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.

▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

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) Room/suite
47-01 111TH STREET

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 $ 23,746,476

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:
THE NEW YORK HALL OF SCIENCE (NYSCI) IS NEW YORK CITY'S PREMIER INTERACTIVE MUSEUM OF SCIENCE

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	39
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	39
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	346
6	Total number of volunteers (estimate if necessary)	6	176
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 39	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	14,316,314	17,188,534
	9	Program service revenue (Part VIII, line 2g)	3,432,167	2,455,281
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	276,040	302,638
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	918,553	544,456
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,943,074	20,490,909
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	182,905	581,613
	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)	13,774,248	13,340,140
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,393,421		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	9,537,971	10,105,663
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	23,495,124	24,027,416
	19	Revenue less expenses. Subtract line 18 from line 12	-4,552,050	-3,536,507

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	55,438,715	54,914,671
	21	Total liabilities (Part X, line 26)	1,634,330	4,462,233
	22	Net assets or fund balances. Subtract line 21 from line 20	53,804,385	50,452,438

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

****** 2021-05-14
Signature of officer Date

SHIH-CHANG LU CHIEF FINANCIAL 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
		2021-05-14		P00543209

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

Firm's address ▶ 500 MAMARONECK AVENUE
HARRISON, NY 105281633 — Phone no. (914) 381-8900

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 DESIGN, MAKE, PLAY - A NOVEL APPROACH TO LEARNING AND ENGAGEMENT THAT DRAWS UPON RESEARCH ON DEEPER LEARNING AND SUPPORTS THE CREATION OF LEARNING EXPERIENCES THAT DEVELOP CRITICAL THINKING, KNOWLEDGE INTEGRATION, CREATIVITY, AND INNOVATION. OUR ASPIRATION IS TO CREATE RESOURCES THAT HAVE A MEASURABLE AND SCALABLE IMPACT ON HOW PEOPLE LEARN. THE MUSEUM ANCHORS AND INSPIRES ALL THE WORK THAT WE DO, FOSTERING PUBLIC ENGAGEMENT IN STEM, SUPPORTING OUR YOUTH PROGRAMMING, EDUCATION OFFERINGS, AND RESEARCH. WE HAVE DEVELOPED INNOVATIVE PRODUCTS TO EXTEND LEARNING FAR BEYOND OUR WALLS, AND OUR EXTENSIVE NETWORK OF PARTNERSHIPS DEEPENS AND BROADENS OUR IMPACT, LOCALLY AND AROUND THE WORLD.

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 $ 9,293,721 including grants of $) (Revenue $ 1,964,557)

See Additional Data

4b (Code:) (Expenses $ 5,293,439 including grants of $ 565,098) (Revenue $)

See Additional Data

4c (Code:) (Expenses $ 4,093,773 including grants of $ 16,515) (Revenue $ 490,724)

See Additional Data

(Code:) (Expenses $ 1,756,392 including grants of $) (Revenue $)

OTHER PROGRAM SERVICES:THROUGH OUR SIGNATURE YOUTH EMPLOYMENT AND EMPOWERMENT PROGRAM, THE SCIENCE CAREER LADDER, 135 HIGH SCHOOL AND COLLEGE STUDENTS WORKED AS EXPLAINERS. BEFORE THE PANDEMIC, THESE YOUTH HELPED FACILITATE VISITORS' EXPERIENCES IN THE MUSEUM. IN RESPONSE TO THE MUSEUM'S TEMPORARY CLOSURE, WE CREATED NEW MEANINGFUL WORK EXPERIENCES THAT YOUTH COULD DO AT HOME, FROM CREATING AND PRODUCING SCIENCE VIDEOS, TO PROVIDING THEIR EXPERTISE IN THE MUSEUM'S EXHIBIT-DESIGN PROCESS. IN ADDITION, THESE YOUTH PARTICIPATED IN FREE SKILL-BUILDING WORKSHOPS IN COLLEGE AND CAREER READINESS, AND CONNECTED WITH STEM PROFESSIONALS TO EXPAND THEIR PERSPECTIVES ON STEM CAREERS. OVER THE LAST THREE DECADES, 95 PERCENT OF THE YOUNG PEOPLE PARTICIPATING IN THIS PROGRAM HAVE GONE ON TO COLLEGE, WITH 70 PERCENT DECLARING MAJORS IN STEM.

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

(Expenses $ 1,756,392 including grants of $) (Revenue $)

4e **Total program service expenses ▶** 20,437,325

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	Yes	
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		
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	

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

			Yes	No
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *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	120			
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		

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

				Yes	No
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**	346			
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**		
9 **Sponsoring organizations maintaining donor advised funds.**					
a 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**		
15 Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . If "Yes," see instructions and file Form 4720, Schedule N.			**15**		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**		No

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: 39		
	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: 39		
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-A 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.

See instructions for the order in which to list the persons above.

☐ 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) 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										

		(D)	(E)	(F)
1b Sub-Total	▶			
c Total from continuation sheets to Part VII, Section A	▶			
d Total (add lines 1b and 1c)	▶	2,011,783	0	411,128

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 ▶ 16

			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
IMAGINE EXHIBITIONS INC 2670 PEACHTREE ROAD NW SUITE 418 ATLANTA, GA 30305	EXHIBITION SERVICE	322,500
LIFT MARKETING PO BOX 4554 SARATOGA SPRINGS, NY 12866	MARKETING AND PROMOTIONS SERVICE	253,115
METCALFE ARCHITECTURE & DESIGN 211 NORTH 13TH STREET SUITE 503 PHILADELPHIA, PA 19107	DESIGN DEVELOPMENT SERVICE	221,717
BLUE TELESCOPE INC 236 W 30TH ST 7TH FLOOR NEW YORK, NY 10001	DESIGN, GRAPHIC CREATION SERVICE	182,890
TSX OPERATING CO LLC 70 WEST 40TH STREET 9TH FLOOR NEW YORK, NY 10018	EXHIBITION SERVICE	182,060

