemental Information

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

| Identifier  | ReturnReference | Explanation   |
|---|-----------------|---|
| ROCEDURE FOR MONITORING<br>FRANTS OUTSIDE THE U S |                 | SCHEDULE F, PART I, LINE 2 EACH PARTY'S PROJECT REPRESENTATIVE MET REGULARLY DURING THE PROPOSAL AND DEVELOPMENT PHASES OF THE PROJECT TO DISCUSS ANY ISSUES THAT AROSE GRANT RECIPIENT WAS RESPONSIBLE FOR CREATING A PRODUCTION ROADMAP AND DEVELOPING A DETAILED PRODUCTION BUDGET AND SCHEDULE IN ADDITION, THE AGREEMENT SET FORTH A PROJECT TIMELINE WITH SPECIFIC MILESTONES FOR THE GRANT RECIPIENT THE AGREEMENT REQUIRES THE GRANT RECIPIENT TO KEEP UP-TO-DATE BOOKS OF ACCOUNT AND RECORDS RELATING TO NET RECEIPTS AND MUST ALLOW AUTHORIZED REPRESENTATIVES OF THE OTHER PARTIES TO EXAMINE THE APPLICABLE BOOKS AND RECORDS UPON REQUEST |
| IETHOD USED TO ACCCOUNT                           |                 | SCHEDULE F, PART I, LINE 3 CASH BASIS   |
| FOR EXPENDITURES                                  |                 |   |
|   |                 |   |
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DLN: 93493134016414

OMB No 1545-0047

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

Department of the Treasury

Internal Revenue Service

# **Supplemental Information Regarding**

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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

Open to Public Inspection

Name of the organization NEW YORK HALL OF SCIENCE

**Employer identification number** 

|          |   |   |                           |   |                                      | 11-2104059   |  |
|----------|---|---|---------------------------|---|--------------------------------------|--|--|
| Pa       | rt I Fundraising Act  | tivities. Complete                              | e if the oi               | rganızatı                                       | ion answered "Yes" to                | o Form 990, Part IV,   | line 17.   |
| 1        | Indicate whether the organ                                      | nization raised funds                           | through a                 | ny of the 1                                     | following activities Che             | ck all that apply  |  |
| а        | Mail solicitations  |   |                           |   | Solicitation of non-                 |  |  |
| ь        | ✓ Internet and email sol  | ıcıtatıons                                      |                           | f   | Solicitation of gove                 | ernment grants   |  |
| c        | Phone solicitations   |   |                           | g   | Special fundraising                  | =  |  |
| d        | ✓ In-person solicitations                                       | S   |                           |   |                                      |  |  |
| 2a       | Did the organization have or key employees listed in            |   |                           |   |                                      |  | ∇ <sub>Yes</sub> Γ <sub>N</sub>                          |
| b        | If "Yes," list the ten highes<br>to be compensated at leas      | st paid individuals or<br>t \$5,000 by the orga | entities (f<br>anization  | undraiser                                       | rs) pursuant to agreeme              | nts under which the fund   | draiser is   |
|          | (i) Name and address of<br>individual<br>or entity (fundraiser) | (ii) Activity                                   | fundrais<br>custo<br>cont | Did<br>ser have<br>ody or<br>rol of<br>outions? | (iv) Gross receipts<br>from activity | (v) A mount paid to<br>(or retained by)<br>fundraiser listed in<br>col (i) | (vi) A mount paid to<br>(or retained by)<br>organization |
|          |   |   | Yes                       | No  |                                      |  |  |
|          | INNOVATIVE<br>PHILANTHROPY<br>5 HANOVER SQUARE<br>STE 2103      | CONSULTANT<br>FOR GALA                          |                           | No  | 1,407,075                            | 96,840   | 1,310,235  |
|          | NEW YORK, NY 10004  |   |                           |   |                                      |  |  |
|          |   |   |                           |   |                                      |  |  |
| Γota     |   |   |                           | <b>&gt;</b>                                     | 1,407,075                            | 96,840   | 1,310,235  |
| <b>3</b> | List all states in which the<br>licensing                       | organization is regis                           | tered or li               | censed to                                       | o solicit funds or has bee           | en notified it is exempt i   | rom registration or                                      |

| Pa       | rt II  | Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts g | aising event contribut                 | on answered "Yes" to<br>ions and gross income           | Form 990, Part IV, li<br>e on Form 990-EZ, lir | ne 18, or reported<br>nes 1 and 6b. List             |
|----------|--------|--|--|---|--|--|
|          |        |  | (a) Event #1  ANNUAL GALA (event type) | (b) Event #2  | (c) O ther events (total number)               | (d) Total events<br>(add col (a) through<br>col (c)) |
| <u>4</u> |        |  | 1,407,075                              |   | (cocar namber)                                 | 1,407,075  |
| Revenue  | 1<br>2 | Gross receipts  Less Contributions   |  |   |  |  |
| <u>Ф</u> | 3      | Gross income (line 1 minus line 2)   | 963,383                                |   |  | 963,383  |
|          | 4      | Cash prizes  |  |   |  |  |
| ú        | 5      | Noncash prizes   |  |   |  |  |
| Expenses | 6      | Rent/facility costs  | 144,600                                |   |  | 144,600  |
| ă        | 7      | Food and beverages .   |  |   |  |  |
| Direct   | 8      | Entertainment  |  |   |  |  |
| ā        | 9      | Other direct expenses .  | 97,251                                 | L   |  | 97,251   |
|          | 10     | Direct expense summary Add lir   | nes 4 through 9 ın column              | n(d)  |  | (241,851)  |
|          | 11     | Net income summary Combine li  | ne 3, column (d), and line             | 210   |  | 201,841  |
| Par      | t III  | <b>Gaming.</b> Complete if the oil \$15,000 on Form 990-EZ, lii                |  | "Yes" to Form 990, Pa                                   | rt IV, line 19, or rep                         | orted more than                                      |
| Revenue  |        | ,  | (a) Bingo                              | <b>(b)</b> Pull tabs/Instant<br>bingo/progressive bingo | (c) Other gaming                               | (d) Total gaming (add<br>col (a) through col<br>(c)) |
| <u>~</u> | 1      | Gross revenue  |  |   |  |  |
| Ses      | 2      | Cash prizes  |  |   |  |  |
| Expenses | 3      | Non-cash prizes  |  |   |  |  |
|          | 4      | Rent/facility costs  |  |   |  |  |
| Direct   | 5      | Other direct expenses  |  |   |  |  |
|          | 6      | Volunteer labor  | Г Yes<br>Г Nо                          | Г Yes<br>Г Nо   | Г Yes<br>Г Nо                                  |  |
|          | 7      | Direct expense summary Add line  | s 2 through 5 ın column (              | d)  |  |  |
|          | 8      | Net gaming income summary Com  | nbine lines 1 and 7 in colu            | ımn (d)   | <u> ▶</u>                                      |  |
| 9        |        | er the state(s) in which the organiza  |  | ' <u>-</u>  |  |  |
| a<br>b   |        | the organization licensed to operate   |  |   |  |  |
| 10a<br>b |        | re any of the organization's gaming<br>Yes," explain                           | licenses revoked, susper               | nded or terminated during                               | ; the tax year?                                |  |

