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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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www IRS gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
NEW YORK HALL OF SCIENCE

Doing business as

Number and street (or P O box if mail is not delivered to street address) 47-01 111TH STREET | Room/suite

City or town, state or province, country, and ZIP or foreign postal code
CORONA, NY 11368

D Employer identification number
11-2104059

E Telephone number
(718) 699-0005

G Gross receipts $ 25,173,483

F Name and address of principal officer
MARGARET HONEY
47-01 111TH STREET
CORONA, NY 11368

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J **Website: ▶** HTTP //WWW NYSCI ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1964 | M State of legal domicile NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT IN FULL

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	36
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	36
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	377
6	Total number of volunteers (estimate if necessary)	6	45
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	15,618,131	18,373,199
	9	Program service revenue (Part VIII, line 2g)	2,967,859	3,270,019
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	650,643	94,704
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	990,088	748,318
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,226,721	22,486,240
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,089,260	465,738
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	12,124,197	12,421,856
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	121,661	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶3,142,613		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	7,750,088	9,057,565
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	21,085,206	21,945,159
	19	Revenue less expenses Subtract line 18 from line 12	-858,485	541,081
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	70,053,303	70,493,460
	21	Total liabilities (Part X, line 26)	2,405,175	2,289,628
	22	Net assets or fund balances Subtract line 21 from line 20	67,648,128	68,203,832

Part II Signature Block

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

Sign Here

****** 2017-05-15
Signature of officer Date

MARGARET HONEY CHIEF EXECUTIVE OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
GARRETT M HIGGINS	GARRETT M HIGGINS	2017-05-15		P00543209

Firm's name ▶ PKF O'CONNOR DAVIES LLP | Firm's EIN ▶ 27-1728945

Firm's address ▶ 665 FIFTH AVENUE NEW YORK, NY 10022 | Phone no (212) 286-2600

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III . . . . ☑

1 Briefly describe the organization's mission

NYSCI'S MISSION IS TO NURTURE GENERATIONS OF PASSIONATE LEARNERS, CRITICAL THINKERS AND ACTIVE CITIZENS THROUGH AN APPROACH WE CALL DESIGN-MAKE-PLAY EVERY DAY, NYSCI WORKS TO INSPIRE THE WORLD ABOUT THE OPPORTUNITIES OF A FUTURE FUELED BY SCIENCE AND INVENTION THROUGH A GUIDING PHILOSOPHY OF DESIGN-MAKE-PLAY, CENTERED ON DEEP ENGAGEMENT, PERSONAL RELEVANCE, OPEN-ENDED EXPLORATION, IMAGINATIVE LEARNING AND SELF-EFFICACY

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 8,031,980 including grants of $) (Revenue $ 2,490,313)

EXHIBITIONS FOR 50 YEARS, NYSCI HAS BEEN ONE OF THE WORLD'S GREAT SCIENCE MUSEUMS, KNOWN FOR OUR COMMITMENT TO DIVERSE AUDIENCES, OUR THOUGHTFUL EXPERIMENTATION, AND FOR PUSHING THE ENVELOPE ON STEM LEARNING WE'VE DEVELOPED UNFORGETTABLE EXHIBITIONS, PROGRAMS, AND PRODUCTS THAT ENGAGE, EXCITE AND INSPIRE MILLIONS OF VISITORS NYSCI HAS GAINED INTERNATIONAL RECOGNITION AND IS CONSISTENTLY AMONG THE TOP THREE MUSEUM RECIPIENTS OF COMPETITIVE GRANT FUNDING FROM THE NATIONAL SCIENCE FOUNDATION SEE SCHEDULE O FOR CONTINUATIONIN 2015, THE WHITE HOUSE RECOGNIZED NYSCI WITH THE NATION'S HIGHEST HONOR FOR MUSEUMS THE 2015 NATIONAL MEDAL OF THE INSTITUTE FOR MUSEUM AND LIBRARY SERVICES THROUGH ITS PLACE, NYSCI OFFERS EXHIBITS AND PROGRAMS THAT USE DESIGN-MAKE-PLAY METHODOLOGIES TO DEEPEN VISITOR ENGAGEMENT AND CREATE BROAD PATHWAYS OF OPPORTUNITY FOR YOUTH TO PURSUE STEM CAREERS AN UNPARALLELED RANGE OF 450 PERMANENT INTERACTIVE EXHIBITS EXPLORE CHEMISTRY, BIOLOGY, ASTRONOMY, PHYSICS, GENETICS, AND MUCH MORE, ALL GEARED FOR CHILDREN AND ADULTS 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 CONNECTED WORLDS A FIRST-OF-ITS-KIND INTERACTIVE EXPERIENCE, ROOTED IN DATA SYSTEMS AND SUSTAINABILITY SCIENCE, CONNECTED WORLDS IS AN IMMERSIVE EXHIBITION THAT WAS CUSTOM-BUILT FOR THE ICONIC GREAT INSPIRE IN ALL LEARNERS TO MAKE SCIENCE, TECHNOLOGY, ENGINEERING AND MATH IRRESISTIBLE DESIGN LAB THE WORLD'S LARGEST ENGINEERING EXHIBIT OF ITS KIND, DESIGN LAB IS A LIVING LABORATORY FOR NEW INNOVATIONS IN DEVELOPING, TEACHING AND EVALUATING DESIGN-BASED LEARNING VISITORS OF ALL AGES LEARN THE FUNDAMENTALS OF INVENTION AND DESIGN ENGINEERING BY WORKING TOGETHER IN FIVE UNIQUE COLLABORATION AREAS

4b (Code) (Expenses $ 4,338,978 including grants of $) (Revenue $ 432,996)