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 ▶ 15

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	459,181				
c Fundraising events	1c	1,427,648				
d Related organizations	1d					
e Government grants (contributions)	1e	7,758,515				
f All other contributions, gifts, grants, and similar amounts not included above	1f	7,543,190				
g Noncash contributions included in lines 1a - 1f:$	1g	1,739,688				
h **Total.** Add lines 1a-1f ▶			17,188,534			

Program Service Revenue	Business Code	(A)	(B)	(C)	(D)
2a ADMISSIONS	713990	1,975,842	1,975,842		
b PUBLIC PROGRAMS	611710	261,860	261,860		
c EDUCATION/TRAINING	611710	217,579	217,579		
d					
e					
f All other program service revenue.					
g **Total.** Add lines 2a–2f. ▶		2,455,281			

Other Revenue

		(i) Real / (i) Securities	(ii) Personal / (ii) Other	(A)	(B)	(C)	(D)
3 Investment income (including dividends, interest, and other similar amounts) ▶				124,180			124,180
4 Income from investment of tax-exempt bond proceeds ▶							
5 Royalties ▶							
		(i) Real	(ii) Personal				
6a Gross rents	6a	363,552					
b Less: rental expenses	6b	39,026					
c Rental income or (loss)	6c	324,526					
d Net rental income or (loss) ▶				324,526			324,526
		(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	7a	3,097,951					
b Less: cost or other basis and sales expenses	7b	2,919,493					
c Gain or (loss)	7c	178,458					
d Net gain or (loss) ▶				178,458			178,458
8a Gross income from fundraising events (not including $ 1,427,648 of contributions reported on line 1c). See Part IV, line 18	8a	149,500					
b Less: direct expenses	8b	297,048					
c Net income or (loss) from fundraising events ▶				-147,548			-147,548
9a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities ▶							
10a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory ▶							

Miscellaneous Revenue	Business Code	(A)	(B)	(C)	(D)
11a PARKING LOT INCOME	812930	161,823			161,823
b GIFT SHOP	453220	91,717			91,717
c RESTAURANT/CATERING	722210	35,761			35,761
d All other revenue		78,177			78,177
e **Total.** Add lines 11a–11d ▶		367,478			
12 **Total revenue.** See instructions ▶		20,490,909	2,455,281	0	847,094

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	564,098	564,098		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	17,515	17,515		
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	1,552,550	450,598	849,117	252,835
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	8,421,217	7,613,902	445,545	361,770
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	790,992	714,436	38,407	38,149
9 Other employee benefits	1,745,624	1,476,002	171,888	97,734
10 Payroll taxes	829,757	668,360	107,419	53,978
11 Fees for services (non-employees):				
a Management				
b Legal	24,378		24,378	
c Accounting	91,985		91,985	
d Lobbying	101,180		101,180	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	47,236		47,236	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,825,060	1,557,487	48,980	218,593
12 Advertising and promotion	382,149	237,651	3,395	141,103
13 Office expenses	648,483	599,971	14,453	34,059
14 Information technology	323,549	121,521	112,564	89,464
15 Royalties	2,204	2,204		
16 Occupancy				
17 Travel	99,265	79,280	15,261	4,724
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	30,323	16,557	9,154	4,612
20 Interest	18,672		18,672	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,228,775	5,066,669	82,837	79,269
23 Insurance	210,898	206,447	2,411	2,040
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 UBI TAX PAYMENT	7,275		7,275	
b EXHIBIT RENTAL & MAINT.	941,278	928,339	1,506	11,433
c OTHER OPERATING EXPENSE	65,703	63,266		2,437
d NONCAPITALIZED EQUIP.	29,472	25,244	3,007	1,221
e All other expenses	27,778	27,778		
25 **Total functional expenses.** Add lines 1 through 24e	24,027,416	20,437,325	2,196,670	1,393,421
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 IX . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash-non-interest-bearing	971,155	1	2,250,426
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	4,430,578	3	3,943,597
	4	Accounts receivable, net	427,257	4	78,383
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	134,259	9	184,737
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 94,722,686			
	b	Less: accumulated depreciation — 10b: 54,913,761	43,023,897	10c	39,808,925
	11	Investments—publicly traded securities	6,451,569	11	8,648,603
	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)	55,438,715	16	54,914,671
Liabilities	17	Accounts payable and accrued expenses	1,365,970	17	1,101,513
	18	Grants payable		18	
	19	Deferred revenue	268,360	19	201,874
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	0	25	3,158,846
	26	**Total liabilities.** Add lines 17 through 25	1,634,330	26	4,462,233
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	46,723,527	27	42,270,735
	28	Net assets with donor restrictions	7,080,858	28	8,181,703
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	53,804,385	32	50,452,438
	33	Total liabilities and net assets/fund balances	55,438,715	33	54,914,671

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	20,490,909
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,027,416
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,536,507
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	53,804,385
5	Net unrealized gains (losses) on investments	5	3,438
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	181,122
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	50,452,438

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 (2019)

Form 990, Part III, Line 4a:

MUSEUM EXPERIENCES:NYSCI IS THE LARGEST HANDS-ON SCIENCE MUSEUM IN NEW YORK, WELCOMING HUNDREDS OF THOUSANDS OF VISITORS A YEAR, AND REACHING A MILLION PEOPLE AROUND THE WORLD THROUGH DIGITAL PLATFORMS. IT OFFERS ONE-OF-A-KIND OPPORTUNITIES TO LEARN THROUGH EXHIBITIONS, AS WELL AS LARGE-SCALE EXPERIENCES, COMMUNITY-ANCHORED AFTER-SCHOOL PROGRAMS AND CAMPS, MAKER SPACE WORKSHOPS AND ACADEMIC CONFERENCES.NYSCI HAS PROGRAMS FOR EVERY AGE AND LEVEL OF SCIENTIFIC INTEREST, FROM TODDLERS TO ADULTS, CASUAL VISITORS TO FUTURE STEM PROFESSIONALS. THESE INCLUDE NYSCI AFTER DARK, WHICH BRINGS 20- AND 30-SOMETHINGS TO SPECIAL AFTER-HOURS PROGRAMS ON SUBJECTS LIKE BEEKEEPING, ASTRONOMY AND THE DESIGN OF HOLLYWOOD SPECIAL EFFECTS; DESIGNERS-IN-RESIDENCE PROGRAMS, WHICH PAIRS WORKING SCIENTISTS WITH PROFESSIONAL ARTISTS AND DESIGNERS TO DISCOVER NEW WAYS OF ACCESSING THE SCIENTIFIC CONCEPTS BEHIND OUR EXHIBITS; AND OUR STEM EXPO, WHICH GIVES YOUTH A PLATFORM TO LEARN ABOUT EDUCATIONAL AND CAREER OPPORTUNITIES IN STEM.