| 70ES       | the organization operate gaining  | activities with nonlinelinders   |                                     | · · I Yes I No             |
|------------|-----------------------------------|--|-------------------------------------|----------------------------|
| .2         |                                   | neficiary or trustee of a trust or a men   |                                     |                            |
|            | formed to administer charitable o | gaming?  |                                     | · · · · Fyes F No          |
| .3         | Indicate the percentage of gamir  | ng activity operated in  |                                     |                            |
| а          | The organization's facility       |  |                                     | 13a                        |
| b          | An outside facility               |  |                                     | 13b                        |
| .4         | Enter the name and address of th  | ne person who prepares the organizati  | on's gaming/special events books    | and records                |
|            | Name 🟲                            |  |                                     |                            |
|            | Address 🟲                         |  |                                     |                            |
|            | revenue?                          | ntract with a third party from whom the  |                                     |                            |
|            | amount of gaming revenue retain   | ed by the third party 🟲 \$   |                                     |                            |
| С          | If "Yes," enter name and address  | s of the third party   |                                     |                            |
|            | Name 🕨                            |  |                                     |                            |
|            | Address ▶                         |  |                                     |                            |
| <b>.</b> 6 | Gaming manager information        |  |                                     |                            |
|            | Name 🟲                            |  |                                     |                            |
|            | Gaming manager compensation       | <b>\$</b> \$   |                                     |                            |
|            | Description of services provided  | <b>&gt;</b>  |                                     |                            |
|            | ☐ Director/officer                | Employee   | Independent contractor              |                            |
| .7         | Mandatory distributions           |  |                                     |                            |
| а          | Is the organization required unde | er state law to make charitable distrib  | utions from the gaming proceeds to  |                            |
|            | retain the state gaming license?  |  |                                     | $\Gamma_{Yes} \Gamma_{No}$ |
| b          | Enter the amount of distributions | required under state law distributed   | to other exempt organizations or sp | ent                        |
|            | <u> </u>                          | activities during the tax year 🟲 🖇   |                                     |                            |
| Par        | columns (III) and (v), a          | <b>mation.</b> Complete this part to pi<br>and Part III, lines 9, 9b, 10b, 15b<br>ditional information (see instruct | , 15c, 16, and 17b, as applical     |                            |
|            | Identifier                        | Return Reference   | Explana                             | tion                       |
|            |                                   |  |                                     |                            |

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Schedule I

(Form 990)

DLN: 93493134016414 OMB No 1545-0047

**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.

Open to Public

Department of the Treasury Attach to Form 990 **Inspection** Internal Revenue Service Name of the organization Employer identification number NEW YORK HALL OF SCIENCE 11-2104059 **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 √ Yes 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 Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (a) Name and address of **(b)** EIN (d) A mount of cash (c) IRC Code (e) A mount of non-(g) Description of (h) Purpose of grant valuation non-cash assistance or assistance organization section grant cash or government if applicable assistance (book, FMV, appraisal, other) See Additional Data Table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . . 

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a)Type of grant or assistance  | ( <b>b)</b> Number of recipients | (c)A mount of<br>cash grant | (d)A mount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|---|----------------------------------|-----------------------------|-----------------------------------|--|---------------------------------------|
| (1) PAYMENT TO DESIGN AND CREATE<br>AN EDUCATIONAL, IMMERSIVE<br>INTERACTIVE EXHIBIT "CONNECTED<br>WORLDS"                | 1                                | 163,600                     |                                   |  |                                       |
| (2) PAYMENT FOR WRITING NARRATIVE IN CONNECTION WITH EDUCATIONAL PROJECT TO PRODUCE E-BOOK "INNOCENCE, GUILT AND SCIENCE" | 1                                | 16,000                      |                                   |  |                                       |
| (3) PAYMENT FOR PRODUCING A MULTI-TOUCH ANDROID APPLICATION THAT WILL STIMULATE CHEMICAL BOND-BREAKING                    | 1                                | 3,000                       |                                   |  |                                       |
|   |                                  |                             |                                   |  |                                       |
|   |                                  |                             |                                   |  |                                       |
|   |                                  |                             |                                   |  |                                       |
|   |                                  |                             |                                   |  |                                       |
| Part IV Sunniemental Informat   | ion                              |                             |                                   |  |                                       |