EDUCATION SCIENCE CAREER LADDER (SCL) PART OF TODAY'S FRIEDMAN CENTER, NYSCI'S 30-YEAR OLD SIGNATURE PROGRAM EMPLOYS HIGH SCHOOL AND COLLEGE STUDENTS TO WORK AS EXPLAINERS ON THE MUSEUM'S FLOOR, ENGAGING THE PUBLIC, CONDUCTING SCIENCE DEMOS, AND FACILITATING PROGRAMS OVER 70% OF EXPLAINERS COME FROM FIRST OR SECOND-GENERATION IMMIGRANT FAMILIES AS WELL AS LOW-INCOME HOUSEHOLDS MORE THAN 3,000 STUDENTS HAVE WORKED AS EXPLAINERS SINCE 1986, OF WHICH 92% OBTAINED COLLEGE DEGREES OR HIGHER (COMPARED TO ONLY 39% OF THEIR PEERS), AND MORE THAN 60% GO ON TO PURSUE STEM CAREERS SEE SCHEDULE O FOR CONTINUATIONALAN J FRIEDMAN CENTER FOR THE DEVELOPMENT OF YOUNG SCIENTISTS CREATED IN HONOR OF THE MEMORY OF DR ALAN J FRIEDMAN, WHO LED THE INSTITUTION FROM 1984 UNTIL 2006, THE FRIEDMAN CENTER NOT ONLY SUSTAINS THE SCIENCE CAREER LADDER, BUT ALSO FACILITATES STRATEGIC INVESTMENTS TO DEVELOP NEW INITIATIVES THAT EXPAND OUR REACH TO YOUTH ACROSS NEW YORK CITY, INCLUDING OPPORTUNITIES LIKE STEM CAREER EVENTS WHERE STEM PROFESSIONALS ARE INVITED TO THE MUSEUM TO SHARE THEIR WORK AND CAREER JOURNEYS WITH YOUNG PEOPLE, AND EXPLAINER TV, WHICH TRAINS THE NEXT GENERATION OF SCIENCE COMMUNICATORS BY ENGAGING THEM IN THE PRODUCTION OF RICH MEDIA CONTENT GIRL POWER HELPS GIRLS BUILD CONFIDENCE AND DEVELOP SKILLS THAT WILL PREPARE THEM TO BE LEADERS IN STEM FIELDS A SERIES OF EDUCATION AND MENTORSHIP PROGRAMS AFFIRM YOUNG WOMEN'S ASPIRATIONS AND PROVIDE TANGIBLE OPPORTUNITIES TO SUPPORT THEM ALONG THEIR EDUCATION AND CAREER PATHWAYS NYSCI PLEDGES TO DIRECTLY IMPACT 2,000 GIRLS ACROSS NEW YORK THIS YEAR, AND CONTINUE TO EXPAND IN FUTURE YEARS NOTICING TOOLS A CREATIVE PLATFORM FOR IRRESISTIBLE STEM LEARNING NOTICING TOOLS ARE A GROUND-BREAKING SUITE OF IPAD APPS THAT MAKE LEARNING MATH AND SCIENCE IRRESISTIBLE THROUGH PLAY, CREATIVE DESIGN PROJECTS, AND COLLABORATION QUEENS 20/20 A MULTIFACETED INITIATIVE TO BUILD CREATIVE STEM EDUCATIONAL OPPORTUNITIES FOR YOUNG PEOPLE AND FAMILIES IN COMMUNITY SCHOOL DISTRICT 24 WORKING IN DEEP PARTNERSHIP WITH DISTRICT LEADERS AND A NETWORK OF SCHOOLS IN THE COMMUNITY, OUR GOAL IS TO OFFER PROGRAMS THAT PROVIDE OUT-OF-SCHOOL TIME STEM OPPORTUNITIES, OFFER CAREER RESOURCES AND CONNECTIONS TO INDUSTRY FOR YOUTH, AND SUPPORT PARENT ENGAGEMENT AND LEADERSHIP

4c (Code) (Expenses $ 3,408,638 including grants of $ 465,738) (Revenue $)

SCIENCE DATA AND NETWORK LITERACY NYSCI HAS ESTABLISHED ITSELF AS THE GLOBAL LEADER IN EDUCATION FOR THE BURGEONING FIELDS OF "BIG DATA AND NETWORK SCIENCE WE HAVE DEVELOPED MULTIPLE PROGRAMS TO BRING DATA SCIENCES TO FORMAL AND INFORMAL LEARNING ENVIRONMENTS, AND HAVE DISCOVERED THE POWER OF NETWORKS AS AN ENTRY POINT INTO DATA SCIENCES THAT IS COMPELLING AND INTUITIVE, WHILE DEVELOPING CRITICAL COMPUTATIONAL THINKING SKILLSSEE SCHEDULE O FOR CONTINUATIONNYSCI NEIGHBORS LAUNCHED IN 2011, NYSCI NEIGHBORS HAS ENGAGED MORE THAN 700 FAMILIES, SCHOOLS, EDUCATORS AND COMMUNITY ORGANIZATIONS WITHIN A TWO-MILE RADIUS OF THE MUSEUM NYSCI NEIGHBORS INVOLVES DEEP COLLABORATION AND PARTNERSHIPS WITH PARENT TEACHER ASSOCIATIONS, PARENT COORDINATORS, SCHOOL LEADERS AND COMMUNITY ORGANIZATIONS TO PROVIDE ENRICHMENT OPPORTUNITIES FOR CHILDREN DURING AND AFTER SCHOOL NYSCI NEIGHBORS ENGAGES COMMUNITY MEMBERS IN EDUCATIONAL ACTIVITIES THAT SUPPORT WHOLE FAMILY LEARNING AND STRATEGIES THAT MITIGATE CULTURAL AND LANGUAGE BARRIERS SCIPLAY THE SARA L SCHUPF FAMILY CENTER FOR PLAY, SCIENCE AND TECHNOLOGY LEARNING IS AN APPLIED RESEARCH CENTER STUDYING HOW OUR INTRINSIC INTEREST IN PLAY CAN FEED OUR CURIOSITY TO LEARN THE RESEARCH TEAM HAS DEVELOPED A SUITE OF DIGITAL AND CURRICULAR TOOLS THAT DRAW ON CHILDREN'S PHYSICAL PLAY AS THE BASIS FOR LEARNING PHYSICS CONCEPTS

See Additional Data

4d Other program services (Describe in Schedule O)

(Expenses $ 597,833 including grants of $) (Revenue $ 346,710)

4e **Total program service expenses ▶** 16,377,429

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (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*	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 I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	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*	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 V*	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			
a	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
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI 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		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *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		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, 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 25a*	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), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *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)			
a	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		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *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	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . ☐

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	123			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	377			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

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

Check if Schedule O contains a response or note to any line in this Part VI . . . ☑

Section A. Governing Body and Management

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	36			
	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	1b	36			
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		No
6	Did the organization have members or stockholders?			6		No
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					
a	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*			9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records
▶MARGARET HONEY PRESIDENT & CEO 47-01 111TH STREET CORONA, NY 11368 (718) 699-0005

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . ☐

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
See Additional Data Table										

Position (do not check more than one box, unless person is both an officer and a director/trustee)

		(D)	(E)	(F)
1b	**Sub-Total** ▶			
c	**Total from continuation sheets to Part VII, Section A** ▶			
d	**Total (add lines 1b and 1c)** ▶	1,771,494	0	352,440

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 17

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
LOCAL PROJECTS 318 WEST 39TH STREET STE 908 NEW YORK, NY 10018	IT DESIGN & CONSULTANT	257,000
MOEYINC 232 THIRD STREET STE E301 BROOKLYN, NY 11215	EXHIBIT DESIGN & FABRICATION	240,595
LIFT MARKETING PO BOX 4554 SARATOGA SPRINGS, NY 12866	MARKETING AND PROMOTIONS	213,654
MAKER MEDIA INC 1105 GRAVENSTEIN HIGHWAY NORTH SEBASTOPOL, CA 95472	MAKER FAIRE MARKETING	154,644
BIG SHOW CONSTRUCTION MANAGEMENT 231 WEST 29TH STREET 504 NEW YORK, NY 10001	CONSTRUCTION MANAGEMENT	149,121

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 ▶ 7

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . .

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b 521,666				
	c	Fundraising events	1c 975,054				
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e 6,788,963				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 10,087,516				
	g	Noncash contributions included in lines 1a-1f $	2,908,337				
	h	**Total.** Add lines 1a-1f . . . . ▶		18,373,199			
Program Service Revenue			Business Code				
	2a	ADMISSIONS	713990	2,490,313	2,490,313		
	b	EDUCATION/TRAINING	611710	432,996	432,996		
	c	PUBLIC PROGRAMS	611710	346,710	346,710		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . ▶		3,270,019			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . ▶		90,806			90,806
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . ▶		11,955			11,955
			(i) Real / (ii) Personal				
	6a	Gross rents	(i) 314,965 / (ii)				
	b	Less rental expenses	(i) 301,293 / (ii)				
	c	Rental income or (loss)	(i) 13,672 / (ii)				
	d	Net rental income or (loss) . . . . ▶		13,672			13,672
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	(i) 2,143,590 / (ii)				
	b	Less cost or other basis and sales expenses	(i) 2,139,692 / (ii)				
	c	Gain or (loss)	(i) 3,898 / (ii)				
	d	Net gain or (loss) . . . . ▶		3,898			3,898
	8a	Gross income from fundraising events (not including $ 975,054 of contributions reported on line 1c) See Part IV, line 18 . .	a 377,608				
	b	Less direct expenses . . .	b 246,258				
	c	Net income or (loss) from fundraising events . . ▶		131,350			131,350
	9a	Gross income from gaming activities See Part IV, line 19 . . .	a				
	b	Less direct expenses . . .	b				
	c	Net income or (loss) from gaming activities . . . ▶					
	10a	Gross sales of inventory, less returns and allowances .	a				
	b	Less cost of goods sold . .	b				
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a	PARKING LOT INCOME	812930	364,024			364,024
	b	GIFT SHOP	453220	122,853			122,853
	c	RESTAURANT/CATERING	722210	50,284			50,284
	d	All other revenue		54,180			54,180
	e	**Total.** Add lines 11a–11d . . . . . . ▶		591,341			
	12	**Total revenue.** See Instructions . . . . . . ▶		22,486,240	3,270,019	0	843,022

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 or note to any line in this Part IX . . . . ☐

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	465,738	465,738		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,329,314	908,704	178,893	241,717
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	8,047,432	5,390,906	1,161,360	1,495,166
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	822,384	578,678	94,905	148,801
9	Other employee benefits	1,360,893	942,591	163,551	254,751
10	Payroll taxes	861,833	604,671	101,145	156,017
11	Fees for services (non-employees)				
a	Management				
b	Legal	58,857	16,337	37,763	4,757
c	Accounting	68,400	12,253	51,300	4,847
d	Lobbying	220,262	220,262		
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	47,591		47,591	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	506,892	365,382	61,230	80,280
12	Advertising and promotion	189,011	159,846	3,206	25,959
13	Office expenses	740,034	540,477	88,584	110,973
14	Information technology	329,725	150,356	95,148	84,221
15	Royalties . .				
16	Occupancy				
17	Travel	154,682	110,304	23,539	20,839
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	50,082	36,460	5,696	7,926
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,994,665	4,900,165	41,545	52,955
23	Insurance	227,203	221,914	2,122	3,167
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	OTHER OPERATING EXPENSE	572,801	231,543	102,682	238,576
b	CONTRIBUTIONS IN KIND	332,023	59,494	129,600	142,929
c	EXHIBIT RENTAL & MAINT	313,622	237,883	15,112	60,627
d	NONCAPITALIZED EQUIP	167,458	139,208	20,145	8,105
e	All other expenses	84,257	84,257		
25	**Total functional expenses.** Add lines 1 through 24e	21,945,159	16,377,429	2,425,117	3,142,613
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**

Check if Schedule O contains a response or note to any line in this Part X . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		2,295,302	1	3,134,563
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		3,169,225	3	4,607,183
	4	Accounts receivable, net		347,245	4	356,658
	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	
	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	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		217,487	9	570,243
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 91,676,253			
	b	Less accumulated depreciation	10b 36,317,080	57,773,602	10c	55,359,173
	11	Investments—publicly traded securities		6,250,442	11	6,465,640
	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			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		70,053,303	16	70,493,460
Liabilities	17	Accounts payable and accrued expenses		2,143,660	17	2,102,696
	18	Grants payable			18	
	19	Deferred revenue		261,515	19	186,932
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	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 D			25	
	26	**Total liabilities.** Add lines 17 through 25		2,405,175	26	2,289,628
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		5,477,267	27	4,392,117
	28	Temporarily restricted net assets		61,670,801	28	63,302,813
	29	Permanently restricted net assets		500,060	29	508,902
		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	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		67,648,128	33	68,203,832
	34	Total liabilities and net assets/fund balances		70,053,303	34	70,493,460

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	22,486,240
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,945,159
3	Revenue less expenses Subtract line 2 from line 1	3	541,081
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	67,648,128
5	Net unrealized gains (losses) on investments	5	14,623
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	68,203,832

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other ________ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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 separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID:
Software Version:
EIN: 11-2104059
Name: NEW YORK HALL OF SCIENCE

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

(Code) (Expenses $ 597,833 including grants of $) (Revenue $ 346,710)

PUBLIC PROGRAMS MAKER SPACE OCCUPYING 1,200 SQUARE FEET, MAKER SPACE IS A DYNAMIC LEARNING ENVIRONMENT AT NYSCI WHERE ASPIRING MAKERS OF ALL AGES TINKER, EXPERIMENT, CREATE, SHARE IDEAS AND WORK WITH PHYSICAL AND DIGITAL TOOLS YEAR-ROUND FROM WOODWORKING AND PLASTER CASTING TO ELECTRONICS AND 3D PRINTING, CHILDREN, TEENS, ADULTS AND FAMILIES CAN TINKER, DESIGN AND CREATE TOGETHER WITH THE BELIEF THAT MAKING MISTAKES IS A GREAT WAY TO LEARN WORLD MAKER FAIRE AN ANNUAL WEEKEND OF CREATIVITY, DISCOVERY, AND INNOVATION THAT IS EQUAL PARTS SCIENCE FAIR, CARNIVAL, TECH CONVENTION, ART FESTIVAL, AND GATHERING FOR PEOPLE INTERESTED IN ALL KINDS OF DO-IT-YOURSELF ENGINEERING WORLD MAKER FAIRE ATTRACTS NEARLY 100,000 PEOPLE FROM ALL AROUND THE COUNTRY AND THE WORLD EARLY CHILDHOOD AND FAMILY LEARNING INITIATIVES THESE PROGRAMS - INCLUDING PRESCHOOL PLACE, LITTLE MAKERS AND FAMILY SCIENCE ADVENTURES - EMPOWER YOUNG CHILDREN AS MAKERS, USING ENGAGING DESIGN-BASED CHALLENGES AND SCIENCE EXPERIENCES TO FOSTER CREATIVITY AND LEARNING