Form 990, Part III, Line 4b:

RESEARCH AND DEVELOPMENT: NYSCI IS A DYNAMIC LABORATORY FOR LEARNING. TEN DOCTORATE-LEVEL LEARNING SCIENTISTS AND 50 SCIENCE EDUCATORS, EXHIBIT DEVELOPERS AND PROGRAM EXPERTS AT NYSCI CARRY OUT AND APPLY RESEARCH ON THE MOST EFFECTIVE, ENGAGING WAYS TO SUPPORT STEM LEARNING FOR DIVERSE AUDIENCES. OUR RESEARCH INFORMS THE DESIGN OF ALL OF OUR EXHIBITS, OUR PROGRAMS FOR YOUTH, COMMUNITY MEMBERS AND EDUCATORS, AND OUR GROUNDBREAKING DIGITAL APPS AND GAMES. BEYOND NYSCI, THIS WORK IS BUILDING AN EVIDENCE BASE FOR SUCCESSFUL STEM EDUCATION WITH DIVERSE AUDIENCES.THROUGH RESEARCH GRANTS FROM THE U.S. NATIONAL SCIENCE FOUNDATION, DEPARTMENT OF EDUCATION, NATIONAL INSTITUTES OF HEALTH, AND PRIVATE SUPPORTERS, WE INVESTIGATED TOPICS RANGING FROM HOW TO TEACH DATA SCIENCE TO THE YOUNGEST LEARNERS, TO INTEGRATING COMPUTATIONAL THINKING INTO A DIGITAL GAME AND MIDDLE SCHOOL CURRICULUM. THIS RESEARCH HELPS NYSCI CREATE INNOVATIVE PROGRAMS FOR FAMILIES AND EDUCATORS; OFFER EQUITABLE OPPORTUNITIES FOR LEARNERS TO DISCOVER THE IMPACT WE CAN HAVE ON THE WORLD AROUND US; DESIGN PLAYFUL, INVITING PATHWAYS INTO UNDERSTANDING COMPLEX SYSTEMS LIKE OUR ENVIRONMENT, OUR CITIES, AND OUR DIGITAL NETWORKS; AND INSPIRE A DIVERSE GENERATION OF YOUNG PEOPLE TO PURSUE CAREERS IN SCIENCE, TECHNOLOGY, ENGINEERING AND MATH.

Form 990, Part III, Line 4c:

EDUCATION:NYSCI IS ONE OF THE MOST SUCCESSFUL DEVELOPERS OF DIVERSE STEM TALENT IN THE UNITED STATES. OUR LADDER OF LEARNING INCLUDES OPPORTUNITIES FOR STUDENTS FROM PRE-K TO COLLEGE TO GAIN STEM COMPETENCIES, LEARN 21ST CENTURY SKILLS, AND DISCOVER PATHWAYS TO ACADEMIC AND CAREER SUCCESS. THIS YEAR, WE DELIVERED EARLY CHILDHOOD PROGRAMMING TO HUNDREDS OF PARTICIPANTS THROUGH FAMILY WORKSHOPS, COMMUNITY EVENTS AND PUBLIC PROGRAMS. THROUGH AFTER-SCHOOL PROGRAMS AND CAMPS, DOZENS OF MIDDLE SCHOOLERS PARTICIPATED IN INVESTIGATIONS OF NEIGHBORHOOD PROBLEMS AND USED DESIGN-THINKING APPROACHES TO CREATE THEIR OWN SOLUTIONS. AND NEARLY 1,000 HIGH SCHOOL AND COLLEGE STUDENTS TOOK ADVANTAGE OF EXPERIENCES THAT CONNECTED THEM TO STEM PROFESSIONALS AND HELPED THEM ACQUIRE IMPORTANT SKILLS NECESSARY TO SUCCEED IN COLLEGE AND CAREERS.THE COMMUNITY NYSCI SERVES IS ONE OF THE MOST DIVERSE AND VIBRANT IN THE COUNTRY, AND IS CRITICALLY UNDERSERVED. THE NYSCI NEIGHBORS INITIATIVE EMBODIES OUR COMMITMENT TO RESPONDING TO LOCAL NEEDS, PROVIDING AFTER-SCHOOL STEM ENRICHMENT AND PARENTAL ENGAGEMENT OPPORTUNITIES - FREE OF CHARGE - TO 1,000 CHILDREN AND CAREGIVERS.

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
MARGARET HONEY PRESIDENT & CEO	35.00			X				348,800	0	60,774
DANNY WEMPA CHIEF OPERATING OFFICER THRU 3/6/20	35.00			X				222,244	0	44,159
KIRYN HOFFMAN CHIEF DEVELOPMENT OFFICER	35.00				X			203,931	0	48,106
ANDRES HENRIQUEZ VP, STEM LEARNING IN COMMUNITIES	35.00				X			164,135	0	65,946
SHIH-CHANG LU CHIEF FINANCIAL OFFICER	35.00			X				199,755	0	22,348
KATHERINE MCMILLAN CULP CHIEF LEARNING OFFICER	35.00				X			198,925	0	21,982
STEPHEN MILES UZZO CHIEF SCIENTIST	35.00					X		146,582	0	62,229
PRIYA MOHABIR VP, YOUTH DEVELOPMENT	35.00					X		132,056	0	38,257
BETANIA TIBURCIO VP AUDIENCE&BUSINESS DEV. THRU 3/20/20	35.00					X		138,412	0	15,919
SAMUEL LITT DIRECTOR OF INFORMATION TECHNOLOGY	35.00					X		129,381	0	16,946