#### Part IV Supplemental Information.

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

| Identifier                                       | Return Reference   | Explanation  |
|--|--|--|
| PROCEDURE FOR<br>MONITORING GRANTS<br>IN THE U S | 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 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  |
| FORM 990, PART III                               | PROCESS FOR MONITORING<br>GRANTS GIVEN TO<br>INDIVIDUALS | A GRANT MUST BE COVERED BY AN AGREEMENT IN WHICH THE SCOPE OF WORK, ANY DELIVERABLES, A SPECIFIC PERFORMANCE TIME PERIOD, AND TOTAL DOLLAR AMOUNT ARE REQUIRED THE AGREEMENTS ARE REVIEWED FOR CLARITY AND REASONABLENESS OF BUSINESS TERMS BY THE CONTRACTS MANAGER AND CFO BEFORE BEING SIGNED BY THE CEO AND CFO IF THE GRANT PAYMENTS ARE FUNDED BY PRIVATE OR GOVERNMENT FUNDS, DEVELOPMENT AND THE GRANTS ACCOUNTANT MUST APPROVE THE USE OF THE FUNDS FOR THE STATED PURPOSE GOVERNMENT FUNDING OR SEVERE RESTRICTIONS BY A DONOR REQUIRE THE GRANTEE SPEND ACCORDING TO AN APPROVED BUDGET IF THE ANNUAL VALUE OF THE AGREEMENT IS GREATER THAN 25% OF NYSCI'S OPERATING BUDGET, BOARD APPROVAL IS REQUIRED THE NYSCI PROJECT MANAGER IS RESPONSIBLE FOR TRACKING THE PROGRESS OF THE GRANTEE AND ENSURING THAT ALL IS PROCEEDING PER THE AGREEMENT THE GRANTEE MUST SUBMIT AN INVOICE DESCRIBING THE SERVICES COVERED BY THE INVOICE REQUESTS FOR EXPENSE REIMBURSEMENTS MUST BE DOCUMENTED WITH RECEIPTS AS PER STANDARD NYSCI AGREEMENT TERMSDER DUE TO THE CONSULTANT'S NEGLIGENCE OR OMISSION THE NYSCI PROJECT MANAGER MUST APPROVE THE INVOICES BEFORE THEY ARE PROCESSED FOR PAYMENT IF THE GRANT PAYMENTS ARE FUNDED BY PRIVATE OR GOVERNMENT FUNDS, THE GRANTS ACCOUNTANT MUST ALSO APPROVE THE INVOICES UPON THE CLOSEOUT OF THE GRANT, DEVELOPMENT AND THE NYSCI PROJECT MANAGER MUST PREPARE A REPORT EXPLAINING THE USE OF THE FUNDS TO THE AGENCY/DONOR |

Software ID:

**Software Version:** 

**EIN:** 11-2104059

Name: NEW YORK HALL OF SCIENCE

| (a) Name and address of organization or government  | <b>(b)</b> EIN | (c) IRC Code section<br>if applicable | (d) A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance  |
|---|----------------|---------------------------------------|------------------------------|---|---|--|--|
| AMERICAN INSTITUTE FOR<br>RESEARCH IN THE<br>BEHAVIORAL SCIENCES<br>1000 THOMAS JEFFERSON<br>STREET<br>NW WASHINGTON, DC<br>200073835 | 25-0965219     | 501(C)(3)                             | 69,303                       |   |   |  | PAYMENT FOR SERVICES RENDERED IN CONNECTION WITH A FEDERAL RESEARCH GRANT FOCUSING ON INVESTING IN INNOVATION (I3) FUND RECOVERY ACT |
| EXPLORA SCIENCE CTR & CHILDREN'S MUSEUM OF ALBUQUERUE1701 MOUNTAIN ROAD NW ALBUQUERQUE,NM 87104                                       | 85-0442062     | 501(C)(3)                             | 10,000                       |   |   |  | PAYMENT FOR SERVICES RENDERED IN CONNECTION WITH A FEDERAL RESEARCH GRANT FOCUSING ON EDUCATION AND HUMAN RESOURCES                  |

| (a) Name and address of organization or government  INNOCENCE PROJECT INC 40 WORTH STREET SUITE 701 NEW YORK, NY 10013 | <b>(b)</b> EIN  32-0077563 | (c) IRC Code section if applicable | (d) A mount of cash<br>grant | (e) Amount of non-<br>cash<br>assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance  PAYMENT FOR SERVICES RENDERED IN CONNECTION WITH A FEDERAL  |
|--|----------------------------|------------------------------------|------------------------------|--|---|--|---|
|  |                            |                                    |                              |  |   |  | RESEARCH GRANT<br>FOCUSING ON<br>EDUCATION AND<br>HUMAN RESOURCES   |
| LEARNING GAMES NETWORK222 THIRD STREET SUITE 0300 CAMBRIDGE, MA 02142  | 26-2901936                 | 501(C)(3)                          | 40,487                       |  |   |  | PAYMENT FOR SERVICES RENDERED IN CONNECTION WITH A FEDERAL RESEARCH GRANT FOCUSING ON EDUCATION AND HUMAN RESOURCES, AND PAYMENT FOR SERVICES RENDERED IN CONNECTION WITH A FEDERAL RESEARCH GRANT FOCUSING ON INVESTING IN INNOVATION (I3) FUND RECOVERY ACT |

| (a) Name and address of<br>organization<br>or government                            | <b>(b)</b> EIN | (c) IRC Code section if applicable | (d) A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance  |
|---|----------------|------------------------------------|------------------------------|---|---|--|---|
| MICHIGAN STATE<br>UNIVERSITY2727<br>ALLIANCE DR ROOM/SUITE<br>C<br>LANSING,MI 48910 | 23-7326030     | 501(C)(3)                          | 42,337                       |   |   |  | PAYMENT FOR SERVICES RENDERED IN CONNECTION WITH A FEDERAL RESEARCH GRANT FOCUSING ON EDUCATION AND HUMAN RESOURCES |
| NEW KNOWLEDGE ORGANIZATION LTD689 FORT WASHINGTON AVE 5E NEW YORK, NY 100403759     | 45-4393574     | 501(C)(3)                          | 86,143                       |   |   |  | PAYMENT FOR SERVICES RENDERED IN CONNECTION WITH A FEDERAL RESEARCH GRANT FOCUSING ON EDUCATION AND HUMAN RESOURCES |

| (a) Name and address of organization or government   | <b>(b)</b> EIN | (c) IRC Code section if applicable | (d) A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance  |
|--|----------------|------------------------------------|------------------------------|---|---|--|---|
| OREGON MUSEUM OF<br>SCIENCE & INDUSTRY1945<br>SE WATER AVENUE<br>PORTLAND, OR<br>972143354 | 93-0402877     | 501(C)(3)                          | 490,435                      |   |   |  | PAYMENT FOR SERVICES RENDERED IN CONNECTION WITH A FEDERAL RESEARCH GRANT FOCUSING ON EDUCATION AND HUMAN RESOURCES   |
| LOCAL PROJECTS LLC315 WEST 39TH STREET STE 908 NEW YORK, NY 10018                          | 20-1408531     | N/A                                | 567,000                      |   |   |  | PAYMENT FOR SERVICES RENDERED IN CONNECTION WITH A FEDERAL RESEARCH GRANT FOCUSING ON EDUCATION AND HUMAN RESOURCESAND PAYMENT FOR SERVICES RENDERED IN CONNECTION WITH A FEDERAL RESEARCH GRANT FOCUSING ON INVESTING IN INNOVATION (I3) FUND RECOVERY ACT |