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
FRANCISCO D'SOUZA CO-CHAIR	3 00	X		X				0	0	0
MELISSA G VAIL CO-CHAIR	10 00	X		X				0	0	0
STUART FISCHER SECRETARY	7 00	X		X				0	0	0
MARTIN R KUPFERBERG TREASURER	3 00	X		X				0	0	0
AL BUNSHAFT TRUSTEE	2 00	X						0	0	0
ED CHAN TRUSTEE	1 00	X						0	0	0
DAVID CHRISTMAN TRUSTEE	1 00	X						0	0	0
ANTHONY CIOFFI TRUSTEE UNTIL 6/15/16	1 00	X						0	0	0
RAVENEL B CURRY III TRUSTEE	2 00	X						0	0	0
NICHOLAS M DONOFRIO TRUSTEE UNTIL 12/1/16	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
ATUL DUBEY TRUSTEE	1 00	X						0	0	0
SETH H DUBIN TRUSTEE	2 00	X						0	0	0
ANNA M EWING TRUSTEE	2 00	X						0	0	0
JOSEPH R FICALORA TRUSTEE	1 00	X						0	0	0
JAMES A FIRESTONE TRUSTEE	1 00	X						0	0	0
JOHN J GILBERT III TRUSTEE	1 00	X						0	0	0
SIBYL R GOLDEN TRUSTEE	1 00	X						0	0	0
EDWARD D HOROWITZ TRUSTEE	2 00	X						0	0	0
MARY E KELLY TRUSTEE	1 00	X						0	0	0
JAMES KOREIN TRUSTEE	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
ARVIND KRISHNA TRUSTEE	1 00	X						0	0	0
HENDRIK LAMMERS TRUSTEE	1 00	X						0	0	0
JEFFREY R LIBSHUTZ TRUSTEE	1 00	X						0	0	0
YVONNE LIU TRUSTEE	1 00	X						0	0	0
PAUL J MADDON TRUSTEE	1 00	X						0	0	0
MARY JANE MCCARTNEY TRUSTEE	5 00	X						0	0	0
REGINA MEREDITH-CARPENI TRUSTEE	1 00	X						0	0	0
LOUIS MODANO TRUSTEE	1 00	X						0	0	0
DAVID NEWMAN TRUSTEE UNTIL 11/7/16	1 00	X						0	0	0
DEVESH RAJ TRUSTEE	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
STEPHEN H SANDS TRUSTEE	2 00	X						0	0	0
LINDA S SANFORD TRUSTEE	1 00	X						0	0	0
SARA LEE SCHUPF TRUSTEE	1 00	X						0	0	0
ANIL SHRIVASTAVA TRUSTEE	2 00	X						0	0	0
ALAN SINSHEIMER TRUSTEE	1 00	X						0	0	0
JEANNE M SULLIVAN TRUSTEE	2 00	X						0	0	0
MINERVA TANTOCO TRUSTEE	1 00	X						0	0	0
KARENANN TERRELL TRUSTEE	1 00	X						0	0	0
JAMES S WIENER TRUSTEE	1 00	X						0	0	0
BERT WELLS TRUSTEE UNTIL 6/15/16	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARGARET HONEY PRESIDENT & CEO	35 00			X				368,968	0	67,582
PATRICIA HUIE CHIEF FINANCIAL OFFICER	35 00			X				177,868	0	30,249
ROBERT LOGAN EXECUTIVE VP & COO	35 00			X				175,882	0	25,753
KIRYN HOFFMAN VP INSTITUTIONAL ADVANCEMENT	35 00				X			199,235	0	39,752
DANNY WEMPA VP EXTERNAL AFFAIRS	35 00				X			175,229	0	26,208
DOUGLAS NIELSON MOOR VP DIGITAL EDUCATION STRATEGY	35 00					X		151,237	0	41,816
SUHUI WON ASST VP INSTITUTIONAL ADVANCEMENT	35 00					X		137,142	0	31,777
ROBIN L ROBIN VP HUMAN RESOURCES	35 00					X		129,830	0	15,068
STEPHEN MILES UZZO VP SCIENCE & TECHNOLOGY	35 00					X		129,524	0	40,985
HAROUNA BA DIRECTOR SCIPLAY	35 00					X		126,579	0	33,250

SCHEDULE A (Form 990 or 990EZ)

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047
2015
Open to Public Inspection

Name of the organization
NEW YORK HALL OF SCIENCE

Employer identification number
11-2104059

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state ____________

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . ____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	14,250,132	20,566,954	15,797,962	15,618,131	18,373,199	84,606,378
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge	574,974	503,641	593,556	551,616	496,031	2,719,818
4 **Total.** Add lines 1 through 3	14,825,106	21,070,595	16,391,518	16,169,747	18,869,230	87,326,196
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5,017,556
6 **Public support.** Subtract line 5 from line 4						82,308,640

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	14,825,106	21,070,595	16,391,518	16,169,747	18,869,230	87,326,196
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	577,228	607,670	603,005	653,487	417,726	2,859,116
9 Net income from unrelated business activities, whether or not the business is regularly carried on			327,036	300,815	131,350	759,201
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	218,428	204,744	356,464	359,122	591,341	1,730,099
11 **Total support.** Add lines 7 through 10						92,674,612

12 Gross receipts from related activities, etc (see instructions) | 12 | 15,372,437

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) | 14 | 88 810 %

15 Public support percentage for 2014 Schedule A, Part II, line 14 | 15 | 92 490 %

16a **33 1/3% support test—2015.** 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—2014.** 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—2015.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2014.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2014.** 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 ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Part IV **Supporting Organizations** (continued)

Section B. Type I Supporting Organizations

		Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

		Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

a ☐ The organization satisfied the Activities Test Complete **line 2** below

b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below

c ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

		Yes	No
2 Activities Test **Answer (a) and (b) below.**			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3 Parent of Supported Organizations **Answer (a) and (b) below.**			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI*	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard*	3b		

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E ☐

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) ______			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013. . . . . . . ______			
e From 2014. . . . . . . ______			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $ ______			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013. . . . . . . ______			
d From 2014. . . . . . . ______			
e From 2015. . . . . . . ______			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	MISCELLANEOUS INCOME - 2011 AMOUNT $ 37,452 2012 AMOUNT $ 22,935 2013 AMOUNT $ 8,732 2014 AMOUNT $ 42,550 2015 AMOUNT $ 54,180 PARKING INCOME - 2011 AMOUNT $ 131,222 2012 AMOUNT $ 125,890 2013 AMOUNT $ 284,363 2014 AMOUNT $ 130,335 2015 AMOUNT $ 364,024 RESTAURANT/STORE - 2011 AMOUNT $ 49,754 2012 AMOUNT $ 55,919 2013 AMOUNT $ 63,369 2014 AMOUNT $ 186,237 2015 AMOUNT $ 173,137

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), 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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 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).