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
DMITRY LOPATUKHIN VP FACILITIES SECURITY & SAFETY THRU 3/20/20	35.00					X		127,562	0	14,462
FRANCISCO D'SOUZA CO-CHAIR	1.00	X		X				0	0	0
MELISSA G VAIL CO-CHAIR	1.00	X		X				0	0	0
STUART FISCHER SECRETARY	2.00	X		X				0	0	0
MARTIN R KUPFERBERG TREASURER	1.50	X		X				0	0	0
GILDA A BARABINO TRUSTEE	0.20	X						0	0	0
AL BUNSHAFT TRUSTEE	5.00	X						0	0	0
ED CHAN TRUSTEE THRU 2/29/20	0.25	X						0	0	0
GUY CHIARELLO TRUSTEE THRU 8/20/19	1.00	X						0	0	0
DAVID CHRISTMAN TRUSTEE	5.00	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
DAVID CHUBAK TRUSTEE	1.00	X						0	0	0
RAVENEL CURRY III TRUSTEE	1.00	X						0	0	0
ATUL DUBEY TRUSTEE	0.50	X						0	0	0
SETH H DUBIN TRUSTEE	2.00	X						0	0	0
ANNA M EWING TRUSTEE	1.50	X						0	0	0
JOSEPH R FICALORA TRUSTEE	1.00	X						0	0	0
DARIO GIL TRUSTEE	0.50	X						0	0	0
JOHN J GILBERT III TRUSTEE	1.00	X						0	0	0
EDWARD D HOROWITZ TRUSTEE	1.50	X						0	0	0
FRANS JOHANSSON 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 (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			
SRINI KALAPALA TRUSTEE	1.00	X						0	0	0
MARY E KELLY TRUSTEE	1.00	X						0	0	0
JAMES KOREIN TRUSTEE	1.50	X						0	0	0
HENDRIK LAMMERS TRUSTEE	1.50	X						0	0	0
YVONNE LIU TRUSTEE	1.00	X						0	0	0
PAUL J MADDON TRUSTEE THRU 1/15/20	1.00	X						0	0	0
MARY JANE MCCARTNEY TRUSTEE	1.00	X						0	0	0
LOUIS MODANO TRUSTEE	0.50	X						0	0	0
MARTEZ R MOORE TRUSTEE	1.00	X						0	0	0
JACLYN A MUCARIA TRUSTEE	1.50	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
SUDHIR NAIR TRUSTEE	1.00	X						0	0	0
DEVESH RAJ TRUSTEE THRU 7/12/19	1.00	X						0	0	0
STEPHEN H SANDS TRUSTEE	4.00	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	3.00	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	2.00	X						0	0	0
STEVEN THOGMARTIN 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 (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			
LISA M THOMAS TRUSTEE	5.00	X						0	0	0
IAN TROMBLEY TRUSTEE	1.00	X						0	0	0
TIMOTHY J TYNAN TRUSTEE	0.50	X						0	0	0
JAMES S WIENER TRUSTEE	1.00	X						0	0	0

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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.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ 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.)

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

12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

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- 10 above (see instructions))	**(iv)** Is the organization listed in your governing document?		**(v)** Amount of monetary support (see instructions)	**(vi)** Amount of other support (see instructions)
			Yes	**No**		
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F **Schedule A (Form 990 or 990-EZ) 2019**

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	18,373,199	16,171,778	10,502,888	14,316,314	17,188,534	76,552,713
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..	496,031	520,695	575,318	538,221	573,345	2,703,610
4 **Total.** Add lines 1 through 3	18,869,230	16,692,473	11,078,206	14,854,535	17,761,879	79,256,323
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) . .						4,900,277
6 **Public support.** Subtract line 5 from line 4.						74,356,046

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. .	18,869,230	16,692,473	11,078,206	14,854,535	17,761,879	79,256,323
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	417,726	475,533	695,358	758,652	487,732	2,835,001
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .	131,350	131,350	162,675	170,200		595,575
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .	591,341	641,789	542,646	410,949	367,478	2,554,203
11 **Total support.** Add lines 7 through 10						85,241,102

12 Gross receipts from related activities, etc. (see instructions) **12** 16,038,561

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 2019 (line 6, column (f) divided by line 11, column (f)) . . . . **14** 87.230 %

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . **15** 86.870 %

16a **33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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 10 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **331/3% support tests—2019.** 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—2018.** 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	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 I of Schedule L (Form 990 or 990-EZ).*	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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b 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		

Part IV **Supporting Organizations** (continued)

			Yes	No
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**		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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 (explain in Part VI). **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 2019 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-2019**	**(iii)** **Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in **Part VI**. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in **Part VI**. See instructions.			
7 **Excess distributions carryover to 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	MISCELLANEOUS INCOME - 2015 AMOUNT: $ 54,180. 2016 AMOUNT: $ 66,578. 2017 AMOUNT: $ 79,144 . 2018 AMOUNT: $ 79,923. 2019 AMOUNT: $ 78,177. PARKING INCOME - 2015 AMOUNT: $ 364,024. 2 016 AMOUNT: $ 393,572. 2017 AMOUNT: $ 288,186. 2018 AMOUNT: $ 165,378. 2019 AMOUNT: $ 161, 823. RESTAURANT/STORE - 2015 AMOUNT: $ 173,137. 2016 AMOUNT: $ 181,639. 2017 AMOUNT: $ 175 ,316. 2018 AMOUNT: $ 165,648. 2019 AMOUNT: $ 127,478.

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.
▶Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

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 (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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-.
1					
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)** 2016	**(b)** 2017	**(c)** 2018	**(d)** 2019	**(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)?		No	
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?	Yes		1,467
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		99,713
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			101,180
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.