| (a) Name and address of                                    | ( <b>b)</b> EIN | (c) IRC Code section |         | (e) A mount of non- | (f) Method of                                 | (g) Description of  | (h) Purpose of grant  |
|--|-----------------|----------------------|---------|---------------------|---|---------------------|---|
| organization<br>or government                              | (b) LIN         | if applicable        | grant   | cash<br>assistance  | valuation<br>(book, FMV, appraisal,<br>other) | non-cash assistance |   |
| MUSEUM OF SCIENCE1<br>SCIENCE PARK<br>BOSTON,MA 021141099  | 04-2103916      | 501(C)(3)            | 10,000  |                     |   |                     | PAYMENT FOR SERVICES RENDERED IN CONNECTION WITH A FEDERAL RESEARCH GRANT FOCUSING ON EDUCATION AND HUMAN RESOURCES   |
| THE NEW SCHOOL66 WEST<br>12TH STREET<br>NEW YORK, NY 10011 | 13-3297197      | 501(C)(3)            | 203,529 |                     |   |                     | PAYMENT FOR SERVICES RENDERED IN CONNECTION WITH A FEDERAL RESEARCH GRANT FOCUSING ON EDUCATION AND HUMAN RESOURCESAND PAYMENT FOR SERVICES RENDERED IN CONNECTION WITH A FEDERAL RESEARCH GRANT FOCUSING ON INVESTING IN INNOVATION (I3) FUND RECOVERY ACT |

| (a) Name and address of   | ( <b>b)</b> EIN | (c) IRC Code section | • •    | (e) A mount of non- | (f) Method of                                 | (g) Description of  | (h) Purpose of grant   |
|---|-----------------|----------------------|--------|---------------------|---|---------------------|--|
| organization<br>or government   |                 | ıf applıcable        | grant  | cash<br>assistance  | valuation<br>(book, FMV, appraisal,<br>other) | non-cash assistance | or assistance  |
| UNIVERSITY OF PITTSBURGH123 UNIVERSITY PLACE PITTSBURGH,PA 15213                  | 25-0965591      | 501(C)(3)            | 13,088 |                     |   |                     | PAYMENT FOR SERVICES RENDERED IN CONNECTION WITH A FEDERAL RESEARCH GRANT FOCUSING ON EDUCATION AND HUMAN RESOURCES                    |
| NEW YORK UNIVERSITY<br>105 EAST 17TH STREET -<br>4TH FL<br>NEW YORK, NY 100039580 | 13-5562308      | 501(C)(3)            | 54,634 |                     |   |                     | PAYMENT FOR SERVICES RENDERED IN CONNECTION WITH A FEDERAL RESEARCH GRANT FOCUSING ON COMPUTER AND INFORMATION SCIENCE AND ENGINEERING |

| i '   | •              |                                    |                              | _   |  |  |   |
|---|----------------|------------------------------------|------------------------------|---|--|--|---|
| (a) Name and address of organization or government                          | <b>(b)</b> EIN | (c) IRC Code section if applicable | (d) A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance   |
| SCIENCE MUSEUM OF<br>MINNESOTA120 W<br>KELLOGG BLVD<br>SAINT PAUL, MN 55102 | 41-0706172     | 501(C)(3)                          | 10,000                       |   |  |  | PAYMENT FOR SERVICES RENDERED IN CONNECTION WITH RESEARCH PROJECT FOCUSING ON EDUCATION AND HUMAN RESOURCES         |
| CONCORD CONSORTIUM<br>INC25 LOVE LANE<br>CONCORD,MA 01742                   | 04-3254131     | 501(C)(3)                          | 234,419                      |   |  |  | PAYMENT FOR SERVICES RENDERED IN CONNECTION WITH A FEDERAL RESEARCH GRANT FOCUSING ON EDUCATION AND HUMAN RESOURCES |

| •   | •              |                                    |                              | _   |  |  |  |
|---|----------------|------------------------------------|------------------------------|---|--|--|--|
| (a) Name and address of<br>organization<br>or government                                    | <b>(b)</b> EIN | (c) IRC Code section if applicable | (d) A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | ( <b>h)</b> Purpose of grant<br>or assistance  |
| ROCKMAN ET AL INC49<br>GEARY STREET SUITE 530<br>SAN FRANCISCO,CA<br>94108                  | 94-3400371     | N/A                                | 99,093                       |   |  |  | PAYMENT FOR SERVICES RENDERED IN CONNECTION WITH A FEDERAL RESEARCH GRANT FOCUSING ON BASIC AND APPLIED SCIENTIFIC RESEARCH    |
| TRUSTEES OF COLUMBIA<br>UNIVERSITY615 WEST<br>131ST STREET MC 8741<br>NEW YORK,NY 100277922 | 13-5598093     | 501(C)(3)                          | 68,329                       |   |  |  | PAYMENT FOR SERVICES RENDERED IN CONNECTION WITH RESEARCH PROJECT FOCUSING ON COMPUTER AND INFORMATION SCIENCE AND ENGINEERING |