1 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 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 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 ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 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

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter the amount from the following table in both columns		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

		(a)	(b)
g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a If zero or less, enter -0-		
i	Subtract line 1f from line 1c If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period

	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
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			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		220,262
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total Add lines 1c through 1i			220,262
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?			

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

			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		

Part III-B **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, 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).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV **Supplemental Information**

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, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
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 LOBBYING COSTS ARE DISCLOSED ON SCHEDULE C, PART II-B, LINE 1G

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
NEW YORK HALL OF SCIENCE

Employer identification number
11-2104059

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶______________

4 Number of states where property subject to conservation easement is located ▶______________

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶______________

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ $ ______________

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ ______________

(ii) Assets included in Form 990, Part X ▶ $ ______________

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ ______________

b Assets included in Form 990, Part X ▶ $ ______________

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

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

- **a** ☑ Public exhibition
- **b** ☐ Scholarly research
- **c** ☐ Preservation for future generations
- **d** ☑ Loan or exchange programs
- **e** ☐ Other

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

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

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

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

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

		Amount
c Beginning balance	**1c**	
d Additions during the year	**1d**	
e Distributions during the year	**1e**	
f Ending balance	**1f**	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ **Yes** ☐ **No**

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

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

	(a) Current year	**(b)** Prior year	**(c)** Two years back	**(d)** Three years back	**(e)** Four years back
1a Beginning of year balance	2,859,884	2,573,854	2,357,482	2,038,199	1,734,354
b Contributions	8,842	103,635	1,000	363,975	290,818
c Net investment earnings, gains, and losses	49,335	329,862	394,436	187,665	79,394
d Grants or scholarships					
e Other expenditures for facilities and programs	111,499	120,257	156,434	215,614	53,255
f Administrative expenses	28,611	27,210	22,630	16,743	13,112
g End of year balance	2,777,951	2,859,884	2,573,854	2,357,482	2,038,199

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

a Board designated or quasi-endowment ▶ 72 000 %

b Permanent endowment ▶ 18 320 %

c Temporarily restricted endowment ▶ 9 680 %

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

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

		Yes	**No**
(i) unrelated organizations	**3a(i)**		No
(ii) related organizations	**3a(ii)**		No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	**3b**		

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

Part VI **Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	**(a)** Cost or other basis (investment)	**(b)** Cost or other basis (other)	**(c)** Accumulated depreciation	**(d)** Book value
1a Land				
b Buildings		87,651,825	34,793,493	52,858,332
c Leasehold improvements				
d Equipment		3,951,522	1,452,781	2,498,741
e Other		72,906	70,806	2,100
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				55,359,173

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* . . . . ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
Federal income taxes	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	23,613,618
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	14,623		
b	Donated services and use of facilities	2b	612,795		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	547,551		
e	Add lines **2a** through **2d**			2e	1,174,969
3	Subtract line **2e** from line **1**			3	22,438,649
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	47,591		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	47,591
5	Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12)			5	22,486,240

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	23,057,914
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	612,795		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	547,551		
e	Add lines **2a** through **2d**			2e	1,160,346
3	Subtract line **2e** from line **1**			3	21,897,568
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	47,591		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	47,591
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	21,945,159

Part XIII Supplemental Information

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

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 XIII Supplemental Information *(continued)*

Return Reference	Explanation
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
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 OR DISCLOSURE NYSCI IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO FISCAL 2013
PART XI, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES REPORTED ON PART VIII LINE 6B 301,293 DIRECT EXPENSE FOR FUNDRAISING GALA REPORTED ON PART VIII LINE 8B 246,258
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES REPORTED ON PART VIII LINE 6B 301,293 DIRECT EXPENSE FOR FUNDRAISING GALA REPORTED ON PART VIII LINE 8B 246,258

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

▶Attach to Form 990 or Form 990-EZ

▶Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www irs gov/form990*

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
NEW YORK HALL OF SCIENCE

Employer identification number
11-2104059

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

a ☐ Mail solicitations

b ☐ Internet and email solicitations

c ☐ Phone solicitations

d ☐ In-person solicitations

e ☐ Solicitation of non-government grants

f ☐ Solicitation of government grants

g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

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

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions?		**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
		Yes	**No**			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

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

Part II Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 ANNUAL GALA (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	1,352,662			1,352,662
	2 Less Contributions	975,054			975,054
	3 Gross income (line 1 minus line 2)	377,608			377,608
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	141,150			141,150
	8 Entertainment	71,493			71,493
	9 Other direct expenses	33,615			33,615
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				246,258
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				131,350

Part III Gaming.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities ______

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain ______

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

b If "Yes," explain ______

11 Does the organization conduct gaming activities with nonmembers? ☐ **Yes** ☐ **No**

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ **Yes** ☐ **No**

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ **Yes** ☐ **No**

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ________ and the amount of gaming revenue retained by the third party ▶ $ ________

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

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

Return Reference	Explanation

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
NEW YORK HALL OF SCIENCE

Employer identification number
11-2104059

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on 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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 5

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

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

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

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
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, SCHEDULE I, PART II LINE 1, COL (H) GRANT PURPOSE	THE PURPOSE OF GRANT ASSISTANCE TO DOMESTIC ORGANIZATIONS IS AS FOLLOWS 1 DESIGN IO LLC PAYMENT FOR SERVICES RENDERED IN CONNECTION WITH A RESEARCH GRANT FOCUSING ON EDUCATION AND HUMAN RESOURCES 2 LOCAL PROJECTS, LLC PAYMENT FOR SERVICES RENDERED IN CONNECTION WITH A RESEARCH GRANT FOCUSING ON EDUCATION AND HUMAN RESOURCES 3 AMERICAN INSTITUTE FOR RESEARCH IN THE BEHAVIORAL SCIENCES PAYMENT FOR SERVICES RENDERED IN CONNECTION WITH A FEDERAL RESEARCH GRANT FOCUSING ON INVESTING IN INNOVATION (I3) FUND RECOVERY ACT 4 CHILDREN'S DISCOVERY MUSEUM OF SAN JOSE PAYMENT FOR SERVICES RENDERED IN CONNECTION WITH A GRANT FOCUSING ON SCIENCE AND MATH LEARNING 5 THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK PAYMENT FOR SERVICES RENDERED IN CONNECTION WITH A RESEARCH GRANT FOCUSING ON COMPUTER AND INFORMATION SCIENCE AND ENGINEERING 6 THE TECH MUSEUM OF INNOVATION PAYMENT FOR SERVICES RENDERED IN CONNECTION WITH A RESEARCH GRANT FOCUSING ON NATIONAL LEADERSHIP GRANTS 7 SCIENCE MUSEUM OF MINNESOTA PAYMENT FOR SERVICES RENDERED IN CONNECTION WITH A RESEARCH GRANT FOCUSING ON NATIONAL LEADERSHIP GRANTS 8 ROCKMAN ET AL, INC PAYMENT FOR SERVICES RENDERED IN CONNECTION WITH A RESEARCH GRANT FOCUSING ON BASIC AND APPLIED SCIENTIFIC RESEARCH