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.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

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 7/25/06, 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" on 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	4,251,045	3,145,386	3,003,701	2,777,951	2,859,884
b Contributions	166,981	1,294,853			8,842
c Net investment earnings, gains, and losses	141,102	306,158	281,922	365,665	49,335
d Grants or scholarships					
e Other expenditures for facilities and programs	811,684	472,449	116,804	111,430	111,499
f Administrative expenses	23,573	22,903	23,433	28,485	28,611
g End of year balance	3,723,871	4,251,045	3,145,386	3,003,701	2,777,951

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

a Board designated or quasi-endowment ▶ 75.890 %

b Permanent endowment ▶ 13.670 %

c Temporarily restricted endowment ▶ 10.440 %

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" on 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		92,257,435	52,893,932	39,363,503
c Leasehold improvements				
d Equipment		2,275,904	1,908,492	367,412
e Other		189,347	111,337	78,010
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				39,808,925

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		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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
(1) Federal income taxes	
(2) LEASE PAYABLE	134,671
(3) PAYCHECK PROTECTION PROGRAM LOAN	2,514,275
(4) SBA ECONOMIC INJURY DISASTER LOAN PAYABLE	509,900
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	3,158,846

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	21,803,102
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	3,438		
b	Donated services and use of facilities	2b	838,795		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	517,196		
e	Add lines **2a** through **2d**			2e	1,359,429
3	Subtract line **2e** from line **1**			3	20,443,673
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	47,236		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	47,236
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	20,490,909

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	25,155,049
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	838,795		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	336,074		
e	Add lines **2a** through **2d**			2e	1,174,869
3	Subtract line **2e** from line **1**			3	23,980,180
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	47,236		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	47,236
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	24,027,416

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental 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.

Supplemental Information

Return Reference	Explanation
PART III, LINE 4:	NYSCI HAS EIGHT MAJOR GALLERY AREAS, MULTIPLE SMALLER EXHIBIT SPACES, AND THREE MAJOR OUTDOOR EXHIBITION AREAS. ALL OF THESE SPACES HOUSE EXHIBITS THAT ENGAGE OUR VISITORS IN ACTIVE, CREATIVE STEM LEARNING, WHICH IS AT THE CORE OF NYSCI'S MISSION. NYSCI EXHIBITS COVER STEM TOPICS RANGING FROM THE HISTORY OF MATHEMATICS TO DESIGN ENGINEERING TO ANIMAL BEHAVIOR AND THE HISTORY OF SPACE EXPLORATION IN THE UNITED STATES. NYSCI ALSO HAS FIVE CLASSROOM SPACES THAT ARE USED FOR A WIDE RANGE OF PROGRAMMING FOR FAMILIES, SCHOOL GROUPS AND ADULTS, A MAKER SPACE, AND A LARGE MEETING SPACE THAT HOSTS LARGE-SCALE PROFESSIONAL DEVELOPMENT MEETINGS FOR TEACHERS, SPECIAL EVENTS, AND ACADEMIC MEETINGS.

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	NYSCI MAINTAINS VARIOUS DONOR RESTRICTED FUNDS WHOSE PURPOSE IS TO PROVIDE LONG-TERM SUPPO RT FOR ITS PROGRAMS IN EXHIBITIONS, EDUCATION, PUBLIC PROGRAMS AND SPECIAL PROJECTS.

Supplemental Information

Return Reference	Explanation
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 2017.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	RENTAL EXPENSES REPORTED ON PART VIII LINE 6B 39,026. DIRECT EXPENSE FOR FUNDRAISING GALA REPORTED ON PART VIII LINE 8B 297,048. DECREASE IN ALLOWANCE FOR DOUBTFUL ACCOUNT PROVISIO N 32,165. ADJUSTMENT OF ACCRUED INSURANCE EXPENSES 148,957.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	RENTAL EXPENSES REPORTED ON PART VIII LINE 6B 39,026. DIRECT EXPENSE FOR FUNDRAISING GALA REPORTED ON PART VIII LINE 8B 297,048.

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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.
▶Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

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 10 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? Yes	No	(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
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	1,577,148			1,577,148
	2 Less: Contributions	1,427,648			1,427,648
	3 Gross income (line 1 minus line 2)	149,500			149,500
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	187,818			187,818
	7 Food and beverages	168			168
	8 Entertainment	66,274			66,274
	9 Other direct expenses	42,788			42,788
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				297,048
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-147,548

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 provide any additional information. See instructions.

Return Reference	Explanation

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

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.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2019

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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶ 7