**Compensation Information** 

DLN: 93493134016414

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury

Internal Revenue Service

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

| PΘ | Questions Regarding Compensation   |            | l   |    |
|----|--|------------|-----|----|
|    |  |            | Yes | No |
| 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 or provision of all of 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?                   | _          |     |    |
|    | directors, trustees, and the CLO/Executive Director, regarding the items checked in line 14.   | 2          |     |    |
|    |  |            |     |    |
| 3  | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods                       |            |     |    |
|    | used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III  |            |     |    |
|    | ☐ Compensation committee ☐ Written employment contract   |            |     |    |
|    | ☐ 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?  | 4a         |     | No |
| b  | Participate in, or receive payment from, a supplemental nonqualified retirement plan?  | 4b         |     | No |
| C  | Participate in, or receive payment from, an equity-based compensation arrangement?   | <b>4</b> c |     | 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.   |            |     |    |
| 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         |     | Νo |
| b  | Any related organization?  | 5b         |     | Νo |
|    | 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         |     | Νo |
|    | 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 Regulations section 53 4958-4(a)(3)? If "Yes," describe   |            |     |    |
|    | ın Part III  | 8          |     | Νo |
| 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

| (A) Name and Title                                |             | (B) Breakdown of         | f W-2 and/or 1099-MIS                     | SC compensation                           | (C) Retirement and             | (D) Nontaxable | (E) Total of columns | (F) Compensation                          |
|---|-------------|--------------------------|---|---|--------------------------------|----------------|----------------------|---|
|   |             | (i) Base<br>compensation | (ii) Bonus &<br>ıncentıve<br>compensatıon | (iii) Other<br>reportable<br>compensation | other deferred<br>compensation | benefits       | (B)(ı)-(D)           | reported as deferred<br>in prior Form 990 |
| (1)MARGARET HONEY<br>PRESIDENT & CEO              | (i)<br>(ii) | 279,524<br>0             | 60,000                                    | 13,290                                    | 25,593<br>0                    | 16,584<br>0    | 394,991              | 0   |
| (2)PATRICIA HUIE<br>CHIEF FINANCIAL<br>OFFICER    | (i)<br>(ii) | 170,251<br>0             | 2,000                                     | 345<br>0                                  | 17,850<br>0                    | 6,593<br>0     | 197,039              | 0   |
| (3)ROBERT LOGAN<br>EXECUTIVE VP & COO             | (i)<br>(ii) | 164,636<br>0             | 2,000                                     | 1,753<br>0                                | 17,242<br>0                    | 7,389<br>0     | 193,020              | 0   |
| (4)ERIC SIEGEL DIRECTOR & CHIEF CONTENT O         | (i)<br>(ii) | 157,696<br>0             | 2,000                                     | 1,530<br>0                                | 16,527<br>0                    | 16,967<br>0    | 7 194,720<br>0 0     | 0   |
| (5)FRANK DUUS JR<br>VP, INSTITUTIONAL<br>ADVANCEM | (i)<br>(ii) | 164,169<br>0             | 2,000                                     | 593<br>0                                  | 13,848                         | 6,096<br>0     | 5 186,706<br>0       | 0   |
| (6)DANNY WEMPA<br>VP,EXTERNAL<br>AFFAIRS          | (i)<br>(ii) | 161,994<br>0             | 2,000                                     | 30 2<br>0                                 | 15,315<br>0                    | 5,653<br>0     | 185,264              | 0   |

Schedule J (Form 990) 2012

Part III Supplemental Information

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

Identifier Return Reference

Schedule J (Form 990) 2012

**Explanation** 

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493134016414

OT TROOLEGE

**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, line 38a or 40b.

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

OMB No 1545-0047

2012

Open to Public Inspection

| Name of the organization |  |
|--------------------------|--|
| NEW YORK HALL OF SCIENCE |  |

Schedule L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Employer identification number