Additional Data

Software ID:
Software Version:
EIN: 11-2104059
Name: NEW YORK HALL OF SCIENCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DESIGN IO LLC 37 DIMICK ST 3 SOMERVILLE,MA 02143	27-3820664	N/A	118,831				SEE PART IV
LOCAL PROJECTS LLC 123 WILLIAM ST STE 801 NEW YORK,NY 10038	20-1408531	N/A	103,063				SEE PART IV
AMERICAN INSTITUTE FOR RESEARCH IN THE BEHAVIORAL SCIENCES 1000 THOMAS JEFFERSON STREET - NW WASHINGTON,DC 20007	25-0965219	501(C)(3)	81,742				SEE PART IV

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S DISCOVERY MUSEUM OF SAN JOSE 180 WOZ WAY SAN JOSE,CA 95110	94-2870828	501(C)(3)	52,129				SEE PART IV
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK 615 WEST 131ST STREET NEW YORK,NY 10025	13-5598093	501(C)(3)	48,641				SEE PART IV
THE TECH MUSEUM OF INNOVATION 201 S MARKET STREET SAN JOSE,CA 95113	94-2864660	501(C)(3)	23,000				SEE PART IV

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SCIENCE MUSEUM OF MINNESOTA 120 W KELLOGG BLVD SAINT PAUL,MN 55102	41-0706172	501(C)(3)	21,553				SEE PART IV
ROCKMAN ET AL INC 595 MARKET STREET SUITE 2570 SAN FRANCISCO,CA 94105	94-3400371	N/A	12,400				SEE PART IV

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
NEW YORK HALL OF SCIENCE

Employer identification number
11-2104059

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on 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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	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 on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	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?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		No
b	Any related organization?	6b		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on 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	Yes	
8	Were any amounts reported on 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 in Part III	8		No
9	If "Yes" on 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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

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

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1 MARGARET HONEY PRESIDENT & CEO	**(i)**	301,283	54,166	13,519	27,300	40,282	436,550	0
	(ii)	0	0	0	0	0	0	0
2 PATRICIA HUIE CHIEF FINANCIAL OFFICER	**(i)**	174,508	3,000	360	16,403	13,846	208,117	0
	(ii)	0	0	0	0	0	0	0
3 ROBERT LOGAN EXECUTIVE VP & COO	**(i)**	171,332	3,000	1,550	15,766	9,987	201,635	0
	(ii)	0	0	0	0	0	0	0
4 KIRYN HOFFMAN VP INSTITUTIONAL ADVANCEMENT	**(i)**	196,073	3,000	162	18,130	21,622	238,987	0
	(ii)	0	0	0	0	0	0	0
5 DANNY WEMPA VP EXTERNAL AFFAIRS	**(i)**	171,869	3,000	360	15,925	10,283	201,437	0
	(ii)	0	0	0	0	0	0	0
6 DOUGLAS NIELSON MOOR VP DIGITAL EDUCATION STRATEGY	**(i)**	124,135	27,000	102	12,285	29,531	193,053	0
	(ii)	0	0	0	0	0	0	0
7 SUHUI WON ASST VP INSTITUTIONAL ADVANCEMENT	**(i)**	134,050	3,000	92	12,285	19,492	168,919	0
	(ii)	0	0	0	0	0	0	0
8 STEPHEN MILES UZZO VP SCIENCE & TECHNOLOGY	**(i)**	127,281	1,063	1,180	11,874	29,111	170,509	0
	(ii)	0	0	0	0	0	0	0
9 HAROUNA BA DIRECTOR SCIPLAY	**(i)**	126,166	0	413	11,284	21,966	159,829	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 7	PERFORMANCE BONUSES WERE AWARDED TO OFFICERS, KEY EMPLOYEES, AND HIGHEST COMPENSATED EMPLOYEES AS REPORTED ON PART II, COLUMN B(II)

Additional Data

Software ID:
Software Version:
EIN: 11-2104059
Name: NEW YORK HALL OF SCIENCE

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MARGARET HONEY PRESIDENT & CEO	(i)	301,283	54,166	13,519	27,300	40,282	436,550	0
	(ii)	0	0	0	0	-0	-0	0
1 PATRICIA HUIE CHIEF FINANCIAL OFFICER	(i)	174,508	3,000	360	16,403	13,846	208,117	0
	(ii)	0	0	0	0	-0	-0	0
2 ROBERT LOGAN EXECUTIVE VP & COO	(i)	171,332	3,000	1,550	15,766	9,987	201,635	0
	(ii)	0	0	0	0	-0	-0	0
3 KIRYN HOFFMAN VP INSTITUTIONAL ADVANCEMENT	(i)	196,073	3,000	162	18,130	21,622	238,987	0
	(ii)	0	0	0	0	-0	-0	0
4 DANNY WEMPA VP EXTERNAL AFFAIRS	(i)	171,869	3,000	360	15,925	10,283	201,437	0
	(ii)	0	0	0	0	-0	-0	0
5 DOUGLAS NIELSON MOOR VP DIGITAL EDUCATION STRATEGY	(i)	124,135	27,000	102	12,285	29,531	193,053	0
	(ii)	0	0	0	0	-0	-0	0
6 SUHUI WON ASST VP INSTITUTIONAL ADVANCEMENT	(i)	134,050	3,000	92	12,285	19,492	168,919	0
	(ii)	0	0	0	0	-0	-0	0
7 STEPHEN MILES UZZO VP SCIENCE & TECHNOLOGY	(i)	127,281	1,063	1,180	11,874	29,111	170,509	0
	(ii)	0	0	0	0	-0	-0	0
8 HAROUNA BA DIRECTOR SCIPLAY	(i)	126,166	0	413	11,284	21,966	159,829	0
	(ii)	0	0	0	0	-0	-0	0

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at *www.irs.gov/form990*

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
NEW YORK HALL OF SCIENCE

Employer identification number
11-2104059

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	5	154,611	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (EQUIP/PROP)	X	4	2,753,726	FMV
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — **29**

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b If "Yes," describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b If "Yes," describe in Part II			
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II Supplemental Information.

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.