3 Enter total number of other organizations listed in the line 1 table . . . . ▶ 0

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) STIPEND	31	17,515			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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. NYSCI, AS A RECIPIENT OF GRANT FUNDS, IS RESPONSIBLE FOR THE ADMINISTRATIVE, FINANCIAL, AND PROGRAMMATIC MONITORING OF ALL AWARDS MADE TO SUB RECIPIENTS. SUB-AWARDS ARE SUBJECT TO PRE-AWARD RISK ASSESSMENT, PRIOR TO ISSUANCE OF SUB-AGREEMENT. THE TERMS OF MONITORING ARE GENERALLY OUTLINED IN THE CONTRACT. THE PI IS RESPONSIBLE FOR MONITORING THE PROGRAMMATIC DELIVERABLES AND PERFORMANCE (TYPICALLY, SUB-RECIPIENTS NEED TO SUBMIT AT LEAST AN ANNUAL PROGRESS REPORT AND THEY HAVE PERIODIC CHECK-IN MEETINGS). FINANCE IS RESPONSIBLE FOR MONITORING THE INSTITUTION-LEVEL COMPLIANCE, SUCH AS REVIEWING ANNUAL SINGLE AUDIT REPORTS OF THE ORGANIZATION, AND REVIEWING FINANCIAL REPORTS, COST SHARE REPORT, AND SPENDING. TO BE ISSUED A SUB-AWARD, THE SUB-RECIPIENT MUST BE INCLUDED IN THE FEDERAL PROPOSAL. WE WILL NOT ISSUE A SUB-AWARD IF THEY ARE NOT LISTED IN THE APPROVED PROPOSAL (THIS WOULD REQUIRE A PRIOR APPROVAL FROM THE FEDERAL AGENCY). THE SUB-RECIPIENT IS A COLLABORATOR THAT THE PI SELECTS TO CARRY OUT PART OF THE SCOPE OF THE GRANT WORK. THEY NEED TO SUBMIT A LETTER OF INTENT, BUDGET AND BUDGET NARRATIVE TO BE CONSIDERED. FOR STIPENDS, THEY ARE GIVEN AS RECOGNITION OF THE PARTICIPANT'S TIME AND CONTRIBUTION IN A PARTICULAR PROGRAM, NOT IN EXCHANGE FOR ANYTHING. STIPEND FUNDS MUST BE APPROVED BY THE DONOR, IF THEY ARE GRANT-FUNDED. BEYOND THAT, THE PI/DEPARTMENT HEAD SELECTS THE PARTICIPANTS, BASED ON PROGRAM NEEDS, REQUIREMENTS, AND QUALIFICATIONS.
FORM 990, SCHEDULE I, PART II. LINE 1, COL (H): GRANT PURPOSE	THE PURPOSE OF GRANT ASSISTANCE TO DOMESTIC ORGANIZATIONS IS AS FOLLOWS: 1. AMERICAN INSTITUTE FOR RESEARCH IN THE BEHAVIORAL SCIENCES: PAYMENT FOR SERVICES RENDERED IN CONNECTION WITH A FEDERAL GRANTS FOCUSING ON EDUCATION INNOVATION AND RESEARCH. 2. REGENTS OF THE UNIVERSITY OF CALIFORNIA AT IRVINE: PAYMENT FOR SERVICES RENDERED IN CONNECTION WITH A FEDERAL RESEARCH GRANT FOCUSING ON EDUCATION AND HUMAN RESOURCES. 3. CHILDREN'S MUSEUM OF NORTHWEST ARKANSAS: PAYMENT FOR SERVICES RENDERED IN CONNECTION WITH A FEDERAL RESEARCH GRANT FOCUSING ON EDUCATION AND HUMAN RESOURCES. 4. THE TECH MUSEUM OF INNOVATION: PAYMENT FOR SERVICES RENDERED IN CONNECTION WITH A FEDERAL RESEARCH GRANT FOCUSING ON EDUCATION AND HUMAN RESOURCES. 5. NEW YORK STATE ASSOCIATION FOR COMPUTERS AND TECHNOLOGY IN EDUCATION: PAYMENT FOR SERVICES RENDERED IN CONNECTION WITH A FEDERAL GRANT FOCUSING ON EDUCATION INNOVATION AND RESEARCH. 6. PARTICIPATE, INC.: PAYMENT FOR SERVICES RENDERED IN CONNECTION WITH A FEDERAL GRANT FOCUSING ON EDUCATION INNOVATION AND RESEARCH. 7. REGENTS OF THE UNIVERSITY OF MICHIGAN: PAYMENT FOR SERVICES RENDERED IN CONNECTION WITH A FEDERAL RESEARCH GRANT FOCUSING ON HEALTH AND HUMAN SERVICES.

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
AMERICAN INSTITUTE FOR RESEARCH IN THE BEHAVIORAL SCIENCES 1000 THOMAS JEFFERSON STREET - NW WASHINGTON, DC 20007	25-0965219	501(C)(3)	197,606				SEE PART IV
REGENTS OF THE UNIVERSITY OF CALIFORNIA AT IRVINE 120 THEORY SUITE 200 IRVINE, CA 92697	95-2226406	501(C)(3)	157,642				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 MUSEUM OF NORTHWEST ARKANSAS 1009 MUSEUM WAY BENTONVILLE, AR 72712	20-4718511	501(C)(3)	61,531				SEE PART IV
THE TECH MUSEUM OF INNOVATION 201 S MARKET STREET SAN JOSE, CA 95113	94-2864660	501(C)(3)	50,608				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
NEW YORK STATE ASSOCIATION FOR COMPUTERS AND TECHNOLOGY IN EDUCATION 8 AIRPORT PARK BOULEVARD LATHAM, NY 12110	22-2910215	501(C)(3)	45,657				SEE PART IV
PARTICIPATE INC 201 SAGE ROAD SUITE 200 CHAPEL HILL, NC 27514	83-2517260	501(C)(3)	35,859				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
REGENTS OF THE UNIVERSITY OF MICHIGAN 5082 WOLVERINE TOWER 3003 S STATE STREET ANN ARBOR, MI 48109	38-6006309	501(C)(3)	12,039				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.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

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 ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**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 on 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 ☐ Independent compensation consultant ☑ Form 990 of other organizations ☐ Written employment contract ☑ Compensation survey or study ☑ 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? . . . . If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	**4c**		No
	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? . . . . If "Yes," on line 5a or 5b, describe in Part III.	**5b**		No
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? . . . . If "Yes," on line 6a or 6b, describe in Part III.	**6b**		No
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 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)	309,861	24,375	14,564	36,075	24,699	409,574	0
	(ii)	0	0	0	0	0	0	0
2 DANNY WEMPA CHIEF OPERATING OFFICER THRU 3/6/20	(i)	221,764	0	480	24,975	19,184	266,403	0
	(ii)	0	0	0	0	0	0	0
3 KIRYN HOFFMAN CHIEF DEVELOPMENT OFFICER	(i)	203,742	0	189	22,984	25,122	252,037	0
	(ii)	0	0	0	0	0	0	0
4 ANDRES HENRIQUEZ VP, STEM LEARNING IN COMMUNITIES	(i)	163,055	0	1,080	20,685	45,261	230,081	0
	(ii)	0	0	0	0	0	0	0
5 SHIH-CHANG LU CHIEF FINANCIAL OFFICER	(i)	198,485	0	1,270	22,200	148	222,103	0
	(ii)	0	0	0	0	0	0	0
6 KATHERINE MCMILLAN CULP CHIEF LEARNING OFFICER	(i)	197,517	0	1,408	21,834	148	220,907	0
	(ii)	0	0	0	0	0	0	0
7 STEPHEN MILES UZZO CHIEF SCIENTIST	(i)	144,518	0	2,064	17,238	44,991	208,811	0
	(ii)	0	0	0	0	0	0	0
8 PRIYA MOHABIR VP, YOUTH DEVELOPMENT	(i)	131,824	0	232	14,601	23,656	170,313	0
	(ii)	0	0	0	0	0	0	0
9 BETANIA TIBURCIO VP AUDIENCE&BUSINESS DEV. THRU 3/20/20	(i)	136,998	0	1,414	15,540	379	154,331	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	THE FOLLOWING EMPLOYEES RECEIVED PERFORMANCE BONUSES AS REPORTED ON PART II, COLUMN B(II). MARGARET A HONEY, PRESIDENT & CEO - $24,375

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.
▶Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2019

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	6	64,065	AVG. SELLING PRICE
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	2	1,675,623	COST
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** — 0

		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 isn't 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 nonstandard 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 didn't 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 ON PART I, COLUMN (B).