| Compl<br>(a) Name                                       | of disqualified perso  | on <b>(b)</b> Rel   | ationship b   | between dis   | qualified                    | (c) Descrip                                 | otion o     | f trans    | action                                 |                              | (d) Corr               | ected |
|---|--|---|---|---|------------------------------|---|-------------|------------|--|------------------------------|------------------------|-------|
| . , ,   |  |   |   | l organizatio   | •                            |   |             |            |  |                              | Yes                    | No    |
|   |  |   |   |   |                              |   |             |            |  |                              |                        |       |
|   |  |   |   |   |                              |   |             |            |  |                              |                        |       |
|   |  |   |   |   |                              |   |             |            |  |                              |                        |       |
|   |  |   |   |   |                              |   |             |            |  |                              |                        |       |
|   |  |   |   |   |                              |   |             |            |  |                              |                        |       |
| Enter the ar  | nount of tax incurred  |   |   |   | ualıfıed perso               | _   | •           | nder s     | ection<br>\$ \$                        |                              |                        |       |
| Enter the ar  | nount of tax, if any,  | on line 2, abo  | ove, reimbi   | ursed by the  | e organızatıon               |   |             | •          | <b>F</b> \$                            |                              |                        |       |
|   |  |   |   |   |                              |   |             |            |  |                              |                        |       |
| t III I loa   | ns to and/or F   | rom Inter   | ested Pe  | ersons.   |                              |   |             |            |  |                              |                        |       |
|   | ins to and/or Fi   |   |   |   | -EZ, Part V, lı              | ne 38a, or Fo                               | rm 990      | O, Pari    | t IV, lın                              | e 26, o                      | r ıf the               |       |
| Com   |  | ation answere   | ed "Yes" or   | n Form 990  |                              | ne 38a, or Fo                               | rm 990      | O, Pari    | t IV, lın                              | e 26, o                      | r ıf the               |       |
| Com   | plete if the organiza  | ation answere<br>n amount on f                                | ed "Yes" or   | n Form 990<br><u>Part X, line</u><br>to<br>he                     |                              | ne 38a, or Fo<br>( <b>f)</b> Balance<br>due |             | In         | (h<br>Appro                            | )<br>oved<br>ard or          | r if the (i)Wr agreer  |       |
| Com<br>orga<br>Name of<br>erested                       | nplete if the organiza<br>nization reported ar<br>(b) Relationship   | ation answere<br>an amount on F<br>(c) Purpose                | ed "Yes" or<br>Form 990,<br>(d) Loan<br>or from t<br>organizati                         | n Form 990-<br>Part X, line<br>to<br>he<br>on?                    | (e)Original principal        | (f)Balance                                  | (g)<br>defa | In<br>ult? | (h<br>Appro<br>by boa<br>commi         | )<br>oved<br>ard or<br>ttee? | (i)Wr<br>agreer        | ment  |
| Com<br>orga<br>Name of<br>erested                       | nplete if the organiza<br>nization reported ar<br>(b) Relationship   | ation answere<br>an amount on F<br>(c) Purpose                | ed "Yes" or<br>Form 990,<br>(d) Loan<br>or from t                                       | n Form 990<br><u>Part X, line</u><br>to<br>he                     | (e)Original principal        | (f)Balance                                  | (g)         | In         | (h<br>Appro                            | )<br>oved<br>ard or          | (i)Wr                  |       |
| Com<br>orga<br>Name of<br>erested                       | nplete if the organiza<br>nization reported ar<br>(b) Relationship   | ation answere<br>an amount on F<br>(c) Purpose                | ed "Yes" or<br>Form 990,<br>(d) Loan<br>or from t<br>organizati                         | n Form 990-<br>Part X, line<br>to<br>he<br>on?                    | (e)Original principal        | (f)Balance                                  | (g)<br>defa | In<br>ult? | (h<br>Appro<br>by boa<br>commi         | )<br>oved<br>ard or<br>ttee? | (i)Wr<br>agreer        | ment  |
| Com<br>orga<br>Name of<br>erested                       | nplete if the organiza<br>nization reported ar<br>(b) Relationship   | ation answere<br>an amount on F<br>(c) Purpose                | ed "Yes" or<br>Form 990,<br>(d) Loan<br>or from t<br>organizati                         | n Form 990-<br>Part X, line<br>to<br>he<br>on?                    | (e)Original principal        | (f)Balance                                  | (g)<br>defa | In<br>ult? | (h<br>Appro<br>by boa<br>commi         | )<br>oved<br>ard or<br>ttee? | (i)Wr<br>agreer        | ment  |
| Com<br>orga<br>Name of<br>erested                       | nplete if the organiza<br>nization reported ar<br>(b) Relationship   | ation answere<br>an amount on F<br>(c) Purpose                | ed "Yes" or<br>Form 990,<br>(d) Loan<br>or from t<br>organizati                         | n Form 990-<br>Part X, line<br>to<br>he<br>on?                    | (e)Original principal        | (f)Balance                                  | (g)<br>defa | In<br>ult? | (h<br>Appro<br>by boa<br>commi         | )<br>oved<br>ard or<br>ttee? | (i)Wr<br>agreer        | ment  |
| Com<br>orga<br>Name of<br>erested                       | nplete if the organiza<br>nization reported ar<br>(b) Relationship   | ation answere<br>an amount on F<br>(c) Purpose                | ed "Yes" or<br>Form 990,<br>(d) Loan<br>or from t<br>organizati                         | n Form 990-<br>Part X, line<br>to<br>he<br>on?                    | (e)Original principal        | (f)Balance                                  | (g)<br>defa | In<br>ult? | (h<br>Appro<br>by boa<br>commi         | )<br>oved<br>ard or<br>ttee? | (i)Wr<br>agreer        | ment  |
| Com<br>orga<br>Name of<br>erested                       | nplete if the organiza<br>nization reported ar<br>(b) Relationship   | ation answere<br>an amount on F<br>(c) Purpose                | ed "Yes" or<br>Form 990,<br>(d) Loan<br>or from t<br>organizati                         | n Form 990-<br>Part X, line<br>to<br>he<br>on?                    | (e)Original principal        | (f)Balance                                  | (g)<br>defa | In<br>ult? | (h<br>Appro<br>by boa<br>commi         | )<br>oved<br>ard or<br>ttee? | (i)Wr<br>agreer        | ment  |
| Comorga Name of erested erson                           | nplete if the organization reported ar (b) Relationship with organization  | ation answeren amount on f (c) Purpose of loan                | ed "Yes" or Form 990,  (d) Loan or from to organizati  To  To  sting Inte               | From 990-   | (e)Original principal amount | (f)Balance<br>due                           | (g)<br>defa | In<br>ult? | (h<br>Appro<br>by boa<br>commi         | )<br>oved<br>ard or<br>ttee? | (i)Wr<br>agreer        | ment  |
| Comorga Name of erested erson  Gra Com                  | nplete if the organization reported ar  (b) Relationship with organization  nts or Assistance plete if the organization  | ce Benefit  | d "Yes" or orm 990, (d) Loan or from to organizati  To  ting Interwered "Yes"           | From 990- Part X, line to he on? From  From  Perested Pes" on For | (e)Original principal amount | (f)Balance due                              | (g)<br>defa | In ult?    | (h<br>A ppro<br>by boa<br>commi<br>Yes | )  poved and or ttee?  No    | (i)Wr<br>agreer<br>Yes | n ent |
| Comorga Name of erested erson  IIII Gra Com             | nplete if the organization reported ar  (b) Relationship with organization  nts or Assistance plete if the organization reported (b) Relationship with organization rested (b) Relationship with organization rested (b) Relationship rested (b) Relationship rested (b) Relationship rested rested (c) Relationship rested rested (c) Relationship rested rested (c) Relationship rested r | ation answeren amount on f (c) Purpose of loan                | d "Yes" or orm 990,  (d) Loan or from to organizati  To  ting Integrate wered "Yween (c | From 990- Part X, line to he on? From  From  Perested Pes" on For | (e)Original principal amount | (f)Balance<br>due                           | (g)<br>defa | In ult?    | (h<br>A ppro<br>by boa<br>commi<br>Yes | )  poved and or ttee?  No    | (i)Wr<br>agreer        | n ent |
| Comorga Name of erested erson  Till Gra Com Name of int | nplete if the organization reported ar  (b) Relationship with organization  nts or Assistance plete if the organization reported (b) Relationship with organization rested (b) Relationship with organization rested (b) Relationship rested (b) Relationship rested (b) Relationship rested rested (c) Relationship rested rested (c) Relationship rested rested (c) Relationship rested r | ce Benefit nization answere n amount on f (c) Purpose of loan | d "Yes" or orm 990,  (d) Loan or from to organizati  To  ting Integrate wered "Yween (c | From 990- Part X, line to he on? From  From  Perested Pes" on For | (e)Original principal amount | (f)Balance due                              | (g)<br>defa | In ult?    | (h<br>A ppro<br>by boa<br>commi<br>Yes | )  poved and or ttee?  No    | (i)Wr<br>agreer<br>Yes | n ent |