Return Reference	Explanation
PART I, COLUMN (B)	THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS IN SCHEDULE M, PART I, COLUMN (B)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
NEW YORK HALL OF SCIENCE

Employer identification number
11-2104059

Return Reference	Explanation
FORM 990, PART I, LINE 1	FOUNDED DURING THE 1964 - 1965 WORLD'S FAIR, THE NEW YORK HALL OF SCIENCE (NYSCI) IS RECOGNIZED FOR ITS GROUNDBREAKING EXHIBITIONS, INNOVATIVE EDUCATIONAL PROGRAMS, YOUTH DEVELOPMENT AND MENTORSHIP PROGRAMS, PROFESSIONAL DEVELOPMENT INITIATIVES FOR K - 12 TEACHERS, AND SPECIAL EVENTS SUCH AS THE ANNUAL WORLD MAKER FAIRE. NYSCI IS NOT ONLY THE CITY'S LEADING HANDS-ON MUSEUM IN SCIENCE AND TECHNOLOGY, IT IS ALSO A GLOBAL LEADER IN INFORMAL EDUCATION IN SCIENCE, TECHNOLOGY, ENGINEERING AND MATH (STEM) NYSCI TRANSFORMS THE WAY PEOPLE THINK AND LEARN, WORKING CLOSELY WITH CHILDREN AND TEACHERS LOCALLY, REGIONALLY, NATIONALLY AND INTERNATIONALLY ANNUALLY, IT SERVES MORE THAN 500,000 PEOPLE OF ALL AGES AND BACKGROUNDS, HELPING THEM TO EXPERIENCE THE WONDERS OF SCIENCE, TECHNOLOGY, ENGINEERING AND MATHEMATICS NYSCI EDUCATORS, SCIENTISTS AND EXHIBIT DESIGNERS WORK TOGETHER TO STUDY EVERY POINT ALONG THE PATHWAY OF STEM LEARNING AND DEVELOP TECHNIQUES AND PRODUCTS TO INNOVATE STEM EDUCATION IN INFORMAL AND FORMAL SETTINGS, CREATE CURRICULUM AND LEARNING TOOLS TO BE USED IN THE CLASSROOM, AND NURTURE THE DEVELOPMENT OF TEACHERS NYSCI ALSO PROVIDES UNMATCHED MENTORSHIP FOR MOTIVATED YOUNG PEOPLE WHO ARE INTERESTED IN PURSUING VOCATIONS IN THE STEM FIELDS EVERY DAY, NYSCI WORKS TO INSPIRE THE WORLD ABOUT THE OPPORTUNITIES OF A FUTURE FUELED BY SCIENCE AND INVENTION THROUGH A GUIDING PHILOSOPHY WE CALL DESIGN-MAKE-PLAY, CENTERED ON DEEP ENGAGEMENT, PERSONAL RELEVANCE, OPEN-ENDED EXPLORATION, IMAGINATIVE LEARNING AND SELF-EFFICACY THROUGH OUR DESIGN-MAKE-PLAY APPROACH, WE ARE CREATING A DISTINCTIVE SET OF RESOURCES THAT HAVE A MEASURABLE AND SCALABLE IMPACT ON HOW PEOPLE LEARN THE MUSEUM IS A VITAL PLACE FOR LEARNING, OUR INNOVATIVE PRODUCTS EXTEND THIS LEARNING FAR BEYOND OUR WALLS, AND OUR EXTENSIVE NETWORK OF PARTNERSHIPS DEEPEN AND WIDEN OUR IMPACT LOCALLY, NATIONALLY, AND INTERNATIONALLY

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	-BOARD OF TRUSTEE MEMBER ALAN SINSHEIMER AND BOARD OF TRUSTEE MEMBER SETH DUBIN HAVE A FAMILY RELATIONSHIP -BOARD OF TRUSTEE MEMBER LINDA SANFORD IS DIRECTOR AT CON EDISON WHERE BOARD OF TRUSTEE MEMBER MARY KELLY IS AN EXECUTIVE -BOARD OF TRUSTEE MEMBERS NICHOLAS DONOFRIO, ARVIND KRISHNA AND LINDA SANFORD ARE AFFILIATED WITH IBM