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
NEW YORK HALL OF SCIENCE

Employer identification number
11-2104059

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1	AND TECHNOLOGY, AS WELL AS A GLOBAL LEADER IN STEM EDUCATION AND A LABORATORY FOR NEW FORM S OF LEARNING. FOUNDED DURING THE 1964 - 1965 WORLD'S FAIR, NYSCI IS RECOGNIZED FOR GROUND BREAKING EXHIBITIONS, INNOVATIVE EDUCATIONAL PROGRAMS, YOUTH DEVELOPMENT AND MENTORSHIP, T EACHER PROFESSIONAL DEVELOPMENT INITIATIVES, AND LARGE-SCALE EVENTS THAT DRAW CHILDREN AND ADULTS INTO HANDS-ON STEM LEARNING. OUR MISSION IS TO NURTURE GENERATIONS OF PASSIONATE L EARNERS, CRITICAL THINKERS, AND ACTIVE CITIZENS THROUGH DESIGN, MAKE, PLAY A NOVEL APPROAC H TO LEARNING AND ENGAGEMENT THAT DRAWS UPON RESEARCH ON DEEPER LEARNING AND SUPPORTS THE CREATION OF LEARNING EXPERIENCES THAT DEVELOP CRITICAL THINKING, KNOWLEDGE INTEGRATION, CR EATIVITY, AND INNOVATION. LIKE MANY CULTURAL INSTITUTIONS, NYSCI HAS BEEN DEEPLY IMPACTED BY THE GLOBAL COVID-19 PANDEMIC. WE CLOSED OUR DOORS TO THE PUBLIC ON MARCH 14, 2020 AND H AVE REMAINED CLOSED, WITH PLANS TO OPEN IN THE SUMMER OF 2021. WE HAVE CHARTED A COURSE TO NOT ONLY ENSURE THAT NYSCI WILL ENDURE, BUT THAT WE EMERGE FROM THE PANDEMIC STRONGER AND MORE VIBRANT THAN EVER. WITHIN THE MUSEUM, AMONG THE COMMUNITIES WE ENGAGE, AND THROUGH N YSCI'S LEADERSHIP IN THE GLOBAL ARENA OF STEM LEARNING, WE ARE REDOUBLING OUR EFFORTS TO C REATE IMPACTFUL EXPERIENCES THAT ENABLE YOUNG PEOPLE FROM DIVERSE BACKGROUNDS TO FEEL CONF IDENT AND EMPOWERED AS STEM LEARNERS. AT THE MUSEUM, WE ARE WORKING DILIGENTLY TO REVITALI ZE OUR OFFERINGS. THROUGHOUT OUR RE-OPENING YEAR, VISITORS WILL EXPERIENCE A NEW AND REVIT ALIZED NYSCI. WE WILL DEBUT THREE EXHIBITIONS: THE HAPPINESS EXPERIMENT; BUBBLES: SCIENCE IN SOAP; AND A REFURBISHED EXHIBIT ON ENERGY. IN ADDITION, THE CHARLES AND RAY EAMES CLASS IC, MATHEMATICA, WILL BE ENHANCED, AND THE ROTUNDA WILL BE REFRESHED TO PROVIDE A DRAMATIC AND INCLUSIVE WELCOME THAT IMMEDIATELY INVITES ALL OUR VISITORS TO DESIGN, MAKE AND PLAY. FOR OUR LOYAL AUDIENCES, WE HAVE DEVELOPED AND CURATED A LIBRARY OF CREATIVE ONLINE DESIG N AND MAKING ACTIVITIES; WE HAVE SUPPORTED OVER 1,400 TEACHERS THROUGH STEM PROFESSIONAL D EVELOPMENT PROGRAMS; AND WE HAVE CONTINUED TO ENGAGE THOUSANDS OF STUDENTS THROUGH FACILIT ATED ON-LINE PROGRAMMING AND THROUGH OUR IMPACTFUL, CAREER-FOCUSED YOUTH INITIATIVES. WE H AVE MADE A STRONG COMMITMENT TO HELP OUR NEIGHBORING COMMUNITIES OF CORONA AND ELMHURST HE AL AND RECOVER FROM THE DEVASTATING EFFECTS OF THE PANDEMIC. NYSCI HAS LED THE ELMHURST CO RONA RECOVERY COLLABORATIVE, A GROUP OF 20 NONPROFITS THAT ARE WORKING TO ENSURE THAT FAMI LIES HAVE ACCESS TO FOOD, HEALTH AND HEALING PROGRAMS, AND EDUCATIONAL AND CULTURAL EXPERI ENCES DESIGNED TO BUILD RESILIENCE. PARTICIPATING ORGANIZATIONS HAVE DISTRIBUTED OVER 50,0 00 MEALS, PROVIDED ACCESS TO COVID-19 TESTING AND FLU SHOTS, AND ARE NOW WORKING TO HELP R ESIDENTS UNDERSTAND THE IMPORTANCE OF VACCINATIONS.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE CHIEF FINANCIAL OFFICER ENGAGES AN EXTERNAL ACCOUNTING FIRM TO PREPARE THE FORM 990 AN D REVIEWS IT WITH THE CHIEF EXECUTIVE OFFICER. THE FORM 990 IS THEN PROVIDED TO EACH VOTIN G BOARD MEMBER ELECTRONICALLY VIA EMAIL BEFORE FILING. THE CHIEF FINANCIAL OFFICER IN CONJ UNCTION WITH THE CHIEF EXECUTIVE OFFICER, RESPONDS TO ANY COMMENTS AND QUESTIONS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD MEMBERS AND SENIOR STAFF (WHICH INCLUDES ALL OFFICERS AND ALL NYSCI EMPLOYEES WH O ARE AT THE LEVEL OF DIRECTOR OR ABOVE) ARE SUBJECT TO NYSCI'S FORMAL CONFLICT OF INTERES T (TRANSPARENCY) POLICY, WHICH SPECIFIES CATEGORIES OF REQUIRED REPORTING AND BOARD REVIEW OF SPECIFIC ACTIVITIES AND RELATIONSHIPS. ALL NYSCI EMPLOYEES ARE SUBJECT TO NYSCI'S CONF LICT OF INTEREST POLICY, WHICH DESCRIBES PROHIBITIONS ON OUTSIDE WORK USING NYSCI TIME AND RESOURCES, INTERNAL REVIEW OF PROSPECTIVE OUTSIDE ACTIVITY, THE REQUIREMENT TO REPORT OUT SIDE COMPENSATION TO NYSCI, AND THE INSTITUTION'S WHISTLEBLOWER POLICY FOR REPORTING SUSPE CTED VIOLATIONS OF CONFLICT OF INTEREST. PERSONNEL SUBJECT TO NYSCI'S TRANSPARENCY POLICY ARE REQUIRED TO REPORT ANNUALLY ON CONFLICTS OF INTEREST, AND ARE INSTRUCTED TO REPORT ANY POTENTIAL CONFLICTS UNDER THIS POLICY AT SUCH OTHER TIMES AS THESE MAY ARISE. ALL OTHER E MPLOYEES ARE INSTRUCTED TO REPORT POTENTIAL OR ACTUAL CONFLICTS OF INTEREST TO THEIR SUPER VISOR. BOARD MEMBERS AND SENIOR STAFF ARE ISSUED A QUESTIONNAIRE ANNUALLY WHICH INCLUDES A LL REQUIRED CATEGORIES OF DISCLOSURE AND REPORTING UNDER NYSCI'S TRANSPARENCY POLICY. COMP LETION OF THE QUESTIONNAIRE IS MANDATORY FOR ALL BOARD MEMBERS AND SENIOR STAFF. THE MOST RECENT QUESTIONNAIRES WERE COMPLETED IN AUGUST 2020. THERE ARE NO MANDATORY ANNUAL DISCLOS URES FOR OTHER PERSONNEL. IF A CONFLICT ARISES AT THE TRUSTEE OR OFFICER LEVEL, THIS IS RE PORTED TO THE BOARD AND REVIEWED BY THE BOARD CHAIR'S DESIGNEE FOR DETERMINATION OF ACTION . IF AN EMPLOYEE CONFLICT OF INTEREST IS BROUGHT TO THE ATTENTION OF NYSCI, THIS IS ADDRES SED WITH THE EMPLOYEE AT THE SUPERVISORY LEVEL, IN CONSULTATION WITH SENIOR MANAGEMENT AS NEEDED, AND A DETERMINATION IS MADE AS TO THE NECESSARY COURSE OF ACTION TO ELIMINATE OR M ITIGATE THE CONFLICT. NYSCI'S WHISTLEBLOWER POLICY ALSO ADDRESSES REPORTING OF SUSPECTED E MPLOYEE UNETHICAL BEHAVIOR, INCLUDING UNALLOWABLE CONFLICTS OF INTEREST; IN THESE INSTANCE S, EMPLOYEES MAY REPORT TO A SUPERVISOR OR TO THE DESIGNATED COMPLIANCE OFFICER (CURRENTLY THE DIRECTOR OF HUMAN RESOURCES), WHO INVESTIGATES AND REPORTS TO THE BOARD FINANCE AND A UDIT COMMITTEE FOR RESOLUTION.

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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 REASONAB LENESS OF THE COMPENSATION BEING CONSIDERED AGAINST INDUSTRY STANDARDS. THE BOARD DISCUSSE S 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 TH E CEO'S COMPENSATION, ALONG WITH ANY ASSOCIATED PERFORMANCE GOALS, ARE CAPTURED IN A FORMA L 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 REV IEWS, 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 WRIT TEN MEMO FROM THE CEO TO THE KEY EMPLOYEE. DURING THE ANNUAL PERFORMANCE REVIEW PROCESS CO MPENSATION IS EVALUATED AGAINST INTERNAL AND EXTERNAL BENCHMARKS WHICH INCLUDE INDUSTRY SP ECIFIC NORMS. THE COMPENSATION REVIEW PROCESS WAS LAST CONDUCTED IN 2020. MOST RECENTLY TH IS PROCESS WAS USED TO HIRE A CHIEF MARKETING & BUSINESS DEVELOPMENT OFFICER (11/2019). TH E PROCESS INCLUDED A REVIEW BY THE ORGANIZATION'S HUMAN RESOURCES DEPARTMENT USING INTERNA L AND EXTERNAL COMPARABILITY SURVEYS/ DATA. THE MARKETING AND BUSINESS DEVELOPMENT COMMITT EE OF THE BOARD WERE INVOLVED IN REVIEWING THE JOB DESCRIPTION, PROVIDING INPUT ON CANDIDA TES WHO APPLIED, INTERVIEWING THE FINALISTS, AND DETERMINING THE TOP CANDIDATE.

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Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE UP ON REQUEST. HARD COPIES ARE PROVIDED WITH A CHARGE TO THE RECIPIENT FOR POSTAGE. ELECTRONI C COPIES IN PDF FORMAT ARE PROVIDED FOR FREE.

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Return Reference	Explanation
FORM 990, PART XI, LINE 9:	DECREASE IN ALLOWANCE FOR DOUBTFUL ACCOUNT PROVISION 32,165. ADJUSTMENT OF ACCRUED INSURANCE EXPENSES 148,957.

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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 STAT EMENTS OR IN THE SELECTION PROCESS OF AN INDEPENDENT ACCOUNTANT WITHIN THIS TAX YEAR.