| Complete if the organiza      |   |                               | ne 28a. 28b. or 28c.   |                            |              |
|-------------------------------|---|-------------------------------|--|----------------------------|--------------|
| (a) Name of interested person | (b) Relationship<br>between interested<br>person and the<br>organization            | (c) A mount of<br>transaction | (d) Description of transaction   | (e) Sh<br>organiz<br>reven | f<br>zatıon' |
|                               |   |                               |  | Yes                        | No           |
| (1) ALBERT WELLS              | SPOUSE OF PRESIDENT/CEO OF NY PUBLIC RADIO AND BOARD OF TRUSTEE MEMBER              | 7,000                         | NYSCI RECEIVED ON-AIR MARKETING SUPPORT FROM WNYC IN RETURN FOR UNDERWRITING A PAYMENT AS A CULTURAL ARTS PARTNER  |                            | No           |
| (2) ANTHONY MELONE            | EVP & CTO OF VERIZON COMMUNICATIONS AND BOARD OF TRUSTEE MEMBER                     | 49,995                        | VERIZON PROVIDES<br>TELECOMMUNICATIONS<br>SERVICES TO NYSCI  |                            | No           |
| (3) LINDA SANFORD             | SENIOR VP,<br>ENTERPRISE<br>TRANSFORMATION<br>AT IBM AND BOARD<br>OF TRUSTEE MEMBER | 47,500                        | NY HALL OF SCIENCE PAID TO DEVELOP CURRICULUM AND TEACHER WORKSHOPS TO SUPPORT THE INCORPORATION OF IBM THINK MATERIALS INTO THE EXISTING IBM TRYSCIENCE WEBSITE |                            | No           |
|                               |   |                               |  |                            |              |
|                               |   | <del></del>                   |  | +                          |              |

#### Part V Supplemental Information

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

| Complete time part to provi |                  | 10 4 4 4 5 6 1 6 6 1 6 6 1 6 1 6 1 6 1 6 1 6 1 6 |
|-----------------------------|------------------|--|
| Identifier                  | Return Reference | Explanation                                      |

Schedule L (Form 990 or 990-EZ) 2012

DLN: 93493134016414

OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE M** (Form 990)

Department of the Treasury Internal Revenue Service

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

**Noncash Contributions** 

Name of the organization NEW YORK HALL OF SCIENCE

**Employer identification number** 

|         | TOTAL OF GOLDING  |                                  |  |  | 11-2104059                                   |        |     |    |
|---------|---|----------------------------------|--|--|--|--------|-----|----|
| Pa      | rt I Types of Property  |                                  |  |  |  |        |     |    |
|         |   | (a)<br>Check<br>If<br>applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line | ( <b>d</b><br>Method of d<br>noncash contrib | etermı |     | ts |
|         | Art—Works of art  |                                  |  |  |  |        |     |    |
|         | Art—Historical treasures .  |                                  |  |  |  |        |     |    |
|         | Art—Fractional Interests  |                                  |  |  |  |        |     |    |
|         | Books and publications  |                                  |  |  |  |        |     |    |
| 5       | Clothing and household goods  |                                  |  |  |  |        |     |    |
| 6       | Cars and other vehicles   |                                  |  |  |  |        |     |    |
|         | Boats and planes  |                                  |  |  |  |        |     |    |
|         | Intellectual property   |                                  |  |  |  |        |     |    |
|         | Securities—Publicly traded .  | Х                                | 4  | 271,462  | FAIR VALUE                                   |        |     |    |
|         | Securities—Closely held stock .   |                                  |  |  |  |        |     |    |
|         | Securities—Partnership, LLC, or trust interests   |                                  |  |  |  |        |     |    |
| 12      | Securities—Miscellaneous  |                                  |  |  |  |        |     |    |
|         | Qualified conservation contribution—Historic structures                                     |                                  |  |  |  |        |     |    |
| 14      | Qualified conservation contribution—Other   |                                  |  |  |  |        |     |    |
| 15      | Real estate—Residential .   |                                  |  |  |  |        |     |    |
|         | Real estate—Commercial  |                                  |  |  |  |        |     |    |
|         | Real estate—Other   |                                  |  |  |  |        |     |    |
|         | Collectibles  |                                  |  |  |  |        |     |    |
|         | Food inventory  |                                  |  |  |  |        |     |    |
|         | Drugs and medical supplies .  |                                  |  |  |  |        |     |    |
|         | Taxidermy   |                                  |  |  |  |        |     |    |
|         | Historical artifacts  |                                  |  |  |  |        |     |    |
|         | Scientific specimens  |                                  |  |  |  |        |     |    |
|         | Archeological artifacts MARS ROBOT  |                                  |  |  |  |        |     |    |
| 25      | Other►( <u>EXHIBIT</u> )<br>TELEPHONE   | X                                | 1  | 34,696   | EXPERT OPINION                               |        |     |    |
| 26      | Other►( <u>EQUIPMENT</u> )<br>NETWORK/VIDEO   | X                                | 2  | 36,045   | FMV  |        |     |    |
| 27      | Other ► (EQUIPMENT )  | Х                                | 1  | 1,177,837  | EXPERT OPINION                               |        |     |    |
|         | O ther ▶ ()   |                                  |  |  |  |        |     |    |
| 29      | Number of Forms 8283 received for which the organization comple                             |                                  |  |  | 29   |        |     |    |
| 30~     | During the year, did the organiza   | tion receive                     | a by contribution any prope                      | arty reported in Bart I. Junea   | 1-28 that it                                 |        | Yes | No |
| Jua     |   |                                  |  |  |  |        |     |    |
|         | must hold for at least three year   |                                  |  | on, and winch is not require   | u to be used                                 | _      |     | No |
|         | for exempt purposes for the entire  |                                  |  |  |  | 30a    |     | No |
| b<br>31 | <ul> <li>If "Yes," describe the arrangement<br/>Does the organization have a gif</li> </ul> |                                  |  | review of any non-standard   | contributions?                               | 31     | Yes |    |
|         |   |                                  |  |  |  |        |     |    |
| 3∠a     | Does the organization hire or use contributions?  | e chird parti                    | es or related organizations                      | · · · · · · · ·  | noncasn                                      | 32a    |     | No |
| b       | If "Yes," describe in Part II   |                                  |  |  |  |        |     |    |
| 33      | If the organization did not report describe in Part II                                      | an amount                        | in column (c) for a type of                      | property for which column (  | a) is checked,                               |        |     |    |

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

| Hamber of Reins re-                               | namber of tems received of a combination of bean files complete and part for any additional information |   |  |  |  |  |
|---|---|---|--|--|--|--|
| Identifier  | Return Reference  | Explanation   |  |  |  |  |
| METHOD FOR DETERMINING<br>NUMBER OF CONTRIBUTIONS | , , , ,   | THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS IN PART 1, COLUMN (B) |  |  |  |  |

Schedule M (Form 990) (2012)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493134016414

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.

OMB No 1545-0047

Open to Public Inspection

| Name of the organization<br>NEW YORK HALL OF SCIENCE | Employer identifi | cation number |
|--|-------------------|---------------|
|  | 11-2104059        |               |

| ldentifier                           | Return<br>Reference            | Explanation   |
|--------------------------------------|--------------------------------|---|
| ORGANIZATION<br>MISSION<br>STATEMENT | FORM 990,<br>PART I, LINE<br>1 | NYSC IS COMMITTED TO TRANSFORMING SCIENCE AND TECHNOLOGY EDUCATION NATIONALLY ALL OF ITS MAJOR INITIATIVES HAVE BOTH PUBLIC-FACING COMPONENTS THAT SERVE FAMILY AND SCHOOL GROUP AUDIENCES, ALONG WITH RICH RESOURCES CREATED IN COLLABORATION WITH K-12 EDUCATION PARTNERS THAT SUPPORT REFORM-BASED PRACTICES IN SCIENCE, TECHNOLOGY, ENGINEERING AND MATH AT THE SCHOOL LEVEL IT IS THIS COMMITMENT THAT MAKES NYSCI UNIQUE AMONG ITS PEERS IN THE SCIENCE CENTER WORLD NYSCI IS PAVING THE WAY TOWARDS A NEW MODEL OF EDUCATIONAL COLLABORATION AND PARTNERSHIP THAT HAS RAISED ITS PROFILE IN NEW YORK CITY AND NATIONALLY NYSCI IS NOW THE THIRD LARGEST MUSEUM RECIPIENT OF EDUCATION FUNDING FROM THE NATIONAL SCIENCE FOUNDATION, AND ONE OF THREE MUSEUM RECIPIENTS OF THE HIGHLY COMPETITIVE INVESTING IN INNOVATION GRANTS FROM THE US DEPARTMENT OF EDUCATION NYSCI'S VISION FOR LEARNING AND ENGAGEMENT HAS ATTRACTED A SIGNIFICANTLY BROADER PORTFOLIO OF FUNDERS - MORE THAN 50% OF FOUNDATION FUNDERS AND 30% OF CORPORATE PARTNERS ARE NEW TO THE INSTITUTION NYSCI IS ESTABLISHING ITSELF AS A LEARNING CAMPUS - ONE THAT CONTINUES TO ENGAGE AND INSPIRE PUBLIC AUDIENCES TOTALING OVER 500,000 ANNUALLY, WHILE ALSO DEVELOPING PROGRAMS THAT TRAIN FUTURE EDUCATORS, SUPPORT THE DEEPER LEARNING OF STUDENTS, AND CONTINUE TO DELIVER INNOVATIVE PRODUCTS TO THE FIELD |

| Identifie | Return<br>Reference                        | Explanation   |
|-----------|--|---|
|           | FORM 990, PART<br>VI, SECTION A,<br>LINE 2 | BOARD OF TRUSTEE MEMBER ALAN SINSHEIMER AND BOARD OF TRUSTEE MEMBER SETH DUBIN HAVE A FAMILY RELATIONSHIP BOARD OF TRUSTEE MEMBER GEORGE CAMPBELL IS A DIRECTOR AT CON EDISON WHERE CLAUDE TRAHAN IS AN EXECUTIVE BOARD OF TRUSTEE MEMBER KURT WOETZEL IS A CORPORATE OFFICER OF BANK OF NY MELLON ON WHOSE BOARD NY SCI BOARD OF TRUSTEE CO-CHAIR NICHOLAS DONOFRIO SERVES |

| ldentifier | Return<br>Reference                            | Explanation   |
|------------|--|---|
|            | FORM 990,<br>PART VI,<br>SECTION B, LINE<br>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, SCCIONER, STRANSPARENCY POLICY NITRODUCTION THE NITRANSACTION WITH A TRUSTEE OR OPE-EAR OF NYSCI A SUBSTRICT TRANSACTION WITH A TRUSTEE OR OPE-EAR OF NYSCI A SUBJECT TRANSACTION WITH A TRUSTEE OR OPE-EAR OF NYSCI A SUBJECT TRANSACTION WITH A TRUSTEE OR OPE-EAR OF NYSCI A SUBJECT TRANSACTION WITH A TRUSTEE OR OPE-EAR OF NYSCI A SUBJECT TRANSACTION ON TO EXERCISE SUBSTANTIAL INFLUENCE OVER THE AFFARRS OF NYSCI A SUBJECT CONTRACTS INVOLVING NOT-FOR-PROPTIC THE NEW YORK NOT-FOR-PROPTIC THE WAY PORY NOTO-FOR-PROPTIC ORGANIZATIONS AND THEIR TRUSTEES AND OFFICERS IN SOCI HAS A LUWAYS BEEN CAREFUL TO A VOID CONFLICTS SUBJECT SUBJECT SUBJECT SUBJECT SUBJECT OF TRANSACTIONS AND THEIR TRUSTEES AND OFFICERS IN YSCI HAS A LUWAYS BEEN CAREFUL TO A VOID CONFLICTS SUBJECT SUBJ |
|--|
| 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<br>Reference                            | Explanation   |
|------------|--|---|
|            | FORM 990,<br>PART VI,<br>SECTION B,<br>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 VP EXTERNAL AFFAIRS 2011 |

| Identifier | Return<br>Reference                         | Explanation  |
|------------|---|--|
|            | FORM 990, PART<br>VI, SECTION C,<br>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 |

| ldent | ifier Return Reference         | Explanation   |
|-------|--------------------------------|---|
|       | FORM 990, PART<br>XII, LINE 2C | THERE HAVE BEEN NO CHANGES IN THE OVERSIGHT PROCESS OF THE AUDIT OF NY SCI'S FINANCIAL STATEMENTS OR IN THE SELECTION PROCESS OF AN INDEPENDENT ACCOUNTANT WITHIN THIS TAX YEAR |