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE CHIEF FINANCIAL OFFICER ENGAGES AN EXTERNAL ACCOUNTING FIRM TO PREPARE FORM 990 A DRAFT IS REVIEWED WITH CHIEF EXECUTIVE OFFICER. FORM 990 IS THEN PROVIDED TO EACH VOTING BOARD MEMBER ELECTRONICALLY VIA EMAIL BEFORE FILING THE CHIEF FINANCIAL OFFICER IN CONJUNCTION WITH THE CHIEF EXECUTIVE OFFICER, RESPONDS TO ANY COMMENTS AND QUESTIONS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	NYSCI'S TRANSPARENCY POLICY INTRODUCTION THE INTERNAL REVENUE CODE IMPOSES PENALTY TAXES IF NYSCI WERE TO ENTER INTO AN EXCESS BENEFIT TRANSACTION WITH A TRUSTEE OR OFFICER OF NYSCI OR WITH ANYONE ELSE WHO, DURING THE PRIOR FIVE YEARS, HAS BEEN IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER THE AFFAIRS OF NYSCI A SIMILAR CONCERN ABOUT CONFLICTS OF INTEREST ALSO INFORMS THE NEW YORK NOT-FOR-PROFIT LAW PROVISIONS ABOUT CONTRACTS INVOLVING NOT-FOR-PROFIT ORGANIZATIONS AND THEIR TRUSTEES AND OFFICERS NYSCI HAS ALWAYS BEEN CAREFUL TO AVOID CONFLICTS ISSUES NEVERTHELESS, IT IS APPROPRIATE TO SET OUT NYSCI'S POLICY IN A WRITTEN STATEMENT WHICH DRAWS FROM THE REQUIREMENTS OF FEDERAL AND STATE LAW AND ALSO FROM OTHER PRINCIPLES OF GOOD MANAGEMENT DEFINITIONS A PERSON WHO HAS "SUBSTANTIAL INFLUENCE OVER THE AFFAIRS OF NYSCI" MEANS EACH TRUSTEE AND EACH SENIOR OFFICER OF NYSCI INCLUDING ALL NYSCI EMPLOYEES WHO ARE AT THE LEVEL OF DIRECTOR OR ABOVE FOR OUR PURPOSES, IT ALSO MEANS A CORPORATION IN WHICH A TRUSTEE OR A SENIOR OFFICER IS A DIRECTOR OR OFFICER OR CONTROLS AT LEAST 10% OF THE VOTING POWER AND A PARTNERSHIP IN WHICH A TRUSTEE OR A SENIOR OFFICER IS ENTITLED TO AT LEAST 10% OF THE PROFITS WE CALL EACH OF THOSE PEOPLE AND ENTITIES AN "INFLUENTIAL PERSON " THAT ALSO INCLUDES AN INDIVIDUAL'S SPOUSE OR SIGNIFICANT OTHER, PARENTS, CHILDREN AND THEIR SPOUSES, SISTERS AND BROTHERS, AND SISTERS- AND BROTHERS-IN-LAW AN EXCESS BENEFIT TRANSACTION IS A TRANSACTION IN WHICH NYSCI PROVIDES TO AN INFLUENTIAL PERSON AN ECONOMIC BENEFIT THAT IS WORTH MORE THAN THE GOODS OR SERVICES THAT NYSCI RECEIVES IN RETURN THE "REVIEWER" IS THE COMMITTEE DESIGNATED BY THE CHAIRMAN TO REVIEW TRANSACTIONS THAT REQUIRE AUTHORIZATION UNDER THIS POLICY STATEMENT REVIEW WITHOUT FIRST RECEIVING AUTHORIZATION FROM THE REVIEWER A) NYSCI MAY NOT DO BUSINESS WITH AN INFLUENTIAL PERSON, B) NO INFLUENTIAL PERSON MAY ACCEPT A GIFT OR LOAN (OTHER THAN A LOAN IN THE NORMAL COURSE OF THE LENDER'S BUSINESS) FROM A CONTRACTOR OR VENDOR OF NYSCI AND THAT HAS A VALUE OF MORE THAN $100, C) NYSCI MAY NOT MAKE A CONTRIBUTION TO ANY CHARITY OF WHICH AN INFLUENTIAL PERSON IS A DIRECTOR OR OFFICER, AND D) NO INFLUENTIAL PERSON MAY GIVE OR LOAN TO AN EMPLOYEE OF NYSCI, NOR MAY AN EMPLOYEE OF NYSCI GIVE OR LOAN TO AN INFLUENTIAL PERSON, MORE THAN $1,000 THE REVIEWER MAY DECLINE TO GRANT AUTHORIZATION FOR A TRANSACTION UNDER (A) ONLY IF THE REVIEWER DETERMINES THAT THE PROPOSED TRANSACTION WOULD BE AN EXCESS BENEFIT TRANSACTION THE REVIEWER MAY DECLINE TO GRANT AUTHORIZATION FOR A TRANSACTION UNDER (B), (C), OR (D) ONLY IF THE REVIEWER DETERMINES THAT THE PROPOSED TRANSACTION WOULD BE INIMICAL, OR MAY BE SEEN TO BE INIMICAL, TO RESPONSIBLE MANAGEMENT OF NYSCI LARGE CONTRACTS BEFORE NYSCI ENTERS INTO ANY AGREEMENT FOR MORE THAN 2 5% OF NYSCI'S OPERATING BUDGET, IT SHALL NOTIFY THE REVIEWER OF THE NATURE OF THE AGREEMENT AND THE NAME OF THE OTHER PARTY AND FURNISH WHATEVER INFORMATION IT HAS IN ITS POSSESSION ABOUT THE OWNERSHIP AND CONTROL OF THE OTHER PARTY THE REVIEWER SHALL BE DEEMED TO HAVE AUTHORIZED NYSCI TO ENTER INTO THE AGREEMENT UNLESS IT NOTIFIES NYSCI WITHIN SEVEN DAYS THAT THE AGREEMENT CONTEMPLATES A TRANSACTION THAT, BY REASONS OF THE IDENTITY OF THE PARTIES, REQUIRES FURTHER REVIEW UNDER THIS POLICY STATEMENT NOTIFICATION EACH INFLUENTIAL PERSON MUST NOTIFY THE REVIEWER UPON BECOMING AWARE THAT NYSCI IS DOING BUSINESS, OR IS CONSIDERING DOING BUSINESS, WITH THAT INFLUENTIAL PERSON IN ADDITION, ONCE EACH YEAR AT A TIME DESIGNATED BY THE CHAIRMAN, EACH INFLUENTIAL PERSON SHALL SUBMIT TO THE REVIEWER A COMPLETED QUESTIONNAIRE IN THE FORM ATTACHED TO THIS POLICY STATEMENT REPETITIVE BUSINESS IN THE EVENT THAT AN INFLUENTIAL PERSON AND NYSCI EXPECT TO ENGAGE IN REPETITIVE BUSINESS, THE REVIEWER MAY PROSPECTIVELY AUTHORIZE THE CONDUCT OF THAT BUSINESS ON TERMS THAT THE REVIEWER CONSIDERS APPROPRIATE NO FURTHER AUTHORIZATION FOR THAT REPETITIVE BUSINESS SHALL BE REQUIRED SO LONG AS THE INFLUENTIAL PERSON AND NYSCI COMPLY WITH THE TERMS SET BY THE REVIEWER THE REVIEWER MAY REVOKE A PROSPECTIVE AUTHORIZATION AT ANY TIME RECONSIDERATION IF THE REVIEWER DECLINES TO AUTHORIZE ANY TRANSACTION THAT REQUIRES AUTHORIZATION UNDER THIS POLICY STATEMENT, ANY PARTY TO THAT TRANSACTION MAY SUBMIT THE MATTER TO THE BOARD OF TRUSTEES OR THE EXECUTIVE COMMITTEE OF THE BOARD FOR RECONSIDERATION THE RELEVANT INFLUENTIAL PERSON MAY NOT VOTE ON THAT MATTER AS A TRUSTEE OR MEMBER OF THE EXECUTIVE COMMITTEE DOCUMENTATION ANNUALLY, THE FINANCE AND AUDIT COMMITTEE PRESENTS TO THE BOARD ANY SIGNIFICANT POTENTIAL CONFLICTS, OR LACK THEREOF, ENCOUNTERED DURING THE YEAR THE PRESENTATION IS RECORDED IN THE MINUTES OF THE BOARD MEETING

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION FOR THE CEO IS REVIEWED AND APPROVED BY THE BOARD OF TRUSTEES, PROVIDED THAT PERSONS WITH POTENTIAL 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 THE BOARD DISCUSSES THE COMPENSATION PACKAGE IN EXECUTIVE SESSION AT THE APPROPRIATE QUARTERLY BOARD MEETING, FOLLOWED BY A CLOSED DOOR DISCUSSION WITH THE CEO THE BOARD'S APPROVAL OF CHANGES TO THE CEO'S COMPENSATION, ALONG WITH ANY ASSOCIATED PERFORMANCE GOALS, ARE CAPTURED IN A FORMAL SIGNED AGREEMENT BETWEEN THE BOARD AND THE CEO 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 WRITTEN AND SIGNED PERFORMANCE REVIEWS, WHICH INCLUDE FUTURE GOALS, ARE PREPARED AND DISCUSSED BETWEEN EACH KEY EMPLOYEE AND THE CEO CHANGES TO A KEY EMPLOYEE'S COMPENSATION IS DOCUMENTED IN A WRITTEN MEMO FROM THE CEO TO THE KEY EMPLOYEE

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	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